

# 988 Coordinating Council

Tuesday, July 18, 2023

9am - 12pm

## Meeting Notes

**Meeting Materials:** 988 Broad State Metrics, 911 Report, March and May Meeting Minutes, ABC News Media Article, START Services Slide Deck

### Agenda

- 9:00am Welcome
- 9:05am Data and Referral Tracking
- 10:00am Media and Marketing
- 10:30am Break
- 10:40am Mobile Crisis and I/DD
- 11:30am Budget, Reports, and Other Matters
- 11:50am Next Steps

### Attendees

*KDADS:* Laura Brake (in person); Alyssa Chundak (virtual); Drew Adkins (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; Zack Odell, Chief Executive Officer at S&T Communications; Monica Kurz, VP of External Programming at KSPHQ

*Online:* Kenneth Nelson, GIS Section Manager of Kansas Geological Survey; Representative Brenda Landwehr; Senator Carolyn McGinn; Gene Ward, Sheriff of Seward County; Russell Klumpp, Major/Bureau Chief of the Topeka Police Department; Patrick Fucik, National Director of State Government Affairs for T-Mobile; Molly Perkins, Case Manager with Johnson County Government Mental Health; Paul Davis, Director of Emergency Services for Johnson County

*Speakers:* Bill Gilroy, ABOUT Healthcare; Lane Wise, ABOUT Healthcare

### Welcome

- The Chair (Andy Brown, KDADS) was unable to be present at this meeting. KHI staff facilitated the meeting with support from KDADS staff.

**Vote:** March and May meeting minutes were approved by the council.

### Data and Referral Tracking, Bill Gilroy and Lane Wise, ABOUT Healthcare

- ABOUT Healthcare: For the past 18 years, the organization has been working closely with hospitals, health systems, and states to streamline care coordination across large organizations. The company's origins lie in the frustration of their Chief Medical Officer, who founded the company after encountering difficulties transferring stroke patients to suitable tertiary facilities. To address this challenge, they established access centers, now known as transfer centers, which serve as the primary points for coordinating calls related to patient care within and between facilities. Their unwavering focus remains on the patient, with a mission to connect those in need with the most appropriate healthcare providers for their conditions. With a team of over

60 clinical providers covering post-acute and behavioral health, the company excels in efficiently transferring patients and making referrals. By leveraging both best practices and technology, they tackle the choke points in the healthcare system, making the entire process smoother and more efficient. Their referral network further enhances their services, allowing health systems to electronically send referrals to various providers, thereby improving the overall patient care experience.

- The goal of the presentation was to show a platform that becomes a one-stop shop for crisis providers in Kansas, how the existing platforms in the state can be leveraged (such as what HealthSource is doing), how referrals can be created, and the analytics that come with the system.
- ABOUT Healthcare is looking at rolling out the platform to all the Kansas CMHCs – if 988 is added into it as well, there will be a lot of data to look at regarding crisis response in the state. There are about 5,000 different data points per interaction that can be reported on.

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

- The initial thought is that the platform needs to be simple, yet sophisticated enough to allow for the kinds of internal record keeping that is needed at a 988 center as far as able to recognize regular callers and communicate between staff and telephone systems.
  - One of the other pieces is that 988 is required to follow up with everyone that calls to make sure they received services.
  - The real-time connection to mobile crisis services and staff is also essential.
- What is the retention policy for data collected? If a person is a repeat caller, will be able to request a deep dive into the data to look at a single individual or even a group of individuals?
  - We currently have all the data that has been consumed or put into our applications from the history of time (18 years) thus far. It's usually in the contract what type of retention is needed, and you can house the data yourself if you'd like. You do have the ability to be able to track a specific patient or group of patients, such as those in a particular zip code, age range, etc. When you go into the system, you're able to see a patient's entire journey and all previous instances where the patient was seen or referred for different services.
- Can you tease apart the difference in your system for folks who are maybe enrolled with a CMHC or who are known to the system versus a caller to 988 who may not be known to the system? We may not have good identifying information.
  - There are absolutely cases where 988 may be the beginning and the end of their journey and there's an ability to track numbers. When you enter a patient, you can either enter them as a new patient/record or you can pull up any existing records that may be tied to that person.
- Looking at the tabs, there's one to upload assessments – for the IDD population, in states that have these systems already, it's typical to see a crisis intervention plan which is important for responding to a crisis that may come through 988 because that person may be unknown to them but known to the IDD community. Is there a way for other service providers to upload assessments or intervention plans so that call center staff can pull that up and get then directed to the folks out in the field?
  - Yes, you can fill out an embedded assessment or upload documents as well. From a security standpoint, we can lock down access to particular people, so they have read-only access or open it up, so they are able to make changes to the record.
- The biggest concern is creating system redundancy, so I'm curious how you can ensure that there's going to be some level of integration relative to all the individuals and organizations that

might be participating in 988 and wanting to send out mobile crisis and wanting to know where those mobile crisis teams are. The more times people have to enter information into any system, the more opportunities there are for errors.

- Our goal is to help systems operate as one and eliminate as many phone calls and redundant information entries as possible. So, it's not multiple folks entering different things into different record sets, it's all one record set that follows that patient throughout. We also can send electronic communications to and through our portal for those who may not be utilizing our application through text and email.
- Thinking about workflow, a call comes into 988, they do whatever assessments they need to do, and then they would need to document that call in ABOUT Health and then ABOUT Health is able to integrate with the systems of the CMHCs, with the mobile response teams? Or is there a kind of separate workflow where we need to follow up? Also wondering if we're documenting in ABOUT Health, how much crossover or interoperability is there between ABOUT Health and the telephone systems? How much are we able to auto-populate?
  - We do not have an integration with a phone system, it's strictly around call recording but we're constantly finding ways to innovate. We have not been asked to do that level of integration previously.
- Has there been any discussion with Vibrant on the unified platform they are working on?
  - We can check with our product team.
- Does your system have experience integrating with ADT alerts and managed care coordinators?
  - We can interface with any EMR ADT systems for the purposes and it's a very common integration that we have with many of our clients. We're not quite there with HealthSource currently as the states who do integrate with the hospitals in their state did so based on an executive order from the governor.

### **Media and Marketing**

- With the one-year mark of 988, the topic has been prevalent in the media. Articles for discussion included:
  - <https://www.statnews.com/2023/07/12/988-mental-health-anniversary/>
  - [https://www.kff.org/other/issue-brief/taking-a-look-at-988-suicide-crisis-lifeline-implementation-one-year-after-launch/?utm\\_medium=email&hsmi=266371559&hsenc=p2ANqtz-9CocvkhARNQizvR4OslPV8ynQSs6Atz7RakEBTXxw\\_zp-TqlRxx0z9nOIYV92b2gj7LPI9ZwDOX97fo7modGOzG6\\_68Q&utm\\_content=266371559&utm\\_source=hs\\_email](https://www.kff.org/other/issue-brief/taking-a-look-at-988-suicide-crisis-lifeline-implementation-one-year-after-launch/?utm_medium=email&hsmi=266371559&hsenc=p2ANqtz-9CocvkhARNQizvR4OslPV8ynQSs6Atz7RakEBTXxw_zp-TqlRxx0z9nOIYV92b2gj7LPI9ZwDOX97fo7modGOzG6_68Q&utm_content=266371559&utm_source=hs_email)
  - <https://www.msn.com/en-us/health/medical/new-national-suicide-lifeline-struggling-to-keep-up-with-volume-advocates-say/ar-AA1cKFor?ocid=winp1taskbar&cvid=bdc824eedb844abfb8472f7d4fa9d322&ei=51>

### **Discussion/Questions**

- There was acknowledgement of both positive feedback and areas needing improvement in the media reports. It is especially important to highlight the success of 988 in Kansas while also recognizing the need for continuous improvement.
- There was discussion around the need for a marketing plan to increase awareness of 988, especially among frontline responders and the younger population. Efforts are being made to use social media, public service announcements, and physical materials like posters to promote 988. It was suggested to provide business cards or pamphlets to frontline responders for immediate distribution.

- **NOTE:** Anyone can order free promotional materials off the SAMHSA website. It can be found under the '988 Branded Print Materials' at <https://www.samhsa.gov/find-help/988/partner-toolkit>
- There was discussion about the importance of coordination and feedback from call centers to ensure an effective marketing strategy. There is a current contract with marketing agencies like Mammoth to handle social media and outreach campaigns.
- **ACTION ITEM:** KDADS to share marketing strategy with council members. This includes past and ongoing efforts so the council can better understand the status and plan for future improvements and evaluate effectiveness.

### **Mobile Crisis and I/DD, Felicia Bates, National Center for START Services**

- The START Model is designed to address challenges faced by individuals with IDD and mental health conditions. Individuals with IDD have an increased chance of having mental health conditions compared to the general population, leading to challenging behaviors and gaps in appropriate care.
- The model focuses on crisis prevention by understanding the root causes of crisis situations and equipping individuals and their support systems with necessary tools and skills to respond effectively. It acts as a safety net without replacing existing services and incorporates person and family focus, strength activation, whole-person approach, and evidence-informed practices by its interdisciplinary team.
- The model's outcomes include increased service system capacity and support, reduced use of emergency services, and improved mental health stability and quality of life. Extensive research and data analysis are used to inform improvements and ensure effective crisis prevention and intervention.

### **Discussion/Questions**

- How widely used is the START model across the county and what is the reason for the popularity?
  - People are finding when they have support, when they have the expertise and knowledge to support this population, they're able and willing to and individuals are less likely to end up in emergency services or discharged from their home. I think the studies and word of mouth are getting this model out there and people are really seeing the impact and benefit to the increased access, appropriateness, and accountability of care. It's really expanded in the last 7 or 8 years. California has a different START Program for each of its 12 regions, Iowa is using this program in a lot of its counties, and New Hampshire and Tennessee have a statewide program.
- How can the START Model interact with someone calling into 988?
  - It's a natural and nice collaboration when START and 988 join forces (as they are doing in Iowa). When mobile crisis is dispatched, START can also be dispatched, or whichever one is notified first. There is also training available to train on the IDD and mental health component of the START Model for 988 staff. A START Program will also collaborate with law enforcement and other emergency response teams.

## **Budget, Report, and Other Matters**

### ***Budget***

- The Council previously discussed whether to request a rollover of funding rather than the current budget situation. In the previous meeting, a decision was made to vote at the July Council meeting on approaching the legislature.
- **Discussion**
  - Some members expressed the need to project future budget needs, especially with the increase in utilization of chat and text services, potential technology requirements, and increased call volume due to call transfer programs. The legislative representatives on the council shared that legislators would want a 5-to-10-year budget projection to approve an increase in budget.
- **VOTE:** The Council agreed to vote on two actions: (1) requesting a rollover of the current \$10 million and (2) considering future budget projections, requesting more or sustainable funding streams for future growth. The majority voted in favor of both requests to the legislature.

### ***Reports***

- The latest 911 and 988 reports were provided to all members and briefly reviewed.
- **Discussion**
  - When looking at the chat and text data, it's important to note that they come in through the same system, so it may be better to look at them together, rather than separately.
  - KSPHQ is actively recruiting a second overnight person to increase chat and text availability to 24/7. Currently, it is 24/4 with no overnight hours the other 3 days.

### ***Spanish-Speaking Organizations***

- **ACTION ITEM:** KHI to work on compiling and distributing a list of Spanish-speaking organizations for the council to reach out to regarding interest in joining the Spanish 988 Network.

### ***Upcoming Meetings***

- The September meeting will include a presentation from Ken Nelson on GIS mapping, a possible presentation from Vibrant and/or a client of Netsmart.
- The next meeting will be held on Tuesday, September 19, 9 a.m. – 12 p.m.
- The November meeting date will be decided by the next meeting.
  - **ACTION ITEM:** Council members to email Hina on their preference for November 7 or 14.

### ***Annual Report Outline***

- The annual report is a Council deliverable. For the 2024 legislature, Council members agreed to the timeline to review and vote to approve the report at the November meeting.
- The annual report outline was discussed with members. It will include an executive summary, accomplishments based off the core areas that were focused on this year by the Council, future goals for 988 and a budget overview, including any recommendations the Council would like to make to the Legislature.

### **ACTION ITEMS:**

- KDADS to share marketing strategy with council members. This includes past and ongoing efforts so the council can better understand the status and plan for future improvements and evaluate effectiveness.
- KHI to work on compiling and distributing a list of Spanish-speaking organizations for the council to reach out to regarding interest in joining the Spanish 988 Network.
- Council members to email Hina on their preference for November 7 or 14.