

988 Coordinating Council

Friday, March 10, 2023

9am - 12pm

Meeting Notes

Meeting Materials: 988 Broad State Metrics, January 20 Meeting Minutes, SAMHSA presentation slides, Senate Bill 234

Agenda

- 9:00am Welcome
- 9:15am Key Considerations and Innovations around 988 Implementation
- 9:45am Emergency Management Systems (EMS) Considerations
- 10:15am Correctional Populations Considerations
- 10:45am Break
- 11:00am Reflections on Presentations
- 11:15am 988 Data
- 11:45am Other Matters
- 11:55am Closing Remarks

Attendees

KDADS: Andrew Brown (In person); Laura Brake (Virtual), Alyssa Chundak (Virtual)

KHI: Hina Shah, Senior Analyst (Virtual); Valentina Blanchard, Analyst (In Person)

Council Members:

In person: Nicholas Wood, Associate Director of InterHad; Monica Kurz, VP for Policy and Prevention, Kansas Suicide Prevention HQ; Colin Thomasset, Chief Executive Officer at Wheat State Healthcare

Virtual: Dr. Russell Klump, Major/Bureau Chief of Topeka Police Department; Zack Odell, Chief Executive Officer at S & T Communications; Senator Carolyn McGinn; Patrick Fucik, National Director of State Government Affairs for T-Mobile; Kenneth Nelson, GIS Section Manager of Kansas Geological Survey; Representative Brenda Landwehr

Speakers: Chelsea Booth, Con Olson. Sherriff Bill Carr

Other: Erik Sartorius

Welcome

- There was communication that came through several channels last week, but primarily advocates from the deaf and hard of hearing community about some 988 promotional materials that had been sent out indicating individuals needed to dial 711 to use TDY
 - The feedback received from the community would be to downplay any 711 communication as it may be more confusing for the deaf and hard of hearing community than just being told they can chat and text with 988 directly
 - There was some concern that the communication came from the state, but we have not been able to track down the source yet

Key Considerations and Innovations Around 988 Implementation – Chelsea Booth, SAMHSA

- The President's Budget was released this morning for Fiscal Year (FY) 24
 - It appears that funds for mobile crisis response has increased
 - Behavioral change campaign funding was cut from the FY23 budget, but is needed to help make 988 successful

- SAMHSA takes a multifaceted approach to their work in all topic areas (including overdose, behavioral health, workforce, children, youth and families, suicide prevention and crisis care), while also emphasizing equity, trauma-informed approaches, commitment to good data and good evaluation processes and outcomes
- 5-year strategy for SAMHSA
 - 90% of contacts answered in-state by 2023
 - 80% of individuals have access to mobile crisis response by 2025
 - 80%+ of individuals have access to community-based care by 2027
- The Spanish network is increasing and SAMHSA is trying to increase the number of centers that can assist Spanish speakers
 - The goal is to have chat and text for Spanish speakers by the end of FY23
 - There is a challenge with the variety of the Spanish language; the goal would be to have a network that covers all dialects
 - ACTION ITEM: Are there any Kansas organizations that would be interested in joining the Spanish network?
- The LGBTQ+ pilot is now doing 24/7 chat and text, in addition to the 24/7 call they already had established
 - The goal is for this pilot to turn into a full-time service
- Washington State is utilizing a “Native and Strong” hotline for indigenous individuals with a Washington area code
 - Many states are working on their own version
 - The routing numbers from a google number is still being looked into, as there is a possibility someone with a google Washington area code could funnel into Washington’s program

Questions/Discussion:

- When thinking about mobile crisis, which is typically a Medicaid-billable service, the goal is to provide mobile crisis to anyone that calls in. How could that be financed and how have other states navigated utilizing evidence-based models for mobile crisis?
 - What works for both the program set up and what is allowable under state laws can vary considerably
 - There is an [unnamed] state that has a co-responder law with no political will to change it, but there are implications for funding and how it plays out in certain communities
 - Some states are going towards the CCBHC model and that works for them
 - ACTION ITEM: SAMHSA to put out a request to states to get ideas for models that are being utilized for mobile crisis (in the absence of a crisis TA center)
- What percentage of the funding provided from the President’s Budget is shared with the states?
 - Things are still getting worked out for the FY23 budget, but a significant chunk is going directly to state, territories and tribes
 - The belief is that while there are many things to look at at the federal level, at the end of the day, mobile crisis work is done by the states
 - Before our office existed, the majority of FY22 funds went to states
 - The FY24 budget provides \$140 million for mobile crisis, an \$80 million increase from last year
 - Kansas usually makes up for about 1% of the available funding, which would be about \$800,000 more for Kansas
- Is the 911-988 coordination intended to be mostly best practice coordination/outreach or is it more technical?
 - Anything that is useful for coordination between the two is helpful and will hopefully accelerate in the next year to 18 months

- There are a number of initiatives all the way up to the White House, but it is relatively new in terms of actually coordinating (i.e. HHS and DOJ)

Emergency Management Systems Considerations, Con Olson

- Within our own organization, we recently started a transport car for nonviolent behavioral transfers from emergency rooms to intake facilities that are under voluntary admissions
 - It initially was a project for the Veterans Administration in Northeast Kansas and has grown in demand, so we're gradually expanding with the feedback we're getting
- We also operated a high utilization special needs program in which the ambulance crew that responds (EMT and paramedic) can flag the chart for an individual who may need additional resources that are beyond what is seen in the typical emergency setting
 - Someone will follow up with the individual within 24 to 48 hours to help them locate additional resources, with the goal to stay safely at home
 - One challenge we faced this year is working with an individual who habitually abuses the system and then doesn't follow up with the resources we provide
 - In the process of expanding in to a second county
- There was some concern that the workload would increase with crisis community paramedics and mobile healthcare and staff wouldn't be able to meet demand of the programs, and while there is some truth, these are individuals that we're already encountering through 911 calls
 - With proper training of all involved, you can mitigate situations until the proper people get on scene – "all emergency response is community response"
 - Things that work for one county may not work for all and there are communities that have more siloed approaches versus community-wide efforts

Questions/Discussion:

- What are some of the models that are used and have worked in different places? Co-responder models are interesting, but they look different from community to community. What would support from the human services side look like?
 - There would be medical, law enforcement, and behavioral (social work, pastoral) components as these individuals have different training on how to interact, mitigate, and connect to the appropriate resources
 - For 911, you're often at the whim of scheduling and who may be on shift or on a call-back situation where they may have to drive across the county to respond
 - The goal is to build a system that can cover anyone and everyone, there might not be the ability to have population-specific teams
- Is there any interest in connecting telehealth with mental health in 911 services? (i.e., iPad in the van)
 - Before COVID, this was starting to happen, however a lot of communities do not have the infrastructure for this
 - Thinking about who stays at the scene is also essential, as ambulance staff can't necessarily wait around for support to arrive if there are other emergency calls
 - Could look at partnerships with other agencies (like JIAC) for the "who holds the iPad" question
- Is there any interest in having mental health personnel on an ambulance?
 - There's potential, especially in larger communities, but the benefit might not be there for rural communities

Correctional and Law Enforcement Considerations, Sheriff Bill Carr

- Ford County has tablets in all patrol vehicles and has implemented telehealth pre-COVID and during COVID
 - Sometimes it's successful, sometimes the professional response is "we've got a call more important than yours"

- The county also has numbers for behavioral health professionals that they're able to call for support 24/7
- Staff in county have gone through mental health training, Autism awareness training, Alzheimer's/Dementia awareness training
- There are 97 jails in Kansas (29 with under 20 beds, 57 with 21-50 beds, 11 with 51-256 beds)
 - Not all facilities have contracts with mental health providers
 - Obstacles include:
 - Budget approval for mental health (can't predict how many cases there will be)
 - Insurance issues (CMS recently came out with letter that allows states to do some Medicaid services in jails)
 - Response times (if a situation is not mitigated in an appropriate amount of time, it can escalate)
 - Trainings for smaller facilities (can lead to coverage issues)

Questions/Discussion:

- One thing HQ has been working on is a special backdoor number to reach someone in the center for law enforcement so we can support quicker access
 - There won't be a one-size-fits-all approach, but having a backdoor to a shift supervisor or someone who is guaranteed to be available for law enforcement to call for guidance could be effective
 - Thinking about how to bridge the gap for law enforcement education on who they can call and what resources are available is important
 - HQ has someone on staff that is prior law enforcement who has been reaching out to sheriff's departments
- What has worked when someone is having a mental health crisis? What makes a successful intervention?
 - Working hand in hand with a medical provider (Ford County uses Advanced Correctional Health) and a behavioral health provider (Compass Behavioral Health) and having an hour requirement in the contract has worked
 - Anyone brought in has a screening and if they disclose they're under the care of the behavioral health provider, that provider is contacted

Reflection:

- The biggest theme is that there is still a lot of work to do on the 911/988 partnership (could be turned into a structured goal for the council)
 - It may be beneficial to have an index of resources between 911 and 988
 - ACTION ITEM: Ken to present on technical side of GIS mapping in relation to 911
- The development of a response team dedicated for people with intellectual and developmental disabilities to cover areas and know when and where interventions might be needed could be looked at
 - Currently IDD is not prevalent enough to where there's a large volume of people who need services, but they are spread over the state and those cases tend to be high impact cases for crisis stabilization
 - At what level do Community Developmental Disability Organizations (CDDOs) want to participate?
 - ACTION ITEM: Research mobile crisis models and costs for IDD in other states

988 Data

- ACTION ITEM: Ken will share monthly 911 data for the 988 council to track for trends in call volume and impact of 988
- February is the 3rd month in a row that the In-State Answer Rate is over 90%
 - Council is still waiting on data from Vibrant related to texts and chats

- Text and chat are operating 8am-12am 7 days a week with a goal to be 24 hours, 4 days a week by the end of May
 - Ultimate goal would be 25/7 by October 2023
 - Texts and chats appear to be more acute in context with more severe ideation

Other Matters

- What does the council want to see related to broadband coverage for rural and frontier communities?
 - There is a difference between showing you have coverage and actually having data output – changes are being pushed to look at address-based mapping versus census blocking
 - It is important to understand the capabilities and challenges a community faces, especially when we're looking at models that utilize telehealth
 - ACTION ITEM: Ken Nelson to reach out to new hire at state broadband office to find out where things stand with SEC broadband services latest data collection efforts
- Budget Discussion
 - Some invoices from the past 60 days may be missing
 - Allocations for awareness campaigns (look at what Kansas is spending versus what federal money is being spent) and mobile crisis will need to be addressed in the next budget
 - The Wyandot annual costs after initial start up will most likely be around the same amount as Johnson County
 - Raising the cap will depend on the answer rate and call volume, whether a backup center for chat and text is needed, and any additional funds to get chat and text to the level it needs to be
 - ACTION ITEM: Create a broader summary of funding sources (Andy)
 - **FUTURE CONSIDERATIONS:** Look at budget needs at May meeting

ACTION ITEMS

- Are there any Kansas organizations that would be interested in joining the Spanish network? (Everyone)
- Put out a request to states to get ideas for models that are being utilized for mobile crisis (in the absence of a crisis TA center) (SAMHSA)
- Present to council on technical side of GIS mapping in relation to 911 (Ken Nelson)
- Research mobile crisis models and costs for IDD in other states (KHI/Nick Wood)
- Reach out to new hire at state broadband office to find out where things stand with SEC broadband services latest data collection efforts (Ken Nelson)
- Create a broader summary of funding sources (Andy Brown)