



Behavioral Health Crisis Response Stakeholder Coalition

9-8-8 Implementation Planning Meeting #1



Opening Remarks

Laura Ringling, Division Chief and Tiffany Wolfgang, Division Director

- **The Promise of 9-8-8 – Crisis Care for Everyone, Everywhere, Every Time**



The South Dakota Department of Social Services

is the state's largest agency with nearly 1,600 employees and 53 offices in communities across South Dakota.

At DSS, we believe...

...families have the right to be safe and secure.

...in providing opportunities and choices that support the needs of families through available and accessible services.

...in collaborative communications, teamwork, partnerships and trust for essential family services.

...in respecting individual and cultural differences by treating people with dignity, fairness and respect.

...in focusing on meaningful outcomes, continuous quality improvement and using technology to be efficient and effective.

...in professional and well-trained staff that is competent, accountable and empowered.

...in providing quality, timely customer service through the "no wrong door" approach.



About DSS

We are here to help children, families, individuals, seniors and people with disabilities through some of the most difficult times in their lives with the programs and services we provide.



Our Vision and Mission

Strong families – South Dakota's foundation and our future

The South Dakota Department of Social Services

is dedicated to strengthening and supporting individuals and families by promoting cost effective and comprehensive services in connection with our partners that foster independent and healthy families.

The DBH supports ...

...Children and adults with serious mental illness.

...Adolescents and adults with substance use disorders.

...Youth and young adults in need of prevention services.

About DBH

The Division of Behavioral Health provides oversight of the publicly funded behavioral health system.



About DBH

The DBH supports a comprehensive array of publicly funded behavioral health treatment services.

Publicly Funded Behavioral Health Treatment Services

- Outpatient mental health services
- Outpatient and inpatient substance use disorder treatment services
- Prevention services
- Learn more at:
<https://dss.sd.gov/behavioralhealth/default.aspx>

Introductions of Stakeholder Coalition members:

Roundtable introductions of coalition members

- Department of Social Services
 - **Laura Ringling**
 - **Tiffany Wolfgang**
 - **Bre Baltzer**
 - **Tessia Johnston**
- Contracted Project Supports
 - **Nick Oyen**
 - **Rachel Oelmann**
- Individuals with lived experience
 - **Tara Johanneson**
 - **Rosanne Summerside**
 - **Matthew Glanzer**
 - **Penny Kelly**
- Lifeline Crisis Center
 - **Janet Kittams**
 - **Taylor Funke**
- State Suicide Prevention Coordinators
 - **Jana Boocock** (DSS)
 - **Kiley Hump** (DOH)
- Providers of crisis respite / stabilization services
 - **Thomas Otten** (Avera)
 - **Katherine Sullivan** (Monument Health)
 - **Jeremy Johnson** (Human Services Center)
 - **Teri Corrigan** (Behavior Management Systems)
- Mobile crisis service providers
 - **Kris Graham** (Southeastern Behavioral Health Care)
 - **Amy Iversen-Pollreisz** (Capital Area Counseling Service)

Introductions

Roundtable introductions of coalition members

- Law Enforcement
 - **Staci Ackerman** (SD Sheriffs Association)
 - **Don Hedrick** (SD Police Chiefs Association)
 - **Dave Kinser** (Rapid City PD)
- 911 Leaders
 - **Maria King** (Statewide 911 Coordinator)
- Peer support service providers
 - **Wendy Giebink** (NAMI)
 - Mental health and suicide prevention advocacy
 - **Kelli Rumpza** (Human Service Agency)
- Other Stakeholders
 - **Tosa Two Heart** (Great Plains Tribal Leader's Health Board)
 - **Terry Dosch** (Council of Community BH Directors)
- Technical Assistance Providers
 - **Terresa Humphries-Wadsworth** (Educational Development Center on behalf of Vibrant Emotional Health)

Core 9-8-8 Planning & Implementation Considerations

Nick Oyen and Rachel Oelmann, Project Supports

Planning Considerations

- BHCRSC 9-8-8 Planning Coalition Charter
- Key Dates associated with the 9-8-8 Implementation Planning Process

Workgroup Roles & Responsibilities

- Workgroups
 - Lived Experience
 - Diversity / Geographical Considerations
 - 911 / 9-8-8 Intercommunication
 - Crisis Response Systems
- Functions
 - Deep dive into specific sub-areas of the implementation plan
 - Virtual meetings between larger coalition meetings
 - Report out at coalition meetings

Eight Core Planning Considerations

Overview | BHCRSC Coalition Charter in Summary

- **Background**

- Nationwide
- Will be launched by July 2022
- Transition from current 10-digit crisis number towards 9-8-8
- All states were awarded funds to support implementation planning for their specific state and response systems in place
- South Dakota has one Lifeline Center – Helpline Center (some states of multiple Lifeline Centers)
- Will require implementation of statewide chat and text services in addition to hotline
- Planning template is forthcoming to guide the work of this coalition

- **Mission & Vision**

- Coalition is a required activity of the implementation planning grant funding
- Coalition formed to guide and inform the development of the 9-8-8 statewide implementation plan
- Three key tasks:
 - Develop plans to address coordination, capacity, funding, and communication strategies to launch 9-8-8
 - Plan for long-term improvement of in-state answer rates for 9-8-8 calls
 - Provide initial considerations for expanded crisis center services and systems to support real-time inventory and dispatch

Eight Core Planning Considerations

Overview | BHCRSC Coalition Charter in Summary

1. Ensuring statewide coverage for 9-8-8 calls, chats, and texts
2. Funding structure for Lifeline Centers
3. Capacity building for Lifeline Centers
4. State/Territory support of Lifeline's operational, clinical and performance standards for centers answering 9-8-8
5. Identification of key stakeholders for 9-8-8 roll out
6. Ensure there are systems in place to maintain local resource and referral listings
7. Ensure ability to provide follow-up services to 9-8-8 users according to Lifeline best practices
8. Alignment with national initiatives around public messaging for 9-8-8

Behavioral Health Crisis Response Planning Needs

Concurrent State Initiatives | Tiffany Wolfgang, Division Director

9-8-8 Implementation

- Primary function of this stakeholder coalition
- Selecting a fiscal consultant to conduct research and provide a summary report on the fiscal strategies that should be considered to support short and long-term sustainability of 988 call center and crisis response services

Crisis Registry Project

- Grant from National Association of State Mental Health Directors
- Subject Matter Expert to assist in analyzing SD's needs to support a platform that provides state-wide, real-time inventory of BH crisis services- crisis counselors would then be able to serve as air traffic controllers

Crisis Response System Capacity Building

- 988 and CRP both support the identification of needed resources and capacity strengthening the response that 988 can provide
- Building off the Appropriate Regional Facility capacity development currently under way through an RFP

Behavioral Health Public Awareness

- All efforts will have to be supported by comprehensive public awareness of 988 and resources available
- Destigmatize reaching out for help and ensuring resources are there to support efforts

Landscape Analysis

Presented by Janet Kittams

Executive Director for the Helpline Center



We are here for you. All day, every day.

Through our mission of *making lives better by giving support, offering hope and creating connections all day, every day*, we believe everyone deserves help when they need simple answers, community connections or hope during difficult times.

[LEARN MORE](#)

2·1·1

[LEARN MORE](#)

Suicide Prevention
& Crisis Support

[LEARN MORE](#)

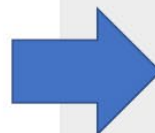
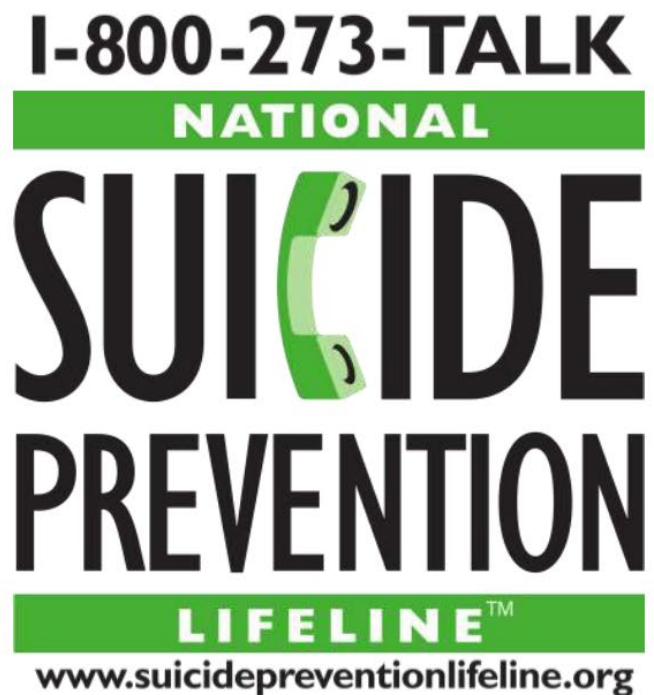
Volunteer
Connections

[LEARN MORE](#)

Helpline Center and NSPL (National Suicide Prevention Lifeline)

- 1-800-273-8255
- Answered NSPL since it's inception in 2005
- One of about 200 crisis centers across the country – only crisis center in South Dakota
- Required to follow NSPL policies/procedures
- Nationally accredited by AAS American Assoc of Suicidology
- Answer variety of calls ranging from mental health information to imminent crisis situations
- Historically, the Helpline Center has answered suicide related calls since the agency started in 1974





988

Mental Health
Crisis & Suicide
Hotline

The FCC selected the 988 number to replace the 1-800-273-8255 phone number of the NSPL July 2022.



Regional/Statewide Crisis Call Center (Someone to talk to)

- Minimum expectations: 24/7 staffed center that provides crisis intervention capabilities (phone, text and chat), provides clinical oversight, assessment of suicide risk, mobile crisis team and behavioral health facility connections.
- Meets NSPL standards for risk assessment and engagement of individuals at imminent risk of suicide and offers air traffic control – quality coordination of care real-time.

Best Practices Include:

- Utilize real-time regional bed registry technology to support efficient connection to needed resources
- Schedule outpatient appointments in a manner synonymous with a warm handoff to support connection to ongoing care following crisis episode
- Implement GPS enabled technology in collaboration with partner mobile crisis teams to more efficiently dispatch care to those in need

Difference between 211 and 988

211

- Housing /Rental assistance
- Utility assistance
- Food resources
- Government information
- Financial assistance
- Disaster information
- Basic health information
- Tax prep assistance
- Volunteer opportunities
- Childcare information

988

- Crisis situations (suicide, emotional crisis or other behavioral health crisis)
- Treatment programs for substance use or mental health
- Outpatient counseling
- Behavioral health resource information and support
- Care coordination and follow up support



Landscape Analysis – Helpline Center – Current Snapshot

- Answers NSPL line for entire state of South Dakota 24/7
- Excellent answer rate of 90% - average speed to answer is 17 seconds
- Receive only a small amount of funding specifically for NSPL
- No dedicated NSPL staff
- Call center staff are cross-trained to handle information based calls (211) in addition to crisis related calls – this model will need to be adjusted with the increase in the crisis based calls and the need for clinical expertise
- Does not currently offer NSPL chat or texting service and would need to add these services for 988
- Provides follow-up calls to NSPL callers and follow-up calls to those discharged by psychiatric inpatient units. Opportunity to provide follow-up calls for mobile crisis team clients, discharges from stabilization units to or other programs ensure care coordination.

Landscape Analysis – Continued

- Currently unable to refer callers to or activate mobile crisis teams – access only occurs through 911/law enforcement
 - Need outcomes from mobile crisis team visits connected to NSPL
 - Need to consider how mobile crisis teams are activated or dispatched – how can 988 be involved
- Work well with 911 centers and law enforcement across the state but improvements in collaboration are needed for 988
 - Need outcomes from dispatched mental health calls that originate from NSPL/988
 - Need to determine how can 988 partner best with 911 to handle mental health related calls that come to 911 – develop interoperability between 911 and 988
 - Need to consider ability for 988 to dispatch mobile crisis teams
- Need to consider ability to schedule outpatient appointments with CMHC's (outpatient providers) or other ability to connect callers directly for outpatient services

Landscape Analysis - Continued

- Work well with psychiatric inpatient units and stabilization unit (Crisis Care Center – Rapid City). Working to build relationship with new stabilization unit. (Link – Sioux Falls)
- Additional funding for 988 would be required to support:
 - staffing capacity for increase in call volume,
 - need for clinical staff (supervisory and front line),
 - staffing to cover texting and chat services,
 - staff credentialing/training,
 - Software call management system / software communication platform to allow system communication
 - Technology equipment and space needs
 - Public messaging / awareness about 988 / marketing

①

Minimum Expectations:

24/7 Availability, Clinical Oversight,
Assessment of Suicide Risk, Mobile Team
and Facility Connections



CRISIS CALL HUB



Someone to talk to



helpline
center



Community-Based

Facility-Based

Peer Warm
Line & Crisis
Navigators

Crisis
Clinical
Answering
Service

Crisis Call /
Text / Chat
Hub

24/7
Outpatient

Hospital
Rapid
Response

Community
Mobile Crisis

Peer
Respite/
Short Term
Residential

23 Hour
Urgent Care

Crisis
Stabilization
(Short Term
Crisis
Hospital
Beds)

Acute Care
Inpatient

1

2

3

Contact | Support | Rescue



Anyone, Anytime, Anywhere

Air Traffic Control

Coalition Member Input

Facilitated by Nick Oyen and Rachel Oelmann

- What does a “good and modern” comprehensive crisis network look like?
 - 24/7 crisis call hubs
 - Mobile crisis outreach teams
 - Crisis receiving facilities
- Are there other initiatives or projects this work should be connected to?
- What areas at high level do you see missing from the current crisis network in South Dakota?

9-8-8 Communication Strategy

Creating a Universal Message

- Where to Access Materials
 - <https://dss.sd.gov/behavioralhealth/grantinfo.aspx>
- Coming soon...
 - Talking Points – a guide for you to use when fielding questions about 9-8-8 or your role in the coalition
 - Workgroups to begin meeting as soon as possible; Sage to coordinate
 - Doodle poll invites for remainder of meetings (May through September)
 - Anticipate in-person meeting for June (day long)
 - Determine best central location

Federal Grants

The Division of Behavioral Health maximizes opportunities at the federal level to support the behavioral health needs of individuals in South Dakota. The below links provide an overview of the federal grants that support behavioral health services in South Dakota.

- [More information about behavioral health grants awarded in South Dakota.](#)

- ▶ Substance Abuse, Prevention and Treatment (SAPT) and Mental Health (MH) Block Grants
- ▶ Projects for Assistance in Transition from Homelessness (PATH) Grant
- ▶ National Strategy for Suicide Prevention
- ▶ Opioid Crisis Response Grants
- ▶ COVID-19 Response Grants
- ▶ Natural Disaster Response Grants

▼ 988 Planning Grant

The purpose of this grant is to assist states in planning for the implementation of a new, national, three-digit number for mental health crisis and suicide response (988). In July 2022, 988 will become the national three-digit dialing code for the National Suicide Prevention Lifeline, replacing the current phone number of 1.800.283.TALK (8255).

[More information about South Dakota's 988 Planning Grant.](#)

Additional Resources

- [988 Planning Grant Resources](#)
- [988 Planning Grant: About the Funding Opportunity](#)
- [The Promise of 988: Crisis Care for Everyone, Everywhere, Every Time](#)
- [Crisis Now](#)

988 Planning Coalition
Information coming soon

BHCRSC Workgroup Structure & Membership

Preliminary Workgroup Membership | Identification of Additional Stakeholders

Lived Experience

Johanneson
Summerside
Glanzer
Kelley
Funke
Rumpza
Giebink
Boocock
Hump

Diversity / Geographical Considerations

Two Heart
Dosch
Johnston
Iversen-Pollreisz
LGBTQ contact (to be identified)
LSS?
Multicultural Center?
Rural serving / frontier CMHCs

Crisis Response

Baltzer
Graham
Otten
Sullivan
Corrigan
Johnson
Ackerman
Hedrick
Kinzer

9-1-1 / 9-8-8 Intercommunication

King
Chase
Olson
Benthin
Kittams
Wolfgang

BHCRSC Workgroup Roles & Key Priorities

← **Determine “what” is needed to best support South Dakotans** →

← **Determine “How” to make it work** →

Lived Experience

Marketing and public awareness (#8)

Follow-up services (#7)

Ideal mobile crisis response (#4)

Diversity / Geographical Considerations

Marketing and public awareness (#8)

Follow-up services (#7)

Ideal mobile crisis response (#4)

Crisis Response

Dispatch / coordination of mobile crisis response (#4)

Real-time bed availability (#4)

Follow-up services (#7)

9-1-1 / 9-8-8 Intercommunication

24/7 coverage for calls, chats, and texts with no geographical gaps (#1)

Current/future call volume handling (#3)

Operational standards & performance metrics (#4)

Reciprocal transfers between 9-1-1 / 9-8-8 (#4)

State Team / Lifeline Center

Funding (#2) + 90% in-state answer rate (#3) + Coalition (#5) + Local resource listing (#6)



Thank You