

South Dakota CIE

South Dakota's Community Information Exchange (SD CIE) is a statewide collaboration of health care, human and social service providers sharing information using an integrated technology platform and referral system to coordinate whole-person care.

Vision: To streamline connection between health care, human and social service providers to address social needs and advance health improvement among populations at higher risk and that are underserved.







South Dakota CIE Project Overview

- Program of the SD Department of Health
 - Funded by CDC Health Disparities Grant
- Merative (formerly IBM Watson Health) has been selected as the technology vendor, utilizing their Watson Care Manager software solution to host the SD CIE.
- The SD Department of Health is paying for the costs of the South Dakota CIE until May 31, 2024 utilizing the CDC Health Disparities grant and will continue to discuss a sustainability plan to cover costs beyond that date.







South Dakota CIE Project Timeline

- Global Functioning Configuration: Intake, Assess, Refer, Closed-Loop
 - 8/22/22 2/13/23: Testing with 2 pilot communities in February 2023
 - Community by community statewide rollout will begin June 2023
- Transportation Program Configuration
 - 11/4/22 3/13/23: Testing with 4-6 pilot Community Health Worker Sites
 - Statewide rollout will begin June 2023
- Better Choices Better Health Configuration
 - 12/8/22 4/11/23: Testing with BCBH
- Integrations Timeline:
 - Community Resource Directory: October 6
 - South Dakota Health Link: October 20
 - Helpline Center Network of Care: November 3
 - Additional possible (Twilio, BCBH, EPIC, more)







The Problem

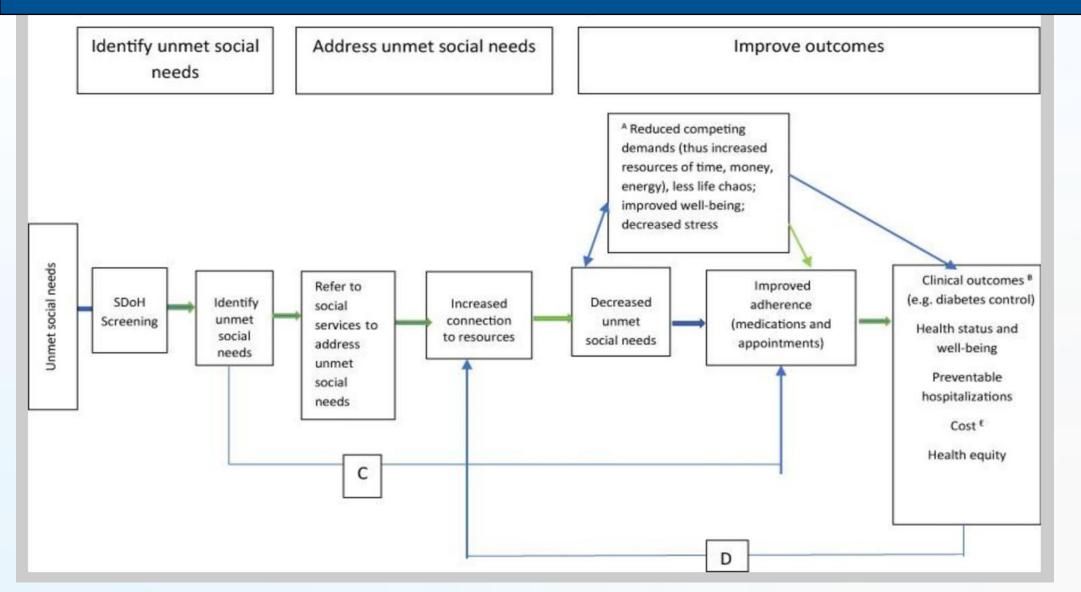
1. Navigating systems

- Difficult for community members
- Organizations are <u>not</u> integrated to one another
- Siloed data systems result in duplicated processes for individuals and providers
- Leaders have limited visibility into the barriers and gaps in service delivery

2. Difficulty accessing care

- Stigma
- Language barriers
- Shame
- Lack of trust
- Overwhelmed
- Lack of transportation
- Social services not convenient
- Social risk is not a social need
- Free services still cost something

Resource Connection Improves Health!



OASIS conceptual framework (Gurewich et al.)

PMC full text: J Gen Intern Med. 2020 May; 35(5): 1571–1575. Published online 2020 Feb 19. doi: 10.1007/s11606 -020-05720-6

That all sounds great. What does this mean for me?



User Story

Care Team Member/ Community Health Worker: **Ben**

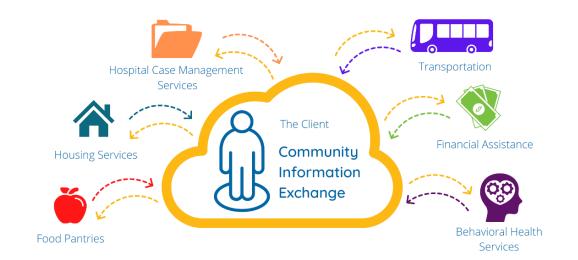
User: Community Health Worker (CHW):

Story: As a CHW, I work with clients to help them improve their health through social and health care system navigation, community resource connection, health education, and health promotion. I am often out in the community at partner locations or visiting clients in their homes. I am a liaison to my community comprised of diverse language users with complex needs and health disparities.

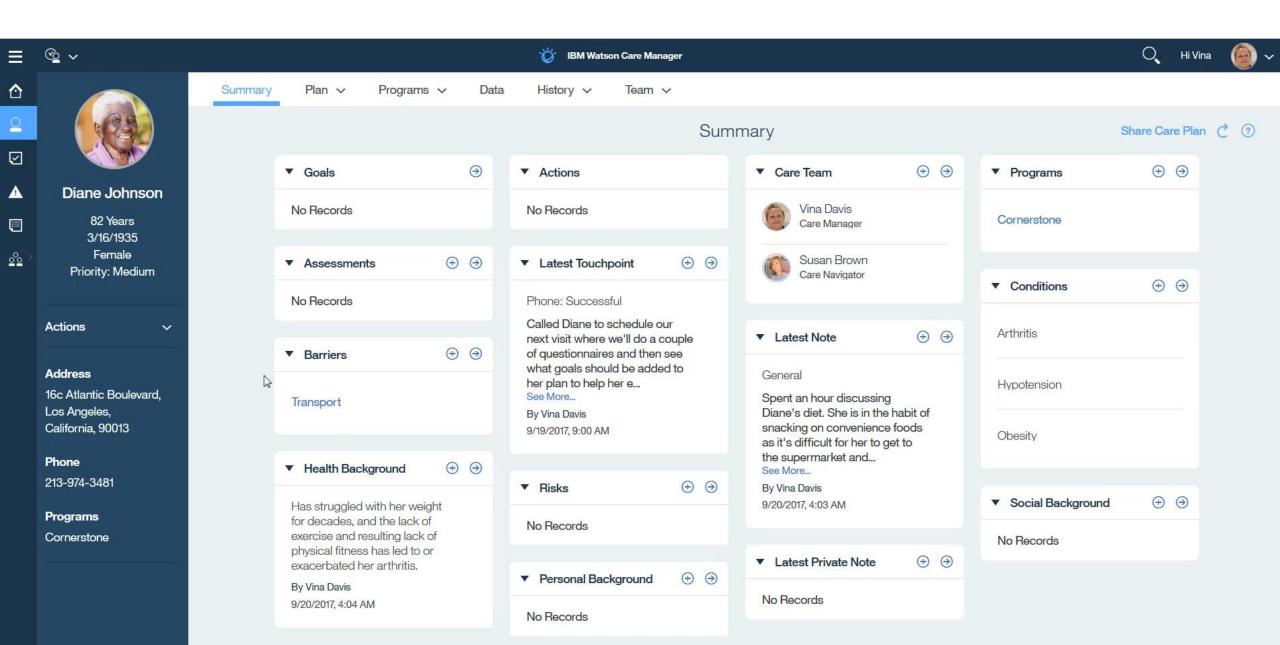
I want a user-friendly and mobile-friendly way to intake clients, assess needs, help define wellness goals, connect clients to social care providers to meet their needs and goals, provide a warm hand-off to those providers, and track outcomes.

SD CIE Features

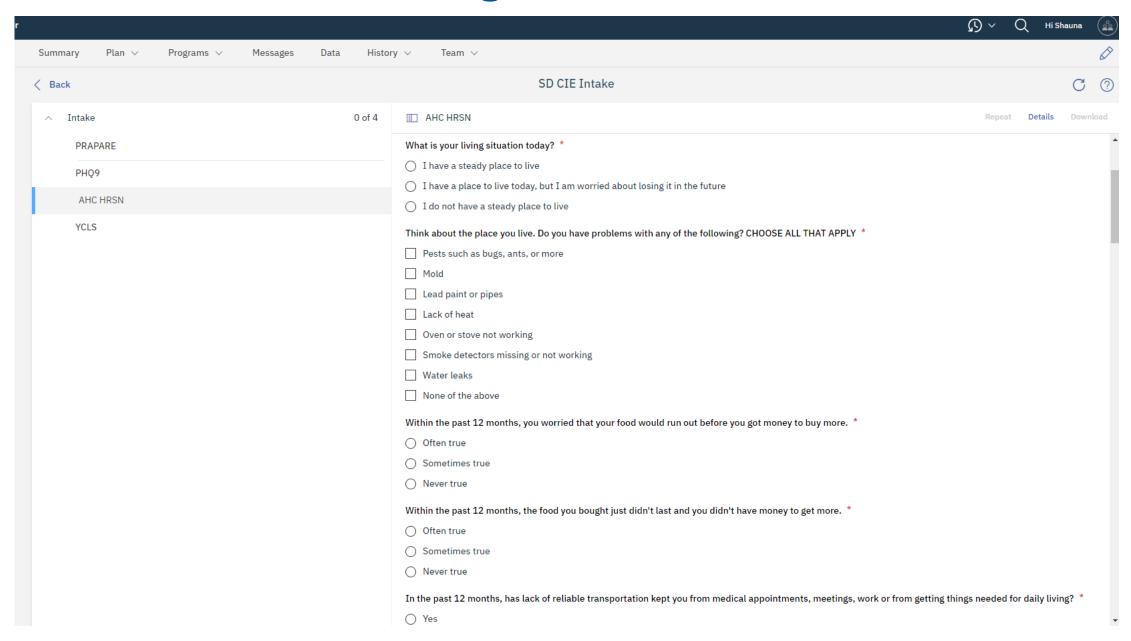
- Longitudinal Client Record
 - Look up & creation
 - Visibility of social care history
- Social needs screening tools
 - Helps guide care manager actions based on social needs and risks
 - Includes AHC/CMS, PRAPARE, and YCLS (plus PHQ9) with more possible
- Referral system and closed-loop
 - Comprehensive community resource directory
 - Electronic referrals on behalf of client
 - Access to referral and service outcomes
- Data sharing capabilities
 - Agency-to-agency
 - Community wide data collection and analysis
 - Integrations to home systems



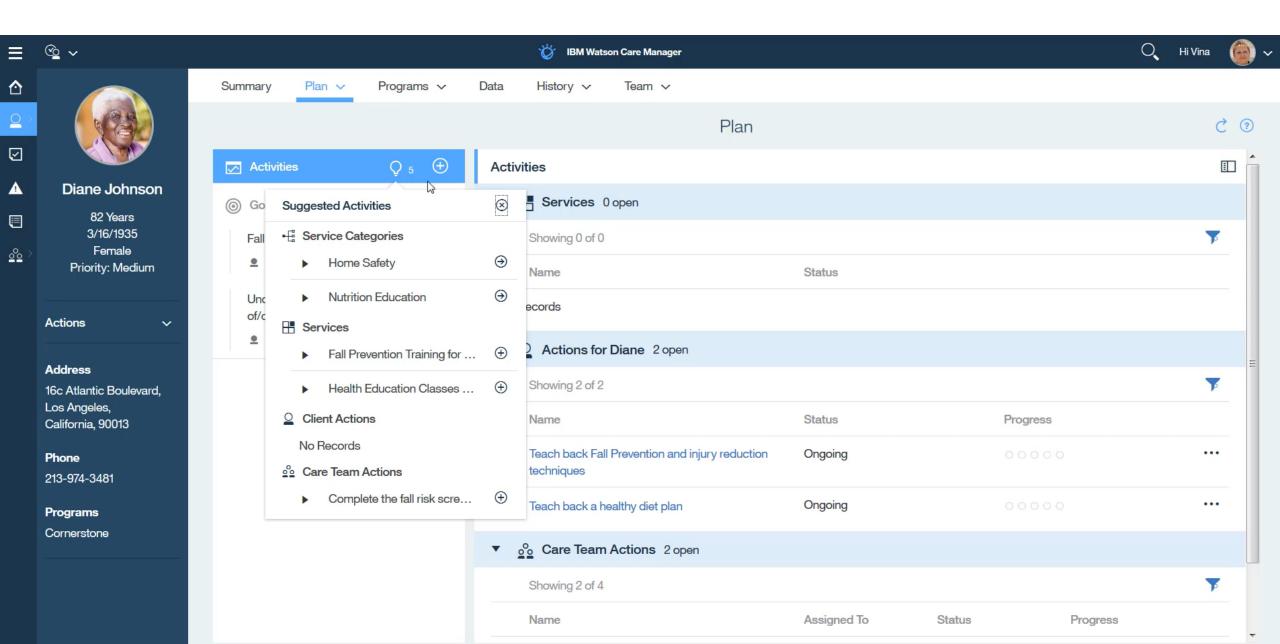
Client Record



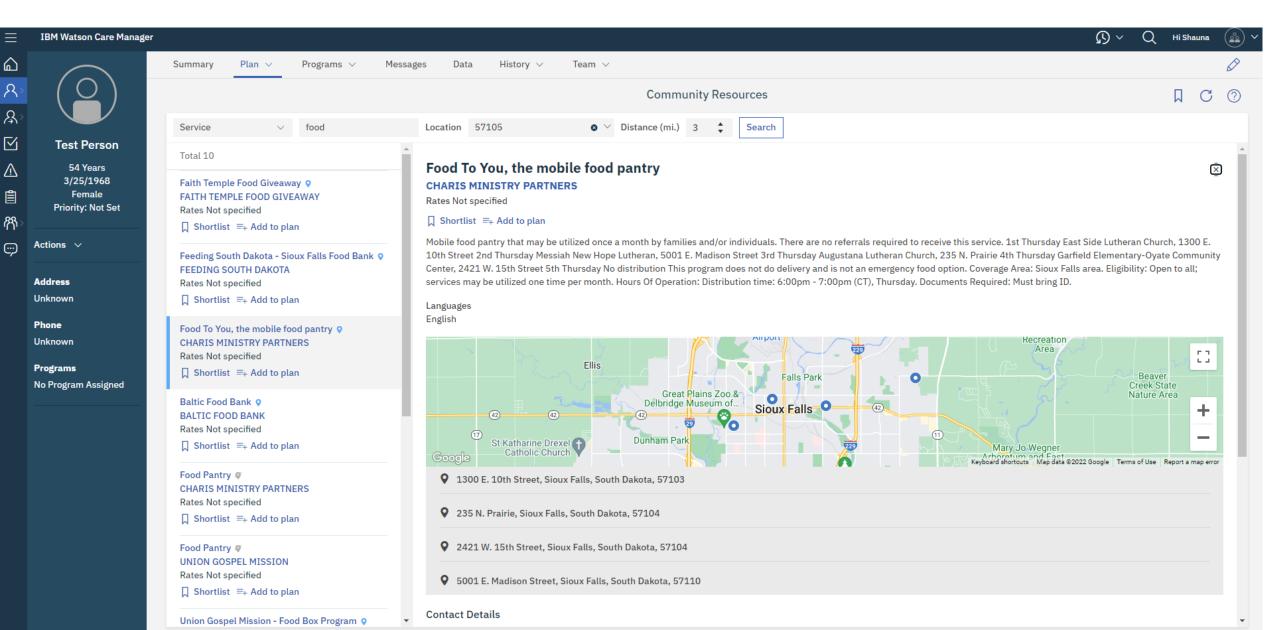
Social Needs Screening Tool



Care Plan



Community Resource Directory



SD CIE Levels of Impact

Individual Benefits:

Quicker connection to appropriate services Telling story only once Screening identifies additional needs

Partner Benefits:

Access to comprehensive resource database
Streamlined referrals and communication between providers
Shared client story promotes rapid identification of social needs
Organizations can more effectively serve community members
Access to outcome data for measuring impact

Community Benefits:

Community data to inform policy, planning, and investment Identification of unmet needs and barriers to access services Infrastructure more effectively serves community members



Thank you!

Go talk to Shauna!

Email CIE@helplinecenter.org!









Crisis Now Model

It's Been A Bad Day







Handling Mental Health Crisis in South Dakota

Process and Partners



Somewhere to Go

Regional Facilities

988 Call Center

Behavioral Health Crisis Care in SD

For Everyone,

Everywhere,

Every Time

Someone to Call

Mobile Crisis Response

Someone to Respond





Moving the U.S. to a 3-digit Dialing Code

On July 16th, 2022, our nation moved to the first-ever 3-digit dialing code for suicide prevention and mental health crises, available for call, chat and text. The previous 1-800-273-8255 (TALK) number will continue to function indefinitely.

Fast Facts about 988:

It will provide greater access to

24/7/365, free, confidential and life-saving services to those experiencing a mental health, substance use, or suicidal crisis.

It will **not replace** the existing National Suicide Prevention Lifeline—but in fact, strengthen and expand it.

It is an easy-to-remember number that helps to provide direct connection to compassionate, accessible care.

It's more than
just a 3-digit
number. It will strengthen
our larger crisis care system.







Difference between 211 and 988

2.1.1

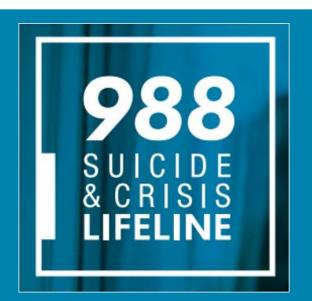
- Housing /Rental assistance
- Utility assistance
- Food resources
- Government information
- Financial assistance
- Disaster information
- Basic health information
- Tax prep assistance
- Volunteer opportunities
- Childcare information



- Crisis situations (emotional distress, suicide or other behavioral health crisis)
- Behavioral health resource information and support
- Substance use information and support programs
- Connection to all levels of treatment options
- Care coordination and follow up support







Meets national standards for risk/safety assessment and engagement of individuals at imminent risk of suicide and offers <u>care</u> traffic control – quality coordination of crisis care real-time. Follow up support.

When you've got a police, fire or rescue emergency, call 911

When you need social service information or resources, call 211

When you have an urgent mental health need, call 988







988 in South Dakota

- 988 in SD is a partnership between SD Department of Social Services, Division of Behavioral Health and Helpline Center. DSS has provided the planning support, development of the 988 plan and initial funding.
- 988 Implementation Plan for South Dakota was finalized in Jan 2022 with the Behavioral Health Crisis Response Stakeholder Coalition. The Stakeholder group has key members from behavioral health crisis response and prevention services across the state.
- Ramp up and first year **funding needs** (March 2022 June 2023) will be provided using currently available one-time crisis funds and a SAMHSA Grant. Future funding options are being reviewed based on findings from an independent consultant report contracted to review the funding needs of 988.



988 in South Dakota

- 988 is answered by the Helpline Center and staffed by individuals with advanced degrees and experience in behavioral health.
- 988 can support follow-up calls to callers and include follow-up calls from mobile crisis team referrals, discharges from inpatient units or other programs to support care coordination.
- Partner with 911 Public Safety Access Points, outpatient behavioral health providers, psychiatric inpatient units, stabilization units and appropriate regional facilities.
- On average, 80% of calls received by trained crisis counselors in a 988 setting can be de-escalated on the phone, reducing the need to dispatch law enforcement in situations that do not have safety concerns.





988 is Live! What Now?

- Volume of call, text, chat
- Helpline capacity
- 988 Promotional Materials! Help Spread the Word!
 - https://www.helplinecenter.org/988info/988-promotion/



Additional swag coming soon!







Mobile Crisis Teams and Virtual Crisis Care

Mobile Crisis Teams/Crisis Stabilization

Mobile services which provide a response to individuals experiencing a behavioral health crisis in the community

Goal to provide the least restrictive and most effective response for an individual in crisis

- Southeastern Behavioral HealthCare
 - Sioux Falls area
- Capital Area Counseling
 - Pierre area
- Care Campus Behavior Management Systems
 - Rapid City area

Virtual Crisis Care – Avel eCare

Provides law enforcement with 24/7 access to behavioral health professionals

A resource when local crisis response services are not available

Utilizes tablet technology

De-escalation, stabilization and safety assessment

Connection to local mental health resources for follow-up care.

https://ujs.sd.gov/Resources/VirtualCrisisCare .aspx







Appropriate Regional Facilities (ARFs) are designed to provide 24/7 overnight residential services to stabilize acute psychiatric or behavioral health symptoms, evaluate treatment needs and develop a crisis stabilization plan affording the ability for individuals to be stabilized closer to home.





Somewhere To Go

State Fiscal Year 2022

- RFP #2236, ARFs
 - Lewis & Clark Behavioral Health Services
 - The Human Service Agency

State Fiscal Year 2023

- RFP #2759, ARFs
 - Lewis & Clark Behavioral Health Services
 - Serve Region 4 (6 beds)
 - One-time construction costs, equipment and ongoing service/personnel costs.
 - Behavior Management Systems
 - Region 1 (16 beds (24 hours to 5 days) & 8 recliners (24 hours)
 - One-time supplies/equipment costs & ongoing service/personnel costs.
 - Avera St. Luke's
 - Serve Counties: Corson, Dewey, Campbell, Walworth, McPherson, Edmunds, Faulk, Brown, Marshall, Day, & Roberts
 - One-time construction costs (5 beds)







Appropriate Regional Facility Capacity

Region 1: Care Campus / Behavior Management Systems



Region 3:
Human Service Agency
Avera St. Luke's

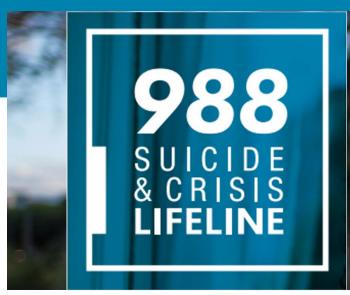
Region 4: Lewis & Clark Behavioral Health Services

Avera McKennan, Sioux Falls
Monument Health, Rapid City
Human Services Center, Yankton
Avera St. Luke's, Aberdeen

24-hour Crisis Stabilation Center X The Link, Sioux Falls













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Evaluation Link









Strong Families - South Dakota's Foundation and Our Future



