



# **988 Planning Grant**

## **Planning Coalition Meeting**

### **May 25, 2021**

#### **Members Present:**

Katie Storr, DMH Chief of Staff

Veronica Vaughn, DMH Director of Branch of Coordinated Care

April McNair, DMH Special Projects Officer of Outreach and Planning

Kristi Kindrex, DMH Special Projects Officer of Consumer Support

Brenda Patterson, Executive Director of Contact Crisis Line

Nicole Bedsole, Housing Case Manager of Mental Health Association

Ann Rodio, Region 8 Director of Alcohol and Drug Services

Amy Mosley, Region 10 Director of Crisis Services

Katrina Sunivelle, Region 12 Executive Director of Contact Helpline

Teresa Mosley, Psychometrist/Adjunct Instructor of Mississippi College

Andrew Day, Mississippi Division of Medicaid

Suzanne Rabideu, Healthcare Management

Jan Ulrich, 988 Grant Manager

Laquisha Grant, Healthcare Management

Vickie Winslett, President of Mississippi Alliance to End Suicide

Cami McIntire, Healthcare Management

Melody Madaris, Region 2 Assistant Director of Communicare

Staci Waites, Region 2 Crisis Coordinator of Communicare

Meghan Goldbeck, Area Director of American Foundation for Suicide Prevention

Kelly Breland, DMH Chief Financial Officer

Molly Taylor, DMH Program Director of Outreach and Planning

Vickie Winslett, President of Mississippi Alliance to End Suicide

Pamela Smith, Board Member of MS Chapter of American Foundation for Suicide Prevention

#### **I. Welcome**

- Katie Storr, DMH Chief of Staff, welcomed everyone, along with the new Coalition members to the 988 Planning Coalition meeting.
  
- New Coalition members introduced included:
  1. Vickie Winslett, President of Mississippi Alliance to End Suicide

2. Pamela Smith, Board Member on Mississippi Chapter of American Foundation for Suicide Prevention
3. Marsha Jenson, Board Member on Mississippi Chapter of American Foundation for Suicide Prevention
4. Jeremy Ashley, Audit Manager
5. Captain Wade Johnson, CIT Coordinator

## **II. Approval of Minutes from April 27, 2021**

- Planning Coalition Meeting minutes from April 27, 2021, were approved as submitted, with one change. Members Present Section – Add Teresa Mosley, Psychometrist/Adjunct Instructor of Mississippi College.

### **Motion to accept minutes:**

1. Nicole Bedsole, Housing Case Manager of Mental Health Association
2. Teresa Mosley, Psychometrist/Adjunct Instructor of Mississippi College
3. All members were in favor

## **III. Coalition Participation through Chat and other ZOOM Features**

- Suzanne Rabideau, Health Management Associates, encouraged the Coalition team members to utilize the chat and ZOOM features during the meeting.

## **IV. Coalition Approach**

- Coalition Charter
  1. Suzanne Rabideau, Health Management Associates, discussed several highlights from the Coalition Charter that are listed below:
    - a. Grant requires that Department of Mental Health develop a 988 Plan and to utilize a Planning Coalition to inform the 988 Plan.
    - b. In anticipation of 988 service provision, the 988 Planning Coalition will have input on the development of a 988 Plan.
    - c. 988 Planning Coalition will have input on a plan to ensure the following are planned for a comprehensive 988 Plan for Mississippi:
      - \* 24/7 statewide coverage for 988 calls, chats and texts
      - \* Identifying and supporting funding streams
      - \* Capacity building
      - \* Account for the operational, clinical and performance standards
      - \* Ensure lifeline member centers in their region have systems in place to maintain local resources and referral listings
      - \* Provide follow-up services to 988 callers, texters and chatters
      - \* Consistency in public messaging is critical at the national and state/territory level
    - d. Participate, attend, and be prepared for Coalition meetings
    - e. Contribute, discuss, and review the Coalition material
    - f. Mirror DMH Core Values
    - g. Keep minutes and records of Planning Coalition business

○ Coalition Meeting Topics through August 2021

1. Suzanne Rabideau, Health Management Associates, discussed the Coalition meeting topics for upcoming meetings, topics are listed below:

Funding structure for Lifeline Contact Centers:	Tuesday, May 25, 2021
Legislative	Tuesday, May 25, 2021
Ensuring statewide coverage for 9-8-8 calls, chats, and texts	Tuesday, June 8, 2021
Capacity building for current and projected 9-8-8 volume for calls, texts, chats and follow-up services.	Tuesday, June 8, 2021
State/Territory support of Lifeline’s operational, clinical and performance standards for centers answering 9-8-8.	Tuesday, June 29, 2021
Technology considerations	Tuesday, June 29, 2021
State and territory agencies shall ensure all centers in their region are able to provide follow-up services to 9-8-8 users according to Lifeline best practices.	Tuesday, June 29, 2021
In partnership with the Lifeline, State and territory agencies shall ensure Lifeline member centers in their region have systems in place to maintain local resource and referral listings.	Tuesday, July 13, 2021
Alignment with national initiatives around public messaging for 9-8-8 (scope)	Tuesday, July 13, 2021
Open	Tuesday, July 27, 2021
Review of outline of report	Tuesday, August 10, 2021
Review draft report	Tuesday, August 31, 2021

2. Suzanne Rabideau, Health Management Associates, reminded everyone to expect meeting cancellations from April McNair and look for the new invites from Cami McIntire.

## **V. Coalition Discussion Items**

- Suzanne Rabideau, Health Management Associates, reviewed and discussed the funding of 988 and overall crisis services.
  1. SAMHSA Guidelines for Behavioral Health Crisis Care
    - a. Core Values and Elements
    - b. Crisis Call Hub Services
    - c. Mobile Crisis Team Services
    - d. Crisis Receiving and Stabilization Services
    - e. Additional Elements of a System of Additional Care
    - f. Essential Principals
    - g. Multiple Payer Resources
    - h. Regional 24/7 Crisis Call Center Hub
    - i. Crisis Mobile Response Services
    - j. Crisis Receiving and Stabilization Facility Services
    - k. Healthcare Coding of Crisis Services
  2. SAMHSA Block Grant Funding and Usage
    - a. SAMHSA recommends that states use the COVID-19 Relief supplemental funds wherever possible to develop and support evidence-based recovery services development and to increase access to evidence-based treatment and coordinated recovery support for those with SMI and SED.
    - b. Operation of an “access line”, “crisis phone line”, or “warm lines” to address any mental health issues for individuals.
    - c. Training of staff and equipment that supports enhanced mental health crisis response and services.
    - d. Operation of an “access line”, “crisis phone line”, or “warm lines” by prevention providers.
    - e. Purchase of Naloxone and the materials necessary to assemble overdose kits.
    - f. Peer recovery specialist training, funding, and evaluation, including peer recovery specialist certification.
    - g. Operation of an “access line”, “crisis phone line”, or “warm lines” by recovery support providers.
    - h. Purchase on increased connectivity, Wifi and other related technologies and equipment to improve service delivery.
    - i. Hiring of outreach workers for regular check-in people with SUD.

3. 988 Technical Assistance Documents on Vibrant website

a. Trends in funding of state Mental Health Services

\* Since 1981 most of the state's funding were going into the state hospitals, but currently now most of the funding is going to the community-based services.

\* Most of the additional funding is from Federal Medicaid and State Medicaid match.

b. Medicaid-Examples of other states use of Medicaid to fund crisis call line

\* Fifty-eight percent of crisis call volume is Medicaid reimbursed.

c. 911 Funding approaches-988 taxes

\* 911 funding comes from state 911 fees that include applicability varies from wireless, hardwire, VoIP and prepaid and the amounts can vary from .20 to 3.86. Distribution methods varies from grants, reimbursement for approved uses and is automatic under formula.

\* Other funding comes from tariffs, general funds, and special tax assessments.

\* Funding accountability for 911.

\* Commission to report whether 911 fee and charges collected by states and other reporting entities are being used for any purpose other than to support 911 and enhanced 911(E911) services.

4. NASMHPD-Crisis Jam

a. Medicare coverage and Commercial health plans

\* Crisis Now Crisis System Calculators to calculate cost for projected funding.

- Katie Storr, Chief of Staff of the MS Department of Mental Health, reported on the background of Mississippi funding for crisis services.

1. Brief overview of current funding for call center, mobile crisis, crisis stabilization, Medicaid, and other Mississippi funding

a. Mobile Crisis Teams

\* Medicaid reimbursement

\* State general funds that are granted from DMH

\* Allocated \$600,000 in additional funding

b. Medicaid

\* Crisis response funding from Medicaid is around \$500,000

\* Crisis residential estimated funding in 2019 through Medicaid was 4.7 million

c. Crisis Stabilization Units

\* 172 beds through out the state of Mississippi

\* Primarily funded through state general funds

\* Some funding through healthcare expendable funds

d. Block Grants

\*20.5 million dollars in allocated funds were received in March 2021 from SAMHSA

\* 5% of SAMHSA funds were set aside for crisis services

\*An additional 24 million was received in allocated funds from block grants and SAMHSA to put toward the 988 crisis services

- Suzanne Rabideau, Health Management Associates, discussed the national 988 call center projections by state from Vibrant.
  1. Overview of Mississippi projection document
    - \* Addressable population-150 million
    - \* Serviceable population-39 million
    - \* Subset serviced population-12 million
  2. Overview of projected contact volume by growth for year 1-5
    - \* Low volume-6 to 13 million
    - \* Medium volume-9 to 24 million
    - \* High volume-12 to 41 million
  3. Mississippi 988 first year cost model
    - \* Total projected cost is \$4,151,879 per year
  4. Next step is to merge a small group to dug further into the projections and review and discuss the following.
    - \*Does the Vibrant cost modeling for Mississippi seem realistic, if not what needs to be considered?
    - \* Suggestions for efficiencies for funding 988 crisis line
  
- Suzanne Rabideau, Health Management Associates, reviewed the 988 state legislation.
  1. 988 Map model of states that have introduced to legislation.
    - \* Virginia was the first state to pass 988 service fee legislation
    - \* 10 states have been introduced
    - \* 3 states have passed at least one chamber
    - \* 5 states have been passed and signed into law
    - \* 3 states will bill likely
    - \* 2 states have been unsuccessful
  
  2. 988 Model legislation
    - \* Model Bill for Core State Behavioral Health Crisis Services System needs to be explored and amended.

**VI. Date and Time of Next Meeting**

- THE NEXT MEETING WILL BE HELD ON TUESDAY JUNE 8, 2021, at 10:00AM.