

988 Implementation Plan for South Dakota
988 Planning Grants
Friday, January 21, 2022

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Grantee Agency, Contacts, and Lifeline Centers

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List the Key Grant Staff

- Tiffany Wolfgang, Director; Division of Behavioral Health, South Dakota Department of Social Services
- Rachel Oelmann and Nick Oyen, Project Consultants; Sage Project Consultants, LLC

Number of Current Lifeline Centers in the State/Territory

- Active: 1
- Onboarding (in the application process): 0

Any changes in Lifeline centers? No

- If yes, please explain: N/A

Overall Background and Context

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Background Information

A new, national, three-digit number for mental health crisis and suicide response will launch in all 50 States, the District of Columbia, and all US Territories by July 16, 2022. Grant funding was made available through Vibrant Emotional Health (Vibrant) to ensure the successful transition from the current 10-digit crisis number to the new three-digit number – 988. On January 8, 2021, South Dakota’s application for grant funds was submitted to Vibrant, and on January 20, 2021, Vibrant sent South Dakota a notice of award. In response, South Dakota Department of Social Services (SD DSS) issued invitations to numerous stakeholders across the state to participate in a planning coalition to support these efforts.

Mission

South Dakota’s 988 Behavioral Health Crisis Response Stakeholder Coalition (BHCRSC) was formed in February 2021, and since its inception has met monthly to inform the development of South Dakota’s 988 statewide implementation plan. The BHCRSC was specifically tasked with the following responsibilities:

- Develop clear roadmaps for how to address key coordination, capacity, funding, and communication strategies that are foundational to the launch of 988.
- Plan for the long-term improvement of in-state answer rates for 988 calls.
- Provide initial considerations for expanded crisis center services and systems to support real-time crisis services inventory and dispatching of such services when needed.
- Formulate and refine recommendations for 988 implementation in the form of a final implementation plan, due to Vibrant and SAMHSA by January 21, 2022.

Vision

The transition to 988 will improve access to vital crisis services, improve the efficacy of suicide prevention efforts, and reduce stigma around mental health and getting help. The 988 Implementation Plan must consider and address the following eight core planning considerations:

1. 24/7 **statewide coverage** for 988 calls, chats, and texts must be achieved in every state and territory.
2. Strategies **for identifying and supporting funding streams** which boost the financial stability of Lifeline-member centers in their region.
3. **Capacity building** at the centers answering 988 contacts based on call, chat, text, and follow-up volume growth projections, and any capacity building needed to address current call volume and capacity challenges prior to 988 national implementation in July 2022.
4. As set forth by SAMHSA, the Lifeline, and its national partners, to assure successful 988 implementation, state and territory agencies must comprehend and account for the **operational, clinical, and performance standards** for all the Lifeline member centers in their region. Technical assistance regarding Lifeline requirements in each of these areas will be provided.
5. Multi-stakeholder input through a **988 implementation coalition** is vital in each state or territory.

6. In partnership with the Lifeline, State and territory agencies shall ensure Lifeline member centers in their region have systems in place to maintain **local resource and referral listings, as well as assure linkages to local community crisis services (including 911 Public Safety Answering Points (PSAPs), mobile crisis teams and other outreach alternatives to law enforcement/EMS response).**
7. State and territory agencies shall ensure all centers in their region are able to provide **follow-up services** to 988 callers, texters, and chatters based on Lifeline best practices and guidelines.
8. **Consistency in public messaging** is critical at the national and state/territory level regarding 988, its distinction from 911 and the range of services 988 provides. Vibrant's Communications team is available to assist in public messaging efforts

Lifeline Crisis Centers in South Dakota

South Dakota is home to one Lifeline member center. The Helpline Center, headquartered in Sioux Falls, began serving South Dakota in 1974. Through the years the agency was formalized with staff, grew to 24 hours a day/7 days a week service, and was the first location west of the Mississippi River to begin 211 service. Currently, Helpline Center serves thousands of people every year by connecting individuals to resources and support, connecting local agency volunteers, and offering hope to individuals with thoughts of suicide. The Helpline Center is the only entity in the state accredited by the Alliance for Information and Referral Systems, and the only entity in the state that provides a certified crisis line through the American Association of Suicidology.

SD DSS contracts with the Helpline Center to provide various crisis contact services available statewide including National Suicide Prevention Lifeline (NSPL), 211 services, and a state-based treatment resource hotline (1-800-920-4343). Collectively, these programs provide information and referral, support and resources for individuals or their family members from basic needs to more complicated care coordination with substance-use involved individuals or their loved ones. The Helpline Center has managed several follow-up care programs providing outreach and support to youth and adults after a mental health crisis has occurred. The Helpline Center also has experience in conducting crisis counseling services and delivering public/group education in that same regard, having partnered with the state in several disaster-response related assistance programs in recent years. Beginning January 2021, through supports from a SAMHSA State Disaster Grant, services were further enhanced as the state piloted the first voucher-based program available to individuals when they call 211, directly connecting them to providers available to provide needed behavioral health services.

Overview of Crisis Response Services and Systems

The following discusses an overview of crisis response services and systems presently available in South Dakota. Each sub-area also notes areas where parallel efforts are occurring. The BHCRSC served as a connecting point for all partners working in crisis response.

Crisis Call Hub

The Helpline Center operates the only NSPL member center in South Dakota. Helpline Center successfully de-escalates more than 80% of all calls received. When Helpline Center, at any point while taking NSPL or 211 calls, identifies that Law Enforcement or EMS response is

required the Center will transfer the call to the local PSAP for dispatch. Once the call is transferred to 911, Helpline Center is off the call but attempts to work with the PSAP to complete follow-up efforts with the individual who was in crisis. A follow-up is offered on all lines answered by the Helpline Center if the caller or third-party reporter is at-risk of suicide, and they have agreed to a follow-up. Additionally, the Helpline Center offers follow-ups to individuals and third-party reporters who are struggling with substance use disorders. These calls may come in on the Treatment Resource Hotline (1-800-920-4343, initiated through the state's opioid crisis response efforts), or 211.

South Dakota has eleven Community Mental Health Centers that are accredited and contracted to provide core services to adults with serious mental illness and youth with serious emotional disturbance, including emergency services available 24 hours a day, seven days a week; assessment services; outpatient services; specialized outpatient services for adolescents; and specialized outpatient services for adults. Through the emergency services line, the CMHCs have local phone numbers available to residents as well as law enforcement to support individuals experiencing a behavioral health crisis.

Mobile and other Crisis Outreach Services

- South Dakota has one Mobile Crisis Team that serves Minnehaha and Lincoln counties. In the central part of the state (Hughes and Stanley Counties) the Community Mental Health Center coordinates with the community partners including law enforcement, schools, jail, and hospital to address emergency mental health situations. Partners contact the Community Mental Health Center for dispatch of mobile crisis response. The Mobile Crisis team is dispatched through 911. This process is separate from Helpline Center efforts though often come as a continuation of a call transferred from Helpline Center to the local PSAP.
- With support from the Helmsley Foundation, the Unified Judicial System partnered with Avel ECare to support law enforcement access to mental health professionals via technology. Participating law enforcement agencies receive tablets and training, allowing them to contact a mental health professional 24 hours a day/7 days a week. This service is used to assist with assessment and referral for individual law enforcement encounters who are experiencing a behavioral health crisis. Following the crisis, the Avel ECare team makes a referral to the local Community Mental Health Center, who can provide follow-up services and supports post crisis. In Hughes County, the local hospital contacts the Community Mental Health Center crisis team when they have a patient experiencing a behavioral health crisis in their emergency room. These three components exist in a capacity in South Dakota and presently share a mostly informal relationship with the Helpline Center. This information has been refined since the drafting of the Landscape Analysis as further conversations through the BHCRSC allowed for a better understanding of resources in this area.

Crisis Receiving Facilities

South Dakota is broken up into five Behavioral Health Regions. Two of the five regions have a short-term crisis facility, supporting 24 hours or less care: the Care Campus in Rapid City and The Link in Sioux Falls. Care Campus has plans underway to expand to a short-term (five days or less) model and expand services to 11 counties in western South Dakota. Avera Behavioral

Health, also in Region 5, provides acute inpatient psychiatric services and has plans to expand and create an urgent care model for behavioral health.

South Dakota has four hospitals that provide acute inpatient psychiatric care services for those individuals that need the highest level of crisis stabilization supports. Three are privately run and one is state operated.

Building on this existing capacity, efforts are underway to ensure that each region has access to crisis receiving facilities, or Appropriate Regional Facilities. Through a state-supported Request for Proposal process, awards were recently made to Human Service Agency (Region 3), who will provide five day or less crisis stabilization services to 17 counties, and to Lewis and Clark Behavioral Health (Region 4), serving seven counties. Planning efforts continue to address capacity for crisis stabilization in Region 2 (central SD), a region large in area but low in population density, which presents challenges.

Key Gaps & Challenges for 988 Implementation

South Dakota is fortunate to have a solid foundation for call center support with the current structure available in partnership with the Helpline Center. The Helpline Center has answered NSPL in-state at or above standard with minimal financial support specifically identified for the Lifeline. They have been successful in meeting historic and current call volume using their blended call center model, however going forward, as the call volume is expected to grow substantially and to ensure the Helpline Center meets the operational, clinical and performance standards expected of Lifeline call centers, Helpline Center will need to move away from the blended model and have dedicated, trained mental health professionals to support the calls coming into 988. These calls take much more time than a traditional 211 call and require additional follow-up and coordination that prevents the current model from meeting future expectations.

As 988 becomes more robust, it will be critical that individuals in distress have access to local crisis services and supports. Developing a formal, reciprocal relationship with all 33 PSAPs across the 66 counties in South Dakota as well as with other service providers in the communities will be an on-going challenge to address.

Supporting appropriate response services for emergency mental health crisis situations will prove challenging, particularly in our rural and frontier areas. South Dakota will have to adapt models that utilize current infrastructure and workforce capacity in our rural communities, such as volunteer EMS and Fire Departments. South Dakota is actively building its capacity for Community Health Workers, and is exploring development of Peer Support services; these resources may also be considered for an adapted crisis response model.

Consistent, reliable, and dependable funding to support the operational, clinical and performance standards is also an identified gap and challenge.

Top state/territory priorities for change to prepare for 988 rollout in July 2022

The following priorities are most critical in preparing for 988 implementation in South Dakota.

1. Workforce availability to support staffing for enhanced call volume as currently projected for both Phase 1 and Phase 2 will be a significant challenge for the Lifeline Center. Staffing up for specialized services will be a challenge for all levels of the crisis continuum, call center to response to receiving facility. To realistically implement the plan as proposed, workforce development and supporting wages to recruit and retain a specialized workforce will be critical.
2. While the intent of this plan focuses on implementing 988 in the call center hub, using terminology from the Crisis Now model, the other two pillars – “someone to respond” and “somewhere to go” are equally critical in standing up a responsive crisis system in South Dakota. The coalition remains committed to problem-solving around ALL the pillars, knowing that building up capacity for all three will be the foundation for successful implementation of any one pillar specifically.
3. In South Dakota, there are 33 independently operated PSAPs. Having meaningful, one-on-one planning conversations between the Lifeline Center and each of the PSAPs in South Dakota will be critical in fostering a collaborative effort moving forward in 988 call center operations and dispatch services statewide. While Phase 1 efforts focus on establishing Memorandums of Understanding with the two largest-serving PSAPs in state, efforts must equally focus on building awareness and buy-in among the remaining PSAPs to support long-term utilization and call-transfer-referral between 911 and 988.
4. Local providers and agencies will be central to the messaging and promotion of 988 in South Dakota; equipping them with materials and information to support public education at the local level will be critical.
5. While funding is available through the Mental Health and Substance Abuse Block Grants to initiate implementation, it is short term. Given the wide range of call center volume projections, it remains to be seen what long-term/sustainable funding will be necessary given what the Lifeline Center has for staffing and what call volumes are realized. Securing support and understanding for a long-term funding solution is a priority both at the state and federal level.

Core Area 1: Ensure Statewide 24/7 Coverage for 988 Calls, Chats, and Texts

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988 Calls

Background & Current Situation

In recognition of this core area, states must ensure that there is 24/7 coverage within their state, by Lifeline member contact centers, for 988 calls, chats, and texts, and that no geographic part of the state is without primary coverage. The Helpline Center is the only official Lifeline Center in South Dakota and will be the only call center answering 988 calls by the time of national implementation. The Helpline Center currently provides 24/7 coverage for calls statewide. Lifeline/988 and the 211 Call Centers will be independently operating divisions within the Helpline Center organization. The 211 Call Center will serve as backup to 988 after the July 16, 2022, launch. As noted, current primary and backup coverage for Lifeline/988 calls is exclusively provided by the Helpline Center – 211 Call Center with no gaps in coverage areas. Therefore, discussion on primary and backup coverage gaps is not included.

The Helpline Center utilizes an automatic call distribution system (ACD), and documents call information and disposition of clients using the iCarol Lifeline call documentation system for both NSPL and 211 calls. The Helpline Center does not use any other call documentation system, or other lines, to support its current NSPL response.

To address this core area, the BHCRSC created a 911-988 intercommunications workgroup to further explore gaps and opportunities for service expansion or enhancement in this area. The workgroup, with input from existing NSPL member center staff leadership, identified the following gaps.

Gaps

- While current staffing and NSPL member center capacity at the Helpline Center can ensure 24/7 coverage for 988 calls today, planning efforts identified that establishing dedicated staffing, space, and capacity managed by the Helpline Center but separate from 211 and other services would be ideal. This separation allows for more efficient, optimized staffing for 988 calls and follow-up care.

Lifeline/988 Calls			
Primary Coverage - Calls			
County	The Helpline Center - 988 Call Center	Gaps in 24/7 Primary Coverage	Describe Gaps in 24/7 Primary Coverage
Any Primary Coverage	Y		
All SD Counties	24/7	N	
Comments			
Backup Coverage - Calls			
County	The Helpline Center - 211 Call Center	Gaps in 24/7 Backup Coverage	Describe Gaps in 24/7 Backup Coverage
Any Backup Coverage	Y		
All SD Counties	24/7	N	

- When assessing **current call volume to projected call volume post 988-launch**, capacity to provide statewide 24/7 primary coverage on those calls through existing NSPL resources at the Helpline Center will be inadequate. The Helpline Center assured that satisfactory in-state answer rates could be maintained with up to 30% more call volume, but only with increased staffing to support that volume. The state call volume projections provided by Vibrant were utilized in subsequent cost modeling exercises to develop a pro forma for operational expenses in support of that level of call volume.
 - a) In its June 2021 monthly data report to NSPL, Helpline Center reported an in-state answer rate of 85% with a total of 273 calls offered and 233 answered. Over the preceding 12-month period (Jun 2020-May 2021) Helpline Center had an average in-state answer rate of 91%.
 - b) Projected call volume as calculated by Vibrant and its consultants (Harrington Consulting Group) in April 2021 concluded that South Dakota would handle an average of 41, 988-related calls, each day (1,242 calls per month, or 14,900 calls per year). This is approximately a 300% growth over current call volume.
 - c) As part of the 988 planning project the State contracted with an external financial consultant, Guidehouse, to provide the state and coalition with a review of funding options to support 988 services in South Dakota. In consideration of Vibrant’s projections compared to assumptions based on state specific data and findings, it was determined by Guidehouse that lower call volume rates should be assumed. The below charts indicate the assumptions used for financial plan development.

Cost Modeling Assumptions

Call Volume



Guidehouse developed cost models for 988 implementation for two call volume scenarios:

Scenario 1:

- Assumes current inbound NSPL call volumes (~3600 annually) increase by 2/3 in Year 1.
- For outbound calls, chat, and text, the model assumes 1/2 of the Vibrant projected amounts for Year 1.
- For Years 2-5, volume projections were trended upward using percentage increases based on Vibrant’s Growth Model for Projected Contact Volume (low scenario).

Scenario 2:

- Assumes current inbound NSPL call volumes (~3600 annually) increase by 100% in Year 1.
- For outbound calls, chat, and text, the model assumes 2/3 of the Vibrant projected amounts for Year 1.
- For Years 2-5, volume projections were trended upward using percentage increases based on Vibrant’s Growth Model for Projected Contact Volume (medium scenario).

Guidehouse has developed its 988 cost model based on several sources, including information from the existing South Dakota Helpline Center, Vibrant Emotional Health, other state data, and from behavioral health crisis experts. Guidehouse’s cost model identifies both initial first year costs and includes a five-year pro forma that:

- Projects staffing estimates
- Uses appropriate salaries per position type
- Projects dedicated and shared resources
- Accounts for the blended nature of the Helpline Center



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Scenario 1 – Low Volume Projection Summary

Scenario 1 assumes current inbound NSPL call volumes (~3600 annually) increase by 2/3 in Year 1. For outbound calls, chat, and text, the model assumes 1/2 of the Vibrant projected amounts for Year 1. For Years 2-5, volume projections were trended upward using percentage increases based on Vibrant's growth model (low scenario).

Category	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Total Volume Projections	9,250	13,875	15,417	18,500	20,042	
Inbound calls	6,000	9,000	10,000	12,000	13,000	
Outbound calls	200	300	333	400	433	
Chat	2,800	4,200	4,667	5,600	6,067	
Text	250	375	417	500	542	

Scenario 2 – Medium Volume Projection Summary

Scenario 2 assumes current inbound NSPL call volumes (~3600 annually) increase by 100% in Year 1. For outbound calls, chat, and text, the model assumes 2/3 of the Vibrant projected amounts for Year 1. For Years 2-5, volume projections were trended upward using percentage increases based on Vibrant's growth model (medium scenario).

Category	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Total Volume Projections	11,533	17,941	23,067	26,911	30,756	
Inbound calls	7,200	11,200	14,400	16,800	19,200	
Outbound calls	267	415	533	622	711	
Chat	3,733	5,807	7,467	8,711	9,956	
Text	333	519	667	778	889	

- Given the planned creation of a separate but co-located call center for 988 services, **backup coverage for 988 services** in the event of a system or staffing-related failure will be provided by 211. Currently, 211 staff are co-trained to also answer Lifeline calls. Going forward, 211 staff will continue to remain co-trained as they actively are today. This will be a continuation of current practices which will greatly benefit 988 call handling in the event backup is needed. As recommended by the BHCRSC, there are no plans to develop a second Lifeline center in the state. In the event of a catastrophic facility-related disaster, Helpline Center has existing full backup capacity at an offsite facility, allowing services to continue uninterrupted.

Proposed Approach

The Helpline Center will, by the time of 988's national launch, have the capacity to handle the types of contacts and volumes projected utilizing its existing call center platform. 988 call center staff will be trained on the existing call center platform, which will duly serve to support cross-training of staff in the event of backup coverage needs and allow for continued in-state call coverage in alignment with what South Dakota is already doing for NSPL-routed calls. Staffing types and FTE projections for the 988 call center have been defined by the Helpline Center and vetted and modeled by an external consultant (GuideHouse) in support of 988's launch. Reference Core Area 2 for specific recommendations, action steps, and timeline associated with securing initial and ongoing 988 call center funding.

The Helpline Center will manage 100% of the 988 call volume and serve as the primary, statewide coverage provider for all Lifeline calls. As such, there is no need in South Dakota to develop a call schedule to route calls among other partners.

Utilization and leverage of existing Lifeline member center assets are central to the satisfactory completion of this goal area. The staffing model already utilized by Helpline Center mirrors that which will be structured to support 988. In January 2022, Helpline Center moved its call center and administrative operations to a new, larger location which provides space for expansion of its current 211 related efforts and space for additional staff to support the 988 call center. Helpline Center has decades of experience as a call center, has satisfactorily achieved and sustained national accreditations where applicable, and consistently delivered a high in-state answer rate for NSPL calls, making its assets highly complementary to successful deployment of 988 call center hub operations.

Given all the above, there are no anticipated challenges in maintaining statewide 24/7 Lifeline/988 call coverage by the end of Phase 1. There are also no anticipated challenges achieving backup coverage in that same timeframe.

988 Chat/Text

Background & Current Situation

With state funding and private donations, the Helpline Center supports several statewide text services outside of 988 or Lifeline Center purposes:

- Individuals who text "Opioid" and/or "ONMETH" to 898211 are connected to the Helpline Center and receive information and/or treatment resources for opioid and stimulant use.
- Helpline Center also answers a suicide prevention texting program, "Text4Hope", targeted to high school students.

Currently, Helpline Center does not support an online chat option and is not part of the Lifeline Crisis Chat network. Helpline Center does intend to join the current NSPL PureConnect by Genesys by the end of 2021, or at a time the PureConnect platform can successfully route only SD-based inquiries to Helpline Center (currently, it does not delineate by state and Helpline Center does not have capacity to answer / respond to additional states' inquiries). Utilization of this platform will provide a proven software option for chat and text messaging with 988-based inquires.

South Dakota Landscape Analysis Section 7 - Text and Chat Services

Center Name	Q30. Lifeline Chat?	Q31. 24/7 Lifeline Chat?	Q32. Days/Hours of Lifeline Chat	Q33. Non-Lifeline Chat?	Q34. Non-Lifeline Text?
Helpline Center	No	N/A	N/A	No	Yes

Per Vibrant, it is expected that some coverage of chat/text be in place by in-state centers, even if not statewide or available 24/7, by the end of Phase 1, with a reasonable goal being 50% of the projected Y1 volume. Helpline Center anticipates no issues in achieving this goal using the PureConnect platform in the short-term.

Further, it is expected that states respond to 80% of the projected Y1 chat/text volumes by the end of Phase 2, statewide and 24/7. Helpline Center anticipates no issues in achieving this goal using either the PureConnect platform, or the Unified Platform once available. It should be noted, that to meet these expectations, staffing levels will need to increase and be addressed through a sustainable funding stream.

Gaps

- Current text services are statewide in their reach, but marketed under specific programs (e.g., OPIOID or ONMETH).
- There is no chat function currently implemented at the Lifeline member center, nor is Helpline Center a member of the Lifeline Crisis Chat network.

Proposed Approach

The proposed approach for statewide 988 chat/text service availability centers on several key steps:

- Continue statewide text service using NSPL PureConnect until the Unified Platform is available for consideration.
- Review and implement a unified call/chat/text handling system; include review of the Unified Platform in that process.
- Establish backup services for chat and text services through 211.
- Identify and attain sustainable funding source(s) to support the expectations in this area.

Core Area 1: Statewide Coverage for 988 Contacts
Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)

Goal 1.1a: By 6/30/2022, primary coverage services for 100% of 988 calls in South Dakota will be operationalized in partnership with Helpline Center.

Personnel/Partners: Helpline Center

Goal 1.1a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Implement staffing plan contingent upon notice of confirmed funding (Goal 2.1a).	March 2022	June 2022	Lead: Helpline Center Partners: Division of Behavioral Health (DBH)
Staff 988 call center and onboard / train employees (Goal 3.1b).	March 2022	May 2022	Lead: Helpline Center Partners: None
Integrate 988 into the existing NSPL platform (iCarol) for call handling.	October 2022	November 2022	Lead: Helpline Center Partners: DBH

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Goal 1.1b By 6/30/2022, primary coverage services for 988 chat/text will be operationalized in partnership with the Helpline Center, with capacity to handle at least 50% of Y1 988 chat/text projections.

Personnel/Partners: Helpline Center

Goal 1.1b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Transition to NSPL PureConnect through Genesys to manage chat/text.	April 2022	May 2022	Lead: Helpline Center Partners: DBH

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Goal 1.1c By 6/30/2022, **backup coverage for 100% of statewide services** for 988 calls will be operationalized in partnership with 211, with capacity to handle at least the minimum 50% of Y1 988 contact projections on a short-term basis.

Personnel/Partners: Helpline Center

Goal 1.1c Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Develop call center protocols for answer / transfer of 988 services to 211; cross-train staff.	May 2022	June 2022	Lead: Helpline Center Partners:
Continue training protocols of 211 Call Center staff in handling Lifeline calls	Ongoing	Ongoing	Lead: Helpline Center Partners:

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Core Area 1: Statewide Coverage for 988 Contacts
Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)

Goal 1.2a: By 6/30/2023, complete assessment of systems capable of managing calls, chats, and texts, including the Unified Platform (subject to its availability for testing and review by that time), and determine best option to launch in South Dakota.

Personnel/Partners: Helpline Center, Vibrant

Goal 1.2a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Indicate interest / sign-up for Unified Platform review (timeline subject to availability).	2022 (TBD)	2023 (TBD)	Lead: Helpline Center Partners: Vibrant, selected RFP vendor(s)
Evaluate systems; determine action steps needed, as applicable, to ready for go-live.	TBD	TBD	Lead: Helpline Center Partner: Vibrant, selected RFP vendor(s)

Action Steps	Start Date	Due Date	Lead and Partners
Evaluate intercommunication capabilities between the selected system(s) and existing systems utilized by PSAPs; identify shared data fields and determine feasibility.	TBD	TBD	Lead: Helpline Center Partner: PSAPs, beginning with Minnehaha and Pennington Counties (see Core Area #4)
Go-live with selected system		2023 (TBD)	Lead: Helpline Center Partners:
Full transition to selected system		2024 (TBD)	Lead: Helpline Center Partners:

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain
 Somewhat certain
 Moderately certain
 Very certain
 Completely certain

Goal 1.2b: By 6/30/2023, primary coverage services for 988 chat/text will be operationalized in partnership with Helpline Center, with capacity to handle 100% of Y1 988 chat/text projections.

Personnel/Partners: Helpline Center

Goal 1.2b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Go-live with Unified Platform (see Goal 1.2a)	2022 (TBD)	2023 (TBD)	Lead: Helpline Center Partners:
Train staff (988 and 211/backup)	2022 (TBD)	2023 (TBD)	Lead: Helpline Center Partners:

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Goal 1.2c: By 6/30/2023, backup coverage for 100% statewide services for 988 chat/text will be operationalized in partnership with the Helpline Center, with capacity to handle 100% of Y2 988 chat/text projection volume in the event 988 cannot handle those services.

As this will be a transitioning of Lifeline services from 211 Call Center (Helpline Center) staff to 988 staff, training and coverage will be a simple transition and easily maintained moving forward.

Personnel/Partners: Helpline Center

Goal 1.2c Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Go-live with 211 backup services.		June 2023	Lead: Helpline Center Partners:

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Core Area 2: Secure Adequate, Diversified, and Sustained Funding Streams for Lifeline member centers

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Background: Current Situation, Gaps, Progress, and Proposed Approach: Adequate and Diversified Funding for Lifeline Centers

Helpline Center currently receives \$24,520 to support answering NSPL calls in the state. This is derived from \$17,020 state-level supports (DOH \$11,200/DSS \$5,820) and \$7,500 from the Lifeline Stipend. Helpline Center does not employ dedicated staff to answer NSPL calls. Most funding received for NSPL is used to provide additional coverage during overnight hours. A portion of this funding is used to support follow-up calls.

Helpline Center also receives funding through SD DSS to support several related programs:

- \$161,858 in general fund annual support specifically for Suicide Prevention. This funding supports the follow-up program for youth post-hospitalization following a suicide crisis (\$133,800); NSPL (\$5,820); Teen Crisis Texting for two schools (\$2,000); and travel, printing, communication, and other administrative costs (\$22,038).
- \$120,048 for additional suicide prevention support from the National Strategies for Suicide Prevention federal grant awarded to SD DSS, targeted towards a follow-up program for adults post-hospitalization following suicide crisis.
- \$220,054 is contracted with the Helpline Center as part of the state's opioid response efforts to support answering the 1-800-920-4343 treatment resource hotline as well as providing follow-up and Care Coordination services for individuals needing longer-term support.
- \$57,924 to assist with receiving calls through 211 and supporting outreach, screening, and referral efforts towards the Behavioral Health Voucher Program, funded by the federally-supported State Disaster Grant Program.

Last, through legislative authority, 211 Information and Referral services are supported in the amount of \$838,822. This supports the staffing as well as the management of the resource directory that serves all 66 counties in South Dakota.

The above outlined ancillary services supplement the goals addressed in Core Concepts #1, #6 and #7. The infrastructure has been built with these efforts allowing for a smooth expansion for 988 calls, chats, and texting support.

As part of the 988 planning project the State contracted with an external Financial Consultant, Guidehouse, to provide the state and coalition with a review of funding options to support 988 services in South Dakota.

**Core Area 2: Adequate and Diversified Funding for Lifeline Centers
Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)**

Goal 2.1a: By 01/31/2022, select a Phase 1 funding solution from the proposed options resulting from the independent consultant.

As indicated in the background section there is currently only \$24,520 in state funding dedicated for Lifeline services. Vibrant forecasted need for \$1,329,003, resulting in a gap of approximately \$1.3 million.

Personnel/Partners: Tiffany Wolfgang and SD DSS Leadership

Goal 2.1a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Present Guidehouse findings to DSS and State leadership	09/15/2021	Complete	Lead: DBH Partners: Guidehouse
Select funding strategy and implement funding for Year 1	9/15/2021	3/1/2022	Lead: DBH Partners: SD DSS and other State Leadership

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Goal 2.1b: By 5/31/22, develop recommendations for long-term funding strategies to support 988 services.

Personnel/Partners: DBH

Goal 2.1b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Finalize funding recommendations for Year 2 and on-going for consideration in the 2023 legislative session.	12/1/21	5/31/22	Lead: DBH Partners: DBH

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

**Core Area 2: Adequate and Diversified Funding for Lifeline Centers
Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)**

Goal 2.2a: By 6/30/2023, implement long-term funding strategy identified in Goal 2.1b.

Personnel/Partners: DBH

Goal 2.2a Actions Steps

Action Steps	Start Date	Due Date	Lead and Partners
Action steps pending final recommendation	6/1/22	6/30/23	Lead: Helpline Center and DBH Partners:

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Goal 2.2b: By 6/30/2023, identify all federal and state available funds as they arise through respective granting cycles.

Personnel/Partners: DBH

Goal 2.2b Actions Steps

Action Steps	Start Date	Due Date	Lead and Partners
Continue to monitor state and federal funding opportunities for 988	Ongoing	06/30/23	Lead: DBH Partners:

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Core Area 3: Expand and Sustain Center Capacity to Maintain Target In-State/Territory Answer Rates for Current and Projected Call, Text, and Chat Volume

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Background & Current Situation

While the Lifeline member center has demonstrated consistent, historical capacity to achieve an in-state answer rate of at least 80%, it has not always exceeded 90%. Capacity challenges largely due to overnight staffing have contributed to these metrics. In the October-December 2021 in-state answer rates report from NSPL, Helpline Center reported an in-state answer rate of 86% with a total of 939 calls routed and 809 answered in state. For quarters 1-3 of 2021 the Helpline Center were 88%, 86% and 87% respectively.

On a per-county basis, and only of those counties reporting more than 11 initiated calls from January-March 2021, the following five counties in South Dakota have the lowest in-state answer rates:

1. Meade (18 initiated calls, 15 (83%) answered in-state)
2. Codington (35 initiated calls, 30 (86%) answered in-state)
3. Hughes (43 initiated calls, 38 (88%) answered in-state)
4. Walworth (17 initiated calls, 15 (88%) answered in-state)
5. Clay (19 initiated calls, 17 (89%) answered in-state) tied with Minnehaha (228 initiated calls, 204 (89%) answered in-state)

Of those counties reporting less than 11 initiated calls in the same period, the following five counties in South Dakota had the lowest in-state answer rates:

1. Bon Homme – 62%
2. McCook – 67%
3. Oglala Lakota – 70%
4. Dewey – 75%
5. Hyde – 75%

The call rate from the five counties with lowest in-state answer rates reflected data sets with less than 11 identified callers; this is not a reliable data point to gauge overall performance of the call center in achieving in-state answer rate benchmarks. Due to the rural nature of South Dakota, efforts will continue to assure that services are available in all counties.

Projections offered by Vibrant anticipate the first-year call volume to be approximately 21,000 contacts. Helpline Center reported suicide prevention call volume for the last three months of 2020 at 939 calls annualized to 3,756, or about 18.6% of the projected contacts forecasted by Vibrant. This does not factor in the portion of contacts that will be via text, nor does it account for the Helpline Center's current text handling through non-suicide prevention services provided to individuals experiencing an opioid-related crisis or

for suicide prevention services targeted to teens. Contacts received by both services will likely redirect to 988 as a natural result of increased awareness of 988 and through marketing campaigns.

Considering the answer rates above, we do not anticipate any challenges in achieving the milestone of 90% in-state answer rate with additional staffing support. Capacity for answering contacts in-state at a level of at least 90% will be supported by new staff onboarded specific to 988 efforts.

Gaps

- Staffing for the 988-call center is not sufficient today for handling the projected contact volume.

Proposed Approach

- Detailed discussion on securing funding to support increased capacity for in-state answer rates is included in Core Area 2.

**Core Area 3: Capacity for Target In-State/Territory Answer Rates
Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)**

Goal 3.1a: By 6/30/2022, achieve and maintain at least 80% in-state answer rate for Lifeline calls.

Personnel/Partners: Helpline Center

Goal 3.1a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Monitor in-state answer rate to ensure goal is met	Monthly		Lead: Helpline Center Partners: None

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Goal 3.1b: By 5/30/2022, onboard 80% (6 FTE) of the needed staff to support 988 launch in South Dakota.

The state, as noted in Phase 1 and Phase 2 goals, will continually re-evaluate its staffing plan against trends seen in call volume over time. As call volume increases, should staffing at the initial 80% of forecasted need not be sufficient, additional staff will be onboarded at that time.

Personnel/Partners: Helpline Center

Note: This goal is contingent upon completion of Goal 2.1a.

Goal 3.1b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Review call volume projections in context with contracted consultant supporting Core Area 2, and identify FTE needed to support 988 call center services at launch and annually thereafter.	Sept 2021	Nov 2021 <i>Complete</i>	Lead: Helpline Center Partners: None
Develop and operationalize a staffing plan to support the increased FTE needed to include recruitment, advertising/marketing strategies, minimum qualifications for staffing, and onboarding protocols/training.	Dec 2021	Feb 2022	Lead: Helpline Center Partners: DBH
Launch Phase 1 of the staffing plan.	Mar 2022	May 2022	Lead: Helpline Center Partners: None
Revisit and realign the staffing plan as necessary as call volume data is realized in real-time.	Jun 2022	Ongoing	Lead: Helpline Center Partners: None

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Core Area 3: Capacity for Target In-State/Territory Answer Rates
Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)

Goal 3.2a: By 6/30/2023, achieve and maintain at least 90% in-state answer rate for Lifeline calls.

Personnel/Partners: Helpline Center

Goal 3.2a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Monitor in-state answer rate to ensure goal is met	Monthly		Lead: Helpline Center Partners: None
Revisit and realign the staffing plan if and as necessary as call volume data is realized in real-time.	Jun 2022	Ongoing	Lead: Helpline Center Partners: None

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Core Area 4: Support Crisis Centers in Meeting Lifeline’s Operational Standards, Requirements, and Performance Metrics

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Background: Current Situation, Gaps, Progress, and Proposed Approach: Lifeline Standards and Requirements

Helpline Center already meets the operational NSPL call handling standards prescribed by the 988 project, so that portion of this Core Concept is not a current concern but will continue to be evaluated as contact volume increases with 988 implementation. Helpline Center does not currently handle chat and text communication as it pertains to NSPL. To overcome this gap, Helpline Center will investigate unified systems to handle chat and text communication, including the pending Unified Platform or PureConnect by Vibrant. Current data tracking is also already managed successfully by the Helpline Center. New efforts will be considered when chat and text functions are added. The state will monitor operational standards through regular reporting from the Helpline Center.

Core Area 4: Lifeline Standards and Requirements Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)

Goal 4.1a: By 6/30/2022, complete staffing ramp up and system development for launching an independent 988 Center under the already established Helpline Center.

The continuation of organizational leadership and system supports will assure the continued success at meeting Operational Standards, Requirements, and Performance Metrics. The state does not intend to require additional metrics outside of NSPL standards.

Personnel/Partners: Helpline Center and DBH

Goal 4.1a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Develop policies, practices, and procedures for an independent 988 Call Center under the operation of the Helpline Center	01/1/2022	06/30/2022	Lead: Helpline Center Partners: DBH
Train staff in 988 processes including operational standards, requirements, and performance metrics	01/1/2022	06/30/2022	Lead: Helpline Center Partners: DBH

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Core Area 4: Lifeline Standards and Requirements
Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)

Goal 4.2a: By 6/30/2023, operationalize an independent 988 call center under Helpline Center’s executive leadership.

Personnel/Partners: Helpline Center and DBH

Goal 4.2a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Continue adherence to NSPL call standards and metrics; adopt as the state required metrics.	7/16/22	Ongoing	Lead: Helpline Center Partners: DBH Office of Prevention & Crisis Services
Develop an internal quality monitoring system to assure all operational standards, requirements, and performance metrics are met.	7/1/22	12/31/22	Lead: Helpline Center Partners: DBH Office of Prevention & Crisis Services
Review available contact systems by January 2023, including the Unified Platform from Vibrant if available, to identify barriers, best-match a system for state-specific needs, and define adoption timelines for implementation.	11/1/2022	1/30/2023	Lead: Helpline Center Partners: DBH Office of Prevention & Crisis Services

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Core Area 5: Convene a Coalition of Key Stakeholders to Advise on 988 Planning and Implementation

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Background & Current Situation

The Division of Behavioral Health invited stakeholders representative of the minimum requirements identified at the start of the 988 planning efforts, as well as other stakeholders identified or known as key representatives from their respective areas in behavioral health crisis response or prevention services. The membership of this group (reflected below) has met monthly since March 2021 to support 988 planning efforts, and to foster discussion among partnering state agencies and organizations. The group remains engaged and willing to connect as priority planning and task development continue pre- and post-988 launch.

Membership

South Dakota’s coalition includes the following members:

Organization	Coalition Members	988 Expertise
Department of Social Services	Tiffany Wolfgang	Single State Authority (SSA) / Division of Behavioral Health Director
	Laura Ringling	Behavioral Health Chief, SD DSS
	Stacy Bruels	Assistant Director, Prevention & Crisis Services, DBH, SD, DSS
	Jennifer Humphrey	Strategic Initiatives Program Specialist, DBH, SD DSS
Individuals with lived experience	Tara Johanneson	Survivor of Suicide Loss/Survivor of Suicide Attempt
	Rosanne Summerside	Lived experience/member of the Behavioral Health Advisory Council
	Matthew Glanzer	Lived experience/member of the Behavioral Health Advisory Council
	Penny Kelly	Lived experience/member of the Behavioral Health Advisory Council
Lifeline Crisis Center	Janet Kittams	CEO, Helpline Center, Lifeline member center
	Sheri Nelson	Substance Use Program Manager, Helpline Center
State Suicide Prevention Coordinators	<i>Open Position</i> (formerly held by Jana Boocock)	State Suicide Prevention Coordinator, Department of Social Services
	Kiley Hump	Administrator, Office of Chronic Disease Prevention and Health Promotion, Department of Health
Mobile crisis service providers/oversight bodies	Kris Graham	Mobile Crisis Response and Publicly Funded Behavioral Health Provider, Southeastern Behavioral Health Care
	Kim Hansen	Mobile Crisis Response and Publicly Funded Behavioral Health Provider, Southeastern Behavioral Health Care
	Amy Iversen-Pollreis Jennifer Gray	Mobile Crisis Response and Publicly Funded Behavioral Health Provider, Capital Area Counseling Service

Providers of crisis respite/stabilization services	Thomas Otten, Director BH	Virtual Mobile Crisis Response, ECare, Inpatient Behavioral Health Unit, The Link, Avera Health
	Katherine Sullivan, Director BH	Monument Health
	Jeremy Johnson, CEO	Human Services Center
	Teri Corrigan	Associate Executive Officer, Behavior Management Systems
Law Enforcement	Staci Ackerman	SD Sheriffs Association
	Chief Don Hedrick	SD Police Chiefs Association
	Dave Kinser	Research and Development Specialist, Rapid City Police Department
911/PSAP Leaders	Maria King Stephanie Olson Aimee Chase LeeAnn Benthin	State 911 Coordinator Pennington County 911 Metro Communications Agency Watertown Police Department
Peer support service providers	Wendy Giebink	Executive Director, National Alliance on Mental Illness
Mental health and suicide prevention advocacy groups	Kelli Rumpza	Watertown Community Prevention Specialist, Glacial Lakes SAFE, Human Service Agency
Other/Special Populations	Tosa Two Heart	Behavioral Health Division of Great Plains Tribal Leader's Health Board
Other- Publicly funded community BH Provider system	Terry Dosch	Represents the Council of Community BH Directors

Members were asked to contribute knowledge and content expertise, participate in technical assistance webinars, workgroup meetings, or support calls as applicable during the project period, and to provide feedback to written reports as requested. In addition, several other stakeholders were identified as instrumental in defining needs and gaps reflective of South Dakota's geographical and cultural diversity. These individuals participated in focused workgroup discussions throughout the planning period and remain a resource to call upon for further plan refinement and implementation considerations moving forward. Representation was derived from the following groups: Great Plains Tribal Leader's Health Board, several Community Mental Health Center stakeholders who lead programs that work with vulnerable populations, South Dakota Sheriffs Association, and Lost & Found. This work group will convene again once the national 988 messaging launches to review and identify modifications, if applicable, to that strategy for implementation in South Dakota.

Information was communicated to coalition members via email and through in-person and virtual meetings. Additional information and dialogue were exchanged through ancillary meetings with partnering agencies, including BHCRC representation at the DSS-UJS

jointly hosted Crisis Response in our Communities conference in August 2021, which convened county-based mental health board leaders and other county officials alongside behavioral health providers and law enforcement to support community-action planning around crisis response systems at the local level.

One of the key activities to support the broader aims of crisis response system development as it pertains to 988 dispatch, information, and referral, was the completion of the Crisis Now Assessment tool. Beginning with its June meeting, the coalition worked to critically assess and review the Crisis Now elements for call center hub, crisis response, and crisis receiving facility capacity across South Dakota. The exercise was done on a regional basis. The final assessment was completed in September 2021 and will serve as a guiding tool for priority planning and development for crisis response services on a regional basis moving forward.

Gaps

- Engagement with tribal representatives remains a focus of the coalition; planning efforts were inclusive of but received inconsistent participation from tribal representation.

Proposed Approach

The approach for continued coalition engagement focuses on regular communication strategies and the creation of materials that can be circulated via email to keep coalition members and other stakeholders, as identified, updated, and informed.

Core Area 5: 988 Stakeholder Coalition
Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)

Goal 5.1a: Continue to convene the BHCRSC monthly through June 2022 to support priority planning and preparation tasks for 988’s launch in South Dakota.

Personnel/Partners: Behavioral Health Crisis Response Stakeholder Coalition

Goal 5.1a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Schedule meeting series and formulate agendas based on needs identified.	Oct 2021	Jun 2022	Lead: Contracted Project Supports Partners: Coalition Members
Evaluate coalition structure and process on a quarterly basis to ensure participation and input from all stakeholder groups continues to be represented.	Oct 2021	Jun 2022	Lead: DBH Office of Prevention & Crisis Services

Action Steps	Start Date	Due Date	Lead and Partners
Invite workgroup contributors to join coalition-level discussions moving forward, particularly those that represent marginalized groups including tribal representation.	Oct 2021	Dec 2021	Lead: DBH Office of Prevention & Crisis Services
Convene workgroup meetings to discuss targeted marketing concerns, in alignment with Core Area 8.	Oct 2021	Sept 2022	Lead: DBH Office of Prevention & Crisis Services Partners: Geographical & Cultural Diversity Workgroup and Lived Experience Workgroup members
Convene workgroup meetings, as needed, to discuss specific matters related to any one of the following areas: (a) Geographical & Cultural Diversity (b) 988-911 Intercommunication (c) Crisis Response (d) Lived Experience	Sept 2021	Ongoing as needed	Lead: DBH Office of Prevention & Crisis Services Partners: Workgroup participants

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Goal 5.1b Continue to collaborate with and participate in related conferences, discussions, and planning efforts hosted by partners in South Dakota.

Personnel/Partners: DBH and partners as identified (e.g., Unified Judicial Systems)

Goal 5.1b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Facilitate dialogue among BHCRC members monthly to keep informed of upcoming activities or events; capture in the form of a Crisis Now in SD Brief that can be circulated electronically.	Sept 2021	June 2022	Lead: Contracted Project Support staff with input from DBH Partners: BHCRC Members

Action Steps	Start Date	Due Date	Lead and Partners
Prepare and circulate talking points for use by BHCRCSC members and other stakeholders in advance of 988's launch.	Dec 2021	Jan 2022 <i>Complete</i>	Lead: Contracted Project Support staff with input from DBH
Attend / table at / present at partner conferences or events to increase awareness of 988 launch among stakeholders.	Sept 2021	Ongoing as needed	Lead: DBH Partners: BHCRCSC Members

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Core Area 5: 988 Stakeholder Coalition
Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)

Goal 5.2a: Continue regular communication with, and convenings as needed, among the original BHCRCSC membership through the end of Phase 2 to support continued priority planning and implementation for 988 services as they roll out.

Personnel/Partners: DBH with BHCRCSC Members

Goal 5.2a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Facilitate monthly email updates and/or convene meetings at a similar frequency to maintain dialogue; structure agendas based on planning needs at the time.	July 2022	June 2023	Lead: DBH Partners: BHCRCSC Members
Continue e-publication of the Crisis Now in SD Brief to archive progress to date and be transparent in steps to come.	July 2022	June 2023	Lead: DBH Partners: BHCRCSC Members

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Core Area 6: Maintain a Comprehensive, Updated Listing of Resources, Referrals, and Linkages; Plan for Expanded Services

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Background & Current Situation

Helpline Center presently maintains a robust directory of more than 5,300 community-based resources as part of their work in information and referral. As the Helpline Center is a blended call center, the directory includes a variety of resources ranging from basic need access points to more unique, specialized resources. The database is available online on their website and is easily queried both there and on the phone with a 211 call center staff. Resources are also able to be distributed in a variety of formats, including in conversation with staff on the phone, through follow-up or call back conversations if needed or requested, via text, and via email. As such, the work of the BHCRC in planning for 988 implementation in South Dakota did not focus on creating an alternate tool.

All resources are updated annually, at minimum. The Helpline Center has a methodical approach that has been in place for several years to solicit and capture and report information in its referral system, which will continue and be applied to 988-related efforts. Listed resources and organizations have a ready way to report new updates and are encouraged to do so once they are known to ensure 211 (and 988 ultimately) have access to the most up to date information available.

As standard practice, the Helpline Center gives individuals seeking information numerous options with respect to treatment, care and/or follow-up. Options are not limited to any organization, facility or provider, a practice which will continue with the launch of 988. Options may be queried based on several variables including location of the individual needing services and services available within a reasonable geography to that person, but options outside of that local setting would not be excluded.

In addition, South Dakota used funding from its State Transformation Transfer Initiative (TTI) grant from SAMHSA to explore the development of an electronic behavioral health services registry. The study initiated concurrent with the 988 planning efforts and focused on a landscape analysis of electronic behavioral health registries nationwide, discussions with platform vendors, stakeholder feedback from prospective users and contributors to the system in state, and delivery of recommendations for South Dakota to consider. At present, there are four main providers of inpatient behavioral health services which include two private providers of inpatient emergency psychiatric services. In addition, the state actively contracts with 11 community mental health centers, 33 individual substance use disorder treatment providers, and 21 prevention treatment providers to support the continuum of crisis care and supporting services. Recommendations resulting from this work centered on pursuit of a web-based system for system capacity overall using a phased in approach, recognizing that the number of available crisis response resources will grow over time. In the short term, it is feasible to utilize a secure web portal to facilitate information sharing among the limited partners, including the 988 call center, who need access to it as a referral resource. Longer term, as crisis services expand beyond those currently available, a web-based system would be used to expand the functionality and access to that information.

Gaps

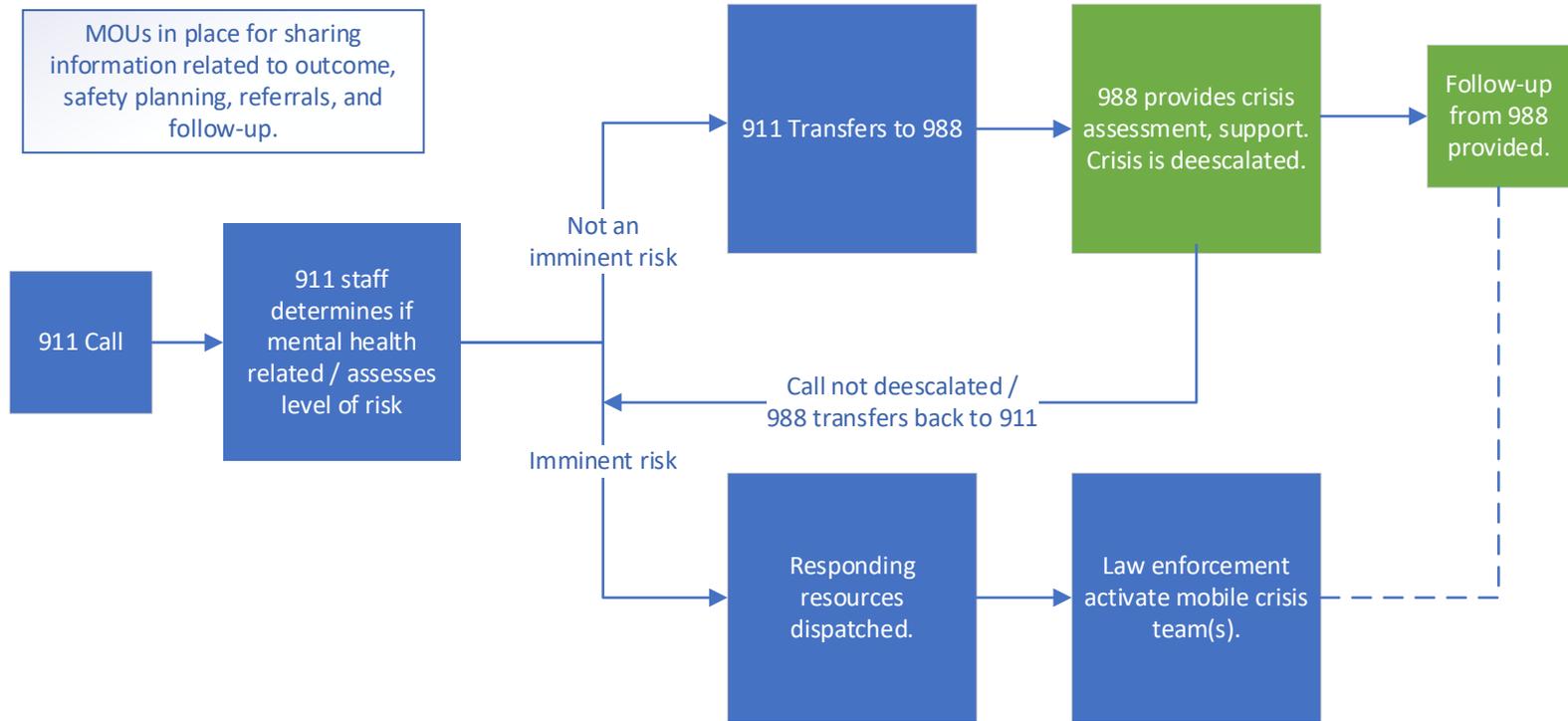
- No current, formal connections were established between Helpline Center as the 988 call center hub and any of the 33 PSAPs in South Dakota at the outset of this planning effort. Helpline Center and Metro Communications (serving Minnehaha County) have had longstanding informal relationships in place and historically referred callers as needed; this was formalized late 2021 with a MOU and work continues on formalizing call response protocols in collaboration with staff from each organization.
- Behavioral health crisis response services are largely unavailable and not readily accessible outside of the two larger metro areas of Sioux Falls and Rapid City. Behavioral health crisis response services are available via telehealth, or through a community based mental health center, although staffing capacity to respond in real-time is limited. Services are also available through partnering law enforcement officers currently piloting an e-care based technology solution, connecting individuals in crisis to a counselor via technology. In result, nearly all crisis – mental or physical – situations are responded to with the systems available in those areas, typically limited to EMS, law enforcement, or fire. Building capacity for these existing resources to best respond to behavioral health crisis situations will be a central strategy for increasing local access to a timely, quality response beyond what is articulated in the implementation plan for 988 call center services. Creating new crisis response services (e.g., mobile and or virtual crisis response teams), over time, will augment existing capacity but likely never replace it due to our rural/frontier state and workforce limitations.
- While Helpline Center has established awareness of and, in some cases, direct referral relationships with existing crisis response providers and crisis receiving facilities, it is most often limited to what is needed for information and referral purposes. As Helpline Center adds capacity to support crisis response call center hub services through 988, collaboration with these resources (and others as they come online) will be critical to assure these services are able to be dispatched for people in crisis.

Proposed Approach

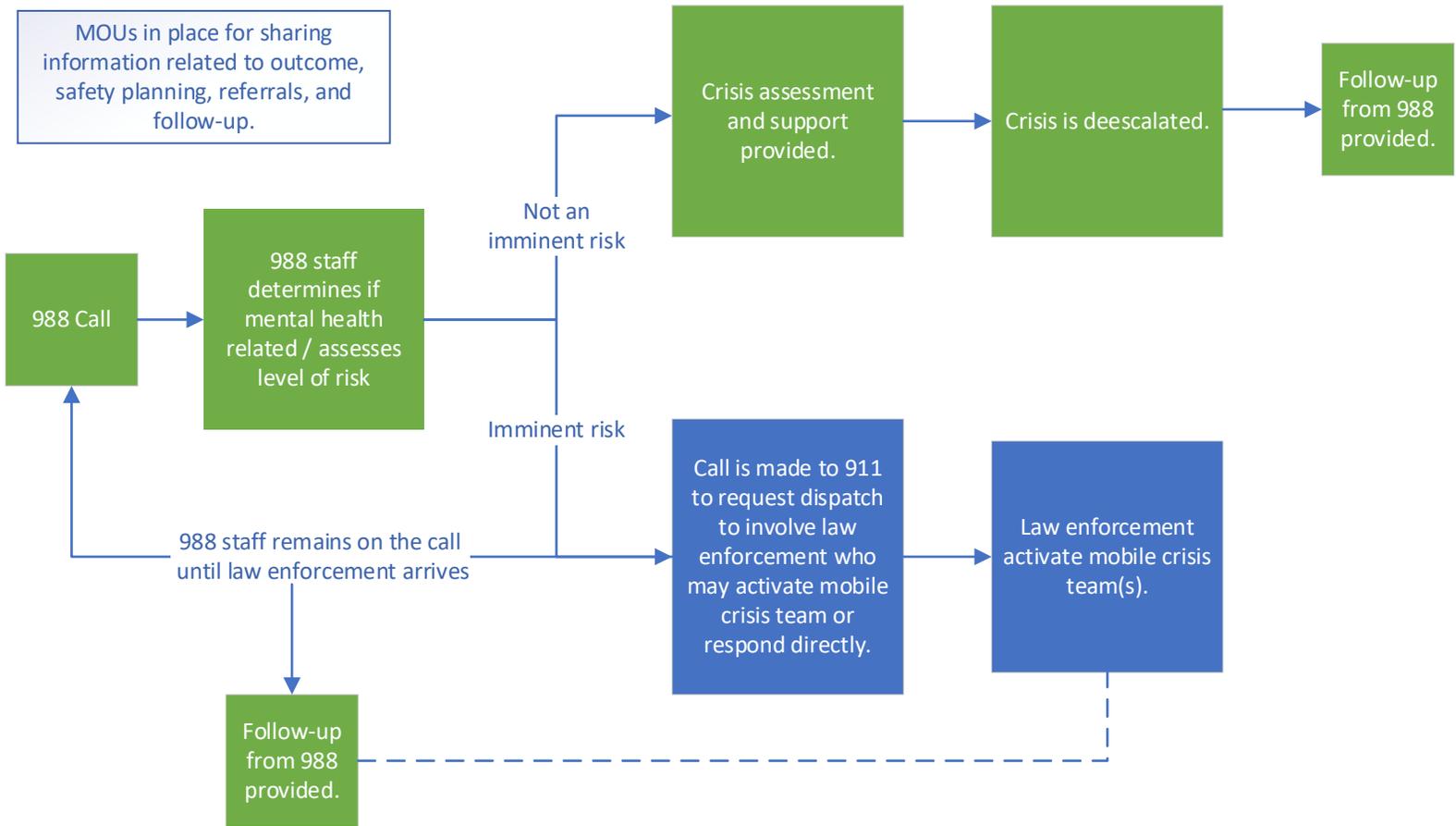
- Continue utilization of existing Helpline Center resources, which contains more than the minimum referral resources from the 988 Plan Instructions, for information and referral. As Helpline Center is the parent organization of both 211 Call Center (backup facility) and 988, both call centers will continue to have access to the same shared resource database.
- Review and add to, as necessary, crisis response resources as they become available.
- Evaluate incorporation of resource listings into the unified crisis registry system (if this is moved into implementation) and determine most efficient way to access that information for 988 call center staff moving forward; the state does not intend to re-create a new resource directory to support 988 specifically, but rather leverage its existing directory to permit access most efficiently to that information for all current and future users.

The proposed approach for 911-988 intercommunication is best summarized in the following graphics, highlighting the key roles of 988 and 988 call centers / staff. It is assumed that the majority of calls will originate with 911 and be transferred to 988, particularly in the early years of 988's availability as a resource as awareness builds over time.

Call Initiates at 911



Call Initiates at 988



**Core Area 6: Comprehensive Resource Listings; Plan for Expanded Services
Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)**

Goal 6.1a: Continue updates to the referral resource directory, ensuring the database is up to date by 6/30/2022.

Personnel/Partners: Helpline Center, DBH, contributing referring organizations

Goal 6.1a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Identify and understand resources not currently included in the Helpline Center resource database (if any) and define appropriate linkages for the missing resources.	January 2022	March 2022	Lead: Helpline Center Partners: DBH Office of Crisis and Prevention Services; BHCRCSC members
Using the Crisis Now assessment as a baseline, review and integrate additional resources to the resource directory on a quarterly basis at minimum.	January 2022	Ongoing	Lead: DBH Office of Crisis and Prevention Services Partners: BHCRCSC members, Helpline Center
Create rubric with minimum referral resources for 988 launch and compare to existing database resources to ensure complete listing is achieved.	December 2021	March 2022	Lead: DBH Office of Crisis and Prevention Services Partners: Helpline Center
Solicit information from <i>existing contacts</i> to update / refresh listings	January 2022	March 2022	Lead: Helpline Center Partners: All contacts
Solicit information from <i>new resources / contacts</i> as they are identified	January 2022	Ongoing	Lead: Helpline Center Partners: New resource contacts

Not at all certain

Somewhat certain

Moderately certain

Very certain

Completely certain

Goal 6.1b: By 6/30/2022, have MOUs in place with at least the two largest PSAPs in South Dakota for communication between 988 and 911 for reciprocal transfer and follow-up protocols.

Personnel/Partners: Helpline Center staff, Metro Communications (Minnehaha County PSAP), and Pennington County Sheriff's Office (Pennington County 911)

Goal 6.1b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Identify specific EMD protocol responses existing within the PSAP that could/should be modified to support engagement with 988 resources	6/1/2021	12/1/2021	Lead: Helpline Center Partners: Individual PSAPs
Collaborate with PSAPs to establish initial protocol responses for call handling / referral / transfer to 988	8/1/2021	1/1/2022	Lead: Helpline Center Partners: Individual PSAPs
Connect with and secure appropriate approvals for EMD protocol response modifications from the PSAPs medical directors and/or other oversight agencies, as applicable	1/1/2022	4/1/2022	Lead: Individual PSAP Partner: Helpline Center
Write and establish a Memorandum of Understanding (MOU) between the Lifeline Center and PSAP	1/1/2022	6/1/2022	Lead: Helpline Center Partners: Individual PSAPs
Add / modify protocol responses as needed based on approvals granted	1/1/2022	6/30/2022	Individual PSAPs

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Core Area 6: Comprehensive Resource Listings; Plan for Expanded Services
Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)

Goal 6.2a: Update resource database yearly, at minimum.

Personnel/Partners: Helpline Center

Goal 6.2a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Conduct standard information and referral system review in partnership with 211 / Helpline Center staff and update the 988 registries accordingly.	Ongoing	Ongoing	Lead: Helpline Center Partners: All resource partners
Conduct annual review of progress and programmatic updates in changes to or additions in referral linkages in the database; identify gaps and address with the coalition on a quarterly basis.	7/1/2022	Ongoing	Lead: Helpline Center; DBH Office of Prevention and Crisis Services Partners: BHCRSC

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Goal 6.2b: By 6/30/2023, conduct outreach to all 33 PSAPs in South Dakota to increase awareness of and value-add of 988 to local crisis response efforts.

Personnel/Partners: Helpline Center staff and DBH

Goal 6.2b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Initiate MOU process based on indication of interest from partnering PSAP	2/1/2022	6/30/2022	Lead: Helpline Center Partners: individual PSAPs and local mental health boards
Replicate MOU process outlined in Goal 6.1b for each PSAP with the goal of onboarding 100% of PSAPs by one year post-launch	3/1/2022	6/30/2023	Lead: Helpline Center Partners: individual PSAPs and local mental health boards

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Core Area 7: Ensure All State/Territory Centers Can Provide Best Practice Follow-Up to 988 Callers/Texters/Chatters

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Background & Current Situation

South Dakota only has one Lifeline Center. At this time, this center already conducts follow-up calls on 100% of NSPL calls and third-party concern calls where approval of a follow-up call has been provided by the contact. Staff can follow-up via text message if this is the client's preferred communication method. Follow-up attempts begin within 24-48 hours after the initial crisis call, unless needed sooner for safety reasons or requested by the caller. A caller may be asked permission for additional follow-up calls/texts to strengthen safety and connectedness and to enhance connections to providers or other supports, specifically, if imminent risk is present or recent thoughts of suicide have continued since the last contact.

Follow-up procedures currently implemented exceed the minimum NSPL standard and the projected 988 follow-up call standard. A follow-up is offered on all other lines answered by the Helpline Center if the caller or third-party reporter is at-risk of suicide and they have agreed to a follow-up. Five (5) attempts are made to connect with the client. This may be done via phone call or text message based on the client's preference. Suicide loss follow-up calls are also offered on the other lines answered by the Helpline Center. As indicated in the Background section of Core Area 3, the annualized number of NSPL calls today, based on a three-month average, is 3,756 calls which is about 18.6% of the 21,000 Vibrant estimated contacts.

Additionally, Helpline Center offers follow-ups to individuals and third-party concern calls who are struggling with a substance use disorder. These calls may come in on the Treatment Resource Hotline or 211. These follow-ups are facilitated by a Substance Use Care Coordinator and are provided within one (1) business day after the initial call. Like a suicide follow-up, five (5) attempts are made via phone.

Crisis receiving facilities also follow their own follow-up protocols for individuals discharging from services following a behavioral health crisis. Community Mental Health Centers also provide follow-up services for individuals following a behavioral health crisis. Individuals are contacted by Community Mental Health Center staff within 24 to 48 hours.

Gaps

- While NSPL follow-up standards are currently met and projected to be sustained at the call center level, the crisis response and crisis receiving facilities/agencies do not have staffing to support enhanced follow-up care beyond what they currently provide. With projected national and state/local marketing around 988, call volume will undoubtedly increase, and referrals to community-based agencies will subsequently increase. Staffing levels and workforce availability along the full continuum of care will be a considerable barrier to enhanced service delivery.

- It is anticipated that future follow-up calls through 988 may involve more support and time needed to facilitate a warm hand-off to referred services; as such, staffing the call center at a level that accommodates this increased call-time will be a critical factor moving forward.
- Follow-up efforts for mental health crisis calls initiated by PSAPs and transferred to 988 will need to be developed and implemented. We believe that this will be mitigated through reciprocal warm transfer protocols being developed as part of 988 implementation.

Proposed Approach

- Continue utilization of existing follow-up protocols and expand for use with 988 specific clients/needs.
- Secure funding for follow-up services through action step listed in Core Area 2. An important note is that follow-up efforts will be a part of the regular activity of all 988 staff and will be budgeted for the shared equivalent of 1 FTE.
- Implement staff strategies indicated throughout Core Areas 1-4.

**Core Area 7: Provide Follow-Up Services
Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)**

Goal 7.1a: By 6/30/2022, develop and deploy protocols for follow-up services for all 988 contacts.

Personnel/Partners: Helpline Center

Goal 7.1a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Adopt and adapt follow-up program standard operating procedures, based off existing follow-up efforts managed by Helpline Center, which can be utilized for 988. Review with DBH for 988 program oversight, and cross-reference with NSPL standards.	1/1/2022	4/1/2022	Lead: Helpline Center Partners: DBH Office of Crisis and Prevention Services
Integrate follow-up program training into new employee onboarding for 988 call center staff.	1/1/2022	On going	Lead: Helpline Center Partners: DBH Office of Crisis and Prevention Services

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Core Area 7: Provide Follow-Up Services
Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)

Goal 7.2a: By 6/30/2022, conduct a review of active follow-up services to identify any opportunities for enhancement.

Personnel/Partners: DBH

Goal 7.2a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Develop a plan for reviewing follow-up processes and standards	July 2022	June 30, 2023	Lead: Helpline Center Partners: DBH Office of Crisis and Prevention Services
Implement quality review process	July 2022	June 30, 2023	Lead: Helpline Center Partners: DBH Office of Crisis and Prevention Services
Implement identified enhancement opportunities	Ongoing as presented	Variable depending on intervention / change needed	Lead: DBH Office of Crisis and Prevention Services Partners: Helpline Center; BHCRSC

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Core Area 8: Plan and Implement Marketing for 988 in Your State/Territory

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Background & Current Situation

South Dakota is a rural/frontier state with minimal dense population hubs. With this unique demographic it is imperative to use robust and diverse communication strategies to reach all target populations. To better plan for this communication the BHCRSC also developed workgroups to focus on messaging considerations for select audiences. These workgroups included a Lived Experience Workgroup and Geographical & Cultural Diversity Workgroup. These groups have been reviewing and recommending messaging strategies for 988 in South Dakota and will continue to be engaged in messaging and marketing development moving forward beyond the implementation grant. These two groups provided needed perspectives to ensure that messaging of 988 is best presented to all South Dakotans. Groups discussed populations to reach, the need for multiple targeted campaigns through various modalities, and importance of having the right “face” on the campaigns to make the most impact.

Gaps

- Sparsely populated locations across South Dakota, with dense population hubs east and west of the Missouri River, require customized communication and marketing approaches that mitigate for areas with limited access to technology/internet-based mediums. This translates to often costly campaigns to ensure broad coverage of our state population in the launch of new public health-related measures, such as 988.
- There is no current mechanism to support statewide outreach and awareness.

Proposed Approach

In conjunction with a larger behavioral health awareness and public education campaign planned to begin in 2022, the Division of Behavioral Health will include a targeted sub-component for public awareness and education specific to crisis services, including “who to call” (988). The Division initiated its RFP process in December 2021, ongoing at the time of this writing. Vendor selection is anticipated for Q1 2022. The BHCRSC will be leveraged as an advisory group for this campaign, and providers will be engaged to disseminate information locally once it is developed. Efforts will focus on public education to support increased awareness of new services available, including 988. The selected vendor will create a communications strategy plan, and integrate 988 awareness activities at the state level in alignment with national guidance on timing. The selected vendor will work with SD DSS to identify potential target audiences using current state demographic data, mental health and substance use data, and data related to suicidality. Additional considerations will be made for audiences that are historically marginalized, communities of color, and groups that may have cultural barriers to using 988.

The designated point of contact for collaboration with Vibrant’s communications team on this core area will be Tiffany Wolfgang, Division of Behavioral Health, SD DSS.

**Core Area 8: Marketing and Communications Plan for 988
Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)**

Goal 8.1a: By 6/30/2022, identify all partners for creating a statewide marketing plan for development during year 2 and launch in conjunction with SAMHSA and Vibrant Guidelines of initial marketing beginning July 1, 2023.

Personnel/Partners: DBH, Lived Experience and Diversity & Geographical Considerations work groups

Goal 8.1a: Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Engage an external marketing firm, through an RFP process, to take lead on public education and awareness efforts specific to 988 including identifying potential target audiences using your current state demographic data, mental health and substance use data, and data related to suicidality.	11/1/2021	7/1/2022	Lead: DBH Partners: Helpline Center
Identify state agency contact for Vibrant Communications Team		7/1/2022	Lead: DBH
Identify goals for campaign including target audiences based on community demographics as well as historically marginalized populations		7/1/2022	Lead: DBH
Develop key messaging		7/1/2022	Lead: DBH Partners: BHCRSC Workgroups
Identify most appropriate messaging channels		7/1/2022	Lead: DBH Partners: BHCRSC Workgroups
Identify funding for initial messaging creation efforts		7/1/2022	Lead: DBH
Update existing marketing materials referencing NSPL (e.g., suicide prevention efforts) in preparation for distribution in conjunction with national campaign	4/1/2022	7/1/2022	Lead: DBH, Helpline Center Partners:

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

**Core Area 8: Marketing and Communications Plan for 988
Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)**

Goal 8.2a: By 6/30/2023, have conducted reviews of marketing strategies and initiate marketing efforts of 988 in South Dakota.

Note that marketing and promotional efforts for 988 will adhere to the messaging and scope of service as defined by SAMSHA, which at this time are advised to not begin until July 2023.

Personnel/Partners: DBH and appropriate contractors

Goal 8.2a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Implement marketing efforts that transition all current NSPL messaging and promotion to 988		7/1/2023	Lead: Helpline Center Partners: DBH and contracted media agency
Conduct focus group reviews of marketing campaigns		6/30/2023	Lead: DBH Partners: Marketing Firm (TBD)
Finalize customization of materials to national message		6/30/2023	Lead: DBH Partners: Marketing Firm (TBD)
Finalize messaging for how 988 aligns with other state measures		6/30/2023	Lead: DBH Partners: Marketing Firm (TBD)
Develop a plan for tracking metrics and public messaging campaign impacts		6/30/2023	Lead: DBH Partners: Marketing Firm (TBD)
Develop long-term funding strategy and sources for ongoing marketing		6/30/2023	Lead: DBH

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Appendix A

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Lifeline/988 Calls			
Primary Coverage - Calls			
County	The Helpline Center - 988 Call Center	Gaps in 24/7 Primary Coverage	Describe Gaps in 24/7 Primary Coverage
Any Primary Coverage	Y		
All SD Counties	24/7	N	
Comments			
Backup Coverage - Calls			
County	The Helpline Center - 211 Call Center	Gaps in 24/7 Backup Coverage	Describe Gaps in 24/7 Backup Coverage
Any Backup Coverage	Y		
All SD Counties	24/7	N	