Behavioral Health Services Workgroup
June 13, 2011
Governor's Large Conference Room
Pierre, SD

Members Present: Phyllis Arends, Deb Bowman, Terry Dosch, Ellen Durkin, Shawna Fullerton, Travis Hanson, Amy Iversen-Pollreisz, Robert Kean, Senator Elizabeth Kraus, Steve Lindquist, Kim Malsam-Rysdon, Representative Nick Moser, Cory Nelson, Betty Oldenkamp, Scott Peters, Tom Stanage, Dr. Stanley, Gib Sudbeck, , Lynne Valenti, Pam VanMeeteren, and Tiffany Wolfgang.

Deb Bowman, Senior Advisor to the Governor and a member of the Governor's Executive Committee opened the meeting and welcomed workgroup members. The Lt. Governor was at Dakota Dunes working with local officials on flood control efforts. He was sorry he was unable to attend the meeting but wanted the workgroup to know how important their work is to him and the citizens of the State.

Recap of Previous Meeting

Kim Malsam-Rysdon provided a brief recap of the previous meeting. Betty Oldenkamp added that workforce issues and professional licensure are areas that will be critical as the system evolves.

Input received from HSC psychiatrists

Dr. Travis Hanson, Medical Director at HSC, presented information that the psychiatrists at HSC wanted the workgroup to be aware of. The psychiatrists are concerned about inappropriate admissions to HSC, including patients who were intoxicated at the time of evaluation for placement, those on 5 day holds, geriatric patients, suicidal patients from jails, people who are medically unstable, and individuals with developmental disabilities versus psychiatric diagnoses. Concerns regarding how individuals are evaluated in the community prior to commitment to HSC were raised by the psychiatrists. They also believe the commitment process to HSC is too easy, which means less restrictive community options are not always explored prior to a commitment. The psychiatrists at HSC thought a review team for geriatric admissions would be helpful, and also feel that the approval process for electro-convulsive therapy and forced medication orders should be examined and easier to implement.

Cory Nelson indicated he also believes least restrictive alternatives are not always explored prior to a commitment to HSC. Part of this may be due to the current QMHP process used for involuntary commitments. He went on to discuss the importance of aftercare and continuity of care when individuals are discharged from HSC. Potential options related to these might be a discharge that would allow for a brief return if needed and the transfer of forced medication order to the community. Terry Dosch indicated that the issue of forced medication orders needs to be discussed as community mental health

centers are concerned about liability issues and recourse for those how don't follow the orders.

Tom Stanage asked how many individuals at HSC meet SMI criteria. Cory said that SMI data is not tracked at HSC; however, information on primary diagnosis could be obtained to determine the numbers of individuals with major mental illnesses. Discussion on HSC continued. The issue of people from other states accessing services at the facility was briefly discussed as an issue. The workgroup discussed the goal should be for HSC to provide what communities can't provide, which means changes must occur at the community level (e.g. nursing homes need to have the capacity to provide more behavioral health support, communities must be able to provide a crisis response, etc). The current fee structure for HSC was also discussed as providing an incentive for local governments to use HSC over community options due to the cost.

Addiction Studies Program for the States

Kim Malsam-Rysdon presented information on a meeting that she, Deb Bowman, and the following legislators attended: Senator Jean Hunhoff, Chair, Health and Human Services; Senator Joni Clark Cutler, Vice-Chair, Judiciary Committee; Representative Melissa Magstadt, Member, Health and Human Services Committee; and Representative Larry Lucas, Member, Health and Human Services Committee. In addition, Randy Moses, Assistant Director, Division of Insurance, Department of Labor and Regulation and Frank Zavadil, Program Specialist II, Division of Community Behavioral Health, DSS were in attendance.

The first day focused on educating the group on substance abuse and addiction and looking at effective treatment designs that will fit with primary health care. The second day focused on effective prevention services and what provisions are included in the Affordable Health Care Act regarding this service. In addition, South Dakota had to develop a plan on what measures our State needed to take to be able to implement the Affordable Health Care Act. See the attached work plan that was developed by the SD team for more information.

Substance abuse and primary care issues were discussed by the workgroup. Key themes included substance abuse as a chronic disease, the importance of recovery, and the inclusion of primary care. Tom Stanage expressed the need for substance abuse services to include case management and indicated current services are restricted to a time limited group approach that doesn't work for everyone. Dr. Stanley would like to see a more formalized/structured approach that could assist primary care in utilizing a screening/brief intervention protocol, for example using the PHQ-9. It was decided that a primary care provider should be added to the workgroup so members were asked to provide potential names to state staff.

The workgroup also expressed an interest in how the courts are using community services, for example drug courts. We will ask the court system to consider presenting on drug courts at a future meeting.

Organizational Changes

Amy Iversen-Pollreisz reviewed the organizational changes that occurred recently, which included the elimination of the Divisions of Mental Health and Alcohol and Drug Abuse and the creation of two new divisions: the Division of Community Behavioral Health and the Division of Correctional Behavioral Health. A separate prevention program area has been developed to ensure additional prevention services are developed and implemented in the state. See the attached organizational chart for more detail. Amy explained that these changes were accomplished with only one lay-off, and that individual took another position within the Division. Several other staff is in different positions within the new structure.

Recap of Guiding Principles

Workgroup members were unclear how recovery applied to services to children/youth on the guiding principle that reads, "Services focus on recovery driven outcomes." This was discussed and the guiding principle will be changed to read, "Services focus on individualized recovery/resiliency driven outcomes." With this change, the workgroup expressed consensus on the guiding principles.

Development of Goal Areas

The *Access to Services* goal area was discussed by the workgroup. Key areas of discussion included:

- Access for kids/families as well as adults
- Availability of forced medication orders in the community
- Review and implement a processes to ensure services are provided in the least restrictive, most appropriate environment
- Availability of crisis care and increased training for first responders- increased capacity to divert possible referrals to HSC to other community services
- Review the differences between mental health and substance abuse processes for placement
- Rural/frontier access issues- develop baseline criteria for integration and improved outcomes
- Importance of working with Tribes to have them provide services directly

A second goal area discussed was *Building Capacity of Local Communities*. Key areas of discussion included:

- Review the structure of the community mental health system versus private independent practice- differences in standards/regulation, practice guidelines, and funding

- Integrate service delivery at the community level and ensure coordination of care among local providers is occurring- continuum of care
- Work with UJS on creating capacity in the justice system to divert individuals as appropriate
- Long-term care services and the capacity to provide a behavioral health component
- Work with group/residential providers for children on shortening the length of stay and ensuring community options other than placement are explored/used prior to residential services
- Development of a strategic statewide prevention plan including links to primary care, schools, daycares
- Development of behavioral health homes in the state, recognizing that many communities in the state have difficulty supporting an array of specialized behavioral health services

Statue Overview and Recommendation for Changes

Lynne Valenti provided an overview of current statutes related to behavioral health. It was determined that a subcommittee would be created to review the mental illness and substance abuse commitment statues. Department staff will conduct an internal review of the remaining statutes for any clean-up work that should be done.

The creation of a second subcommittee to define funding in the system was also discussed briefly. Betty Oldenkamp, Terry Dosch, Steve Lindquist, and Pam VanMeeteren expressed an interest in this group.

Meeting adjourned.