

# 988 Coordinating Council

Friday, May 12, 2023

9am - 12pm

## Meeting Notes

**Meeting Materials:** 988 Broad State Metrics, March Meeting Minutes, April 911 Report

### Agenda

- 9:00am Welcome
- 9:05am Kansas Hospital Association
- 9:50am Data and Referral Tracking
- 10:30am Break
- 10:40am Mobile Crisis Implementation
- 11:40am Other Matters
- 11:55am Closing Remarks

### Attendees

*KDADS:* Andrew Brown (in person); Laura Brake (virtual); Alyssa Chundak (virtual)

*KHI:* Hina Shah (virtual); Valentina Blanchard (in person)

#### *Council Members*

*In person:* Colin Thomasset, Chief Executive Officer at Wheat State Healthcare; Nicholas Wood, Associate Director of InterHad; Paul Davis, Director of Emergency Services for Johnson County

*Online:* Kenneth Nelson, GIS Section Manager of Kansas Geological Survey; Representative Brenda Landwehr; Senator Pat Pettey; Gene Ward, Sheriff of Seward County

*Speakers:* Stu Parker, Netsmart; Julie Hiett, Netsmart; Blaire Haines, Bert Nash; Edie Harrison, Bert Nash; Audrey Dunkel, Kansas Hospital Association; Jared Auten, Kansas Suicide Prevention Headquarters; Bri Harmon-Moore, Bert Nash

### Kansas Hospital Association

- The removal of institutions without proper funding for mental health care has resulted in challenges as hospitals in Kansas generally do not provide behavioral healthcare, leading to crises in emergency rooms.
- Federal law requires stabilizing mental health patients in emergency rooms, followed by evaluation by local Community Mental Health Centers (CMHCs).
- Getting patients to state hospital beds for treatment is often a challenge, especially when they come in through law enforcement. Coordination of responsibilities between hospitals and law enforcement is a key concern.
- The Kansas Association of Nurse Leaders is actively addressing these concerns. Webinars are planned to educate hospital members on legal and behavioral health considerations and improve coordination with CMHCs.
- The role of 988 in the hospital system is being discussed, aiming to prevent crises and help before emergency room visits. Hospitals can display 988 posters and explore integrating resources into their websites. Discharge planning and life-changing events like surgeries can also be opportunities to engage with 988 and provide resources.

- It is crucial to maintain investments in the mental health system to ensure a functioning network and alleviate stress in the system.

***Discussion – What are the opportunities for hospitals to engage as you look at the landscape for 988 that can help make it more successful?***

- Follow up care after an emergency department visit.
  - Discharge planners typically follow up within a week or so when a patient is discharged. This may be an opportunity to share additional information.
  - Many patients fall off the radar after discharge. There may be a way for the discharge process to include a referral to 988 for calls for 2 weeks following discharge.
    - This option would need to think through HIPAA concerns as a patient release would need to be signed to pass information along to 988. There is already a lot of paperwork involved with discharge and it may get lost in the process.
- Caring contact programs where hospitals or mental health centers send out postcards with 988 info could be a gentler way, avoid HIPAA concerns, and put ownership back on the patient.
  - There is also an opportunity for the patient to be given a postcard to mail themselves if they would like a follow-up with 988.
  - Cost would need to be considered for this option.
- ADT notifications serve as alerts that are sent when a patient is admitted to a hospital, transferred to another facility, or discharged from the hospital. These notifications currently go to KHAN<sup>1</sup>.
  - **ACTION ITEM: Interest in inviting KHAN to a future meeting to talk about ADT notifications.**
- Consider additional engagement with the EMS community as it is still an untapped resource.
  - Johnson County is moving in this direction but has not obtained funding yet. They are trying to bring on at least 2 Community Health Paramedics.
    - There is a concern that with the volume of care that falls under community health, there may not be enough bandwidth to address mental health.
  - There was discussion with legislators and a lobbyist Sean Gatewood brought in about work between EMS and the 988 system.
    - **ACTION ITEM: Determine who lobbyist is and potential to speak with council (Brenda)?**
  - Cross-Crisis Planning: there is an emphasis on bringing people to the table and determining who is taking what action steps when there is a crisis. This involves building wrap plans for people that involve reaching out to 988 but have other resources to reach out to as well.
    - There are concerns about creating a plan without finger pointing. The plan should be specific to who is going to do what, when they are going to do it, and who has the authority to do it.
    - EMS, law enforcement and hospitals are essential to being part of this plan, because people need to go somewhere. These groups are going to have to make connections with their CCHBCs, InterHab, etc. and make sure they know who their contact is, especially in rural areas.
    - Will need to be a coordinated, designated system with a policy and agreement in place.

---

<sup>1</sup> Highlighted item is undergoing review. The term might need to be corrected.

- Look at the state’s bigger CCBHCs to figure out how they handle some of these people and situations. It may require transferring patients from smaller CCBHCs to larger ones so that the smaller CCBHCs have support.
  - Work is being done to create some of those smaller crisis units out in rural areas. A new one in Leavenworth opened a couple of months ago.
  - Some of the centers have been asked, “What would it look like if you served more counties?”
    - Transportation for behavioral health patients is one of the biggest barriers as it is under the Department of Transportation and issues don’t always connect over to behavioral health patients.
- *Question:* Have you noticed or determined that there are any laws that are restrictive to providing the right kind of help, such as HIPAA?
  - It’s more the issue that our hospitals don’t have those services or have the appropriate space where they can keep that person. We’re looking for what the requirements are, BAA in place with call centers, patient permission to opt into program, etc.
  - Hospitals are committed to finding a solution, but a struggle has been staff turnover.
- *Question:* Have you heard of anything from other states related to behavioral health in terms of investments?
  - KHA will put that question before the American Hospital Association

### Netsmart

- *Pathway and Systems Perspective:* The presentation emphasized the importance of focusing on the pathway and systems perspective of implementing technology rather than the technology itself. It discussed the comprehensive array of services and collaboration between different entities involved in crisis response, such as law enforcement, crisis centers, hospitals, and telehealth providers.
- *Funding and Measurement:* Funding for the crisis system can come from various sources, including states, the federal government, telecom companies, and organizations like NCOs. The importance of measuring the effectiveness of the system was emphasized, including evaluating the success of processes, technology, and client satisfaction. Metrics such as call response time, transfer time, and client and family satisfaction are mentioned.
- *Technology Integration and Mobile Crisis Response:* The role of technology in facilitating the seamless flow of information and referrals throughout the crisis continuum is highlighted. The potential of technology to enable predictive risk stratification and early intervention to prevent crisis events is mentioned. The presentation discussed the integration of crisis data with other data sources for a holistic view of a person's health at the community level. Mobile crisis response is also discussed, including the need for data flow between crisis headquarters, dispatch, and mobile crisis teams, as well as reporting capabilities and safety protocols.
  - **ACTION ITEM: Invite a Netsmart client, like State of Virginia, to speak with the council, as Virginia is ahead on a mobile crisis platform. Missouri Hospital Association is another group that could be invited.**
- *Key Questions to Consider:*
  - Are there processes you have that work and where can you tweak them along the way?
  - When implementing change, do you build it, buy it, or partner with others to do it?

### Discussion/Questions

- Does Netsmart integrate into any other EHR platforms?
  - Yes, all of them. The EMS system integrates a little less seamlessly, but it can be done.

- What would be the approximate cost of a system like this?
  - Looking at \$500,000-\$1,000,000 to put all the systems together, with the ability to add additional features as needed. Many states pay for this easily with a telecom fee (WA state passed HB 1477, implementing this). Ongoing costs would depend on the call volume. Because you can integrate different platforms together (like CCBHCs), you might be able to look at cost and sustainability in other areas.
- How do you assist with programs that don't use EHRs?
  - It's more complicated, but there's a way to do it with an external billing system and it is something we've done with other clients.
- Most of the call centers in the state want a state-wide solution for data sharing.
- What does 911 interoperability look like?
  - Netsmart looks more at behavioral health and hospital integrations.

### **Mobile Crisis Implementation**

- Douglas County:
  - Seamless referrals are made to Bert Nash and the Treatment Recovery Center and post-crisis care is done by Heartland, DCCA, and Bert Nash Routing of 988 calls and the need for geolocation solutions.
  - 92% average answer rate for 988 calls in April 2023.
  - Analyzing call volume and peak times of utilization for mobile response services to determine where the misalignment is, as peak call volume does not align with peak Mobile Response Team (MRT) usage.
  - Mobile Response Workflow:
    - Have had a steady increase in mobile response numbers.
    - One of the main concerns right now is consent for mobile response.
    - Most referrals are coming out of downtown Lawrence.
    - Analyzing trends to identify individuals at increased risk and opportunities for mobile response interventions.
  - Collaboration and Success in Crisis Care:
    - Collaboration between agencies, including law enforcement and first responders, for innovative crisis care solutions. Douglas County has had successful behavioral health initiatives with collaboration.
    - The goal is to get law enforcement and first responders off the phone in 3-5 minutes or less.
    - 911 call diversion is scheduled to go live in late May – anticipatory increase in MRT referrals.
  - Challenges
    - Continued need for public education.
    - Information sharing and technology integration is needed.
    - Increasing MRT to 24/7 (will hopefully be happening in June/July)
    - Integrating peer support specialists into MRT response
    - Integrations with public safety response and protocols
- Treatment Recovery Center
  - Urgent care opened April 10
  - Opening 24/7 observation and stabilization units in May
  - 80 individuals served in April (MH and SUD)

- Providing Provider 101 trainings for clinical staff in the community on referral process and services

### ***Discussion/Questions***

- What is the expected call diversion from 911?
  - 300-500 mental health calls per month are coming in through 911, so when diversion is online, some of those calls would be handed to the crisis center. A small percentage of calls are going to move on to mobile response (5-10%). There could be higher acuity calls to 911 or someone's risk could be teetering between imminent and high risk and those calls would go back towards 911.
- Staff overlapping – Is that people on call or people located in a facility?
  - Sometimes in the evenings, people transition to on call.
- How many teams are there?
  - 6 teams that do 4 days 10-hour shifts.
- How do you clarify if an individual does not say they are male or female?
  - Information is usually provided by the call clinician. What they tell us about their gender is what is documented.
- Are you using telehealth?
  - No, it's all in person.
- When you're talking about the system here, this is just in the HQ catchment area?
  - Just Douglas County
- Is the EHR issue the formats?
  - We use a different system than the call centers versus Bert Nash, so information sharing is difficult between the systems. There's not the ability to dispatch within the system and have real-time location tracking or a bed registry.
- Do you know how many 911 call centers we have?
  - 117 public safety answering points.
- Do you have a sense of whether some of the positions you have currently would be serving the rest of the state or there would need to be additional staff (referring to the 7 supervisors, specifically). How much of the state's capacity did Douglas County bite off with those 7 positions?
  - It's really improved some of our operations but not sure of the answer to that question. 911 calls in a county could also be looked at as part of the staffing need.

### **Other Matters**

#### ***March Meeting Minutes***

- At the last meeting, we talked about Mobile Crisis Models, and got connected to Karen from START services to potentially present at the July meeting.
- Will approve minutes at beginning of next meeting as there are not enough members today to vote.

#### ***911 April Report***

- **ACTION ITEM: Andy to connect with Jared at HQ to develop something similar to the 911 Report for 988.**

#### ***Vibrant Data***

- Vibrant has requested to talk with Andy on why Kansas data looks so good.
- Vibrant said there is some publicity on a national level so there may be a spike in numbers in the next couple of months.
  - Monthly emails are sent to the 988 centers about upcoming campaigns.

- Rolling out a General Awareness Campaign in September with a focus on texting into the hotline.
- SAMHSA has hired and staffed a SAMSHA communications team specifically for 988.
- A unified platform (called LLP) is going to be an online for training for counselors at learning.988.org and will launch in late 2023. It will have chat and text integration and will start as a no cost offer with Genesis and Sales Source. There is no mandate for its use, **but the 988 council could mandate it for Kansas call centers.**
- SAMHSA are working on turning their current guidance into policies.

***Budget***

- In the last quarter and have used about ½ of budget
- Council members would like to fix the budget next year to have funds rollover each year, rather than replenish.
  - **ACTION ITEM: Vote on requesting budget change at July meeting.**

***Meeting New Day***

- Will meet on Tuesdays in the interim. **Next meeting is Tuesday, July 18.**

**ACTION ITEMS:**

- Interest in inviting KHAN<sup>2</sup> to a future meeting to talk about ADT notifications.
- Determine who lobbyist is that spoke about EMS and 988 together and potential to speak with council (Rep. Brenda Landwehr)
- Invite a Netsmart client, like State of Virginia, to speak with the council, as Virginia is ahead on a mobile crisis platform. Missouri Hospital Association is another group that could be invited.
- Andy to connect with Jared at HQ to develop something similar to the 911 Report for 988.
- Vote on requesting budget change at July meeting.
- Vote to approve March and May minutes at the beginning of July meeting.

---

<sup>2</sup> Highlighted item is undergoing review. The term might need to be corrected.