

Behavioral Health Services Workgroup August 10, 2011

Governor's Large Conference Room Pierre, SD

Members Present: Phyllis Arends, Deb Bowman, Terry Dosch, Shawna Fullerton, Amy Iversen-Pollreisz, Robert Kean, Kim Malsam-Rysdon, Lt. Governor Matt Michels, Representative Nick Moser, Scott Peters, Carol Regier, Ramesh Somepalli, Tom Stanage, Dr. Stanley, Gib Sudbeck, 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.

Lt. Governor Michels shared his thoughts regarding the importance of the reorganization of behavioral health services. The Lt. Governor reminded the workgroup that the purpose of the behavioral health reorganization was to create a more integrated approach to behavioral health services in SD and that the purpose of the workgroup is to make recommendations about the future system of behavioral health services. The majority of individuals accessing mental health or substance abuse services have co-occurring issues, and treatment is most effective when services are integrated and provided simultaneously. The Lt. Governor clarified that the reorganization did not result in an elimination of services. Specifically, there is no desire or intent to eliminate substance abuse treatment or substance abuse treatment providers in SD. Lt. Governor Michels indicated that both he and Governor Daugaard understand the need for substance abuse treatment and, if anything, recognize the need for more substance abuse services not less. Finally, the Lt. Governor requested that workgroup members help educate others about the facts of the reorganization and address inaccuracies people have about it.

Recap of previous meeting

Kim Malsam-Rysdon provided a brief recap of the previous meeting.

Scott Peters shared information on the mobile crisis team in Sioux Falls, indicating that the team began providing services on a limited basis. During the first four days, three individuals were counseled and diverted from needing involuntary commitment.

The workgroup discussed the difficulties of finding detox services and the lack of availability of such services in many areas. This led to a deeper discussion of the

lack of critical services across the state, which often leads to inappropriate referrals and placements as the best option is unavailable. This discussion mirrored a conversation held by the Commitment Laws Subcommittee, which determined that it would be difficult to improve commitment laws without addressing the overarching systems issues and lack of critical services.

After considerable discussion, it was concluded that a regional approach to behavioral health services is needed. This would allow identification of available and needed services in all areas of the state to have access to a full array of critical services. In order to determine the regions, the workgroup discussed the identification of current services and systems, including: community mental health centers, accredited outpatient substance abuse providers, inpatient mental health and substance abuse services, prevention services, Tribal programs, IHS, hospitals, Veteran's clinics/services, homeless programs, available transportation services, active county mental illness boards, and key state services.

In addition, the workgroup began identifying key services needed in each behavioral health region, such as: housing/residential supports, including assisted living and supported housing; employment/employer supports; outpatient mental health and substance abuse services, including screening and brief intervention/assessment and case management services; transportation services; day treatment; recovery supports/aftercare; detox; crisis response services, including 24/7 access to a safe/secure environment and mobile crisis; and inpatient services.

Involuntary Commitment Statute revision subgroup update

A summary of the Commitment Laws subcommittee was provided by Lt. Governor Michels. As indicated above, the subcommittee recognized the need for addressing current service gaps. Areas that the subcommittee is reviewing include the potential to integrate and streamline the mental health and substance abuse commitment processes but there isn't consensus yet on how that could best be achieved. In addition, the subcommittee is considering whether outpatient commitments should be defined differently than inpatient commitment and should include an option for forced medications in the community. The need for effective enforcement of outpatient commitments was also discussed by the workgroup and the group agreed that this will be necessary for them to be effective.

Other statute revision update

Amy Iversen-Pollreis shared work the department has done to review statutes (other than those for commitments), which included a general approach of the elimination of statutes that repeat federal requirements or are unnecessary. A subcommittee was established to assist the department in the next steps of this statute review. Tom Stanage, Nick Moser, Terry Dosch, Robert Kean, Dr. Stanley

and Carol Regier offered to participate along with department staff.

Next steps

Department staff will gather examples of potential regions for the workgroup's consideration, and future steps will include a gap analysis and service development in each region. The commitment subgroup will meet the morning of September 7 and the full workgroup will meet from 1-5 p.m. on September 7. The workgroup will also meet October 5.