

# **Behavioral Health Services Workgroup September 7, 2011**

## **Governor's Large Conference Room Pierre, SD**

Members Present: Phyllis Arends, Terry Dosch, Shawna Fullerton, Amy Iversen-Pollreisz, Robert Kean, Steve Lindquist, Kim Malsam-Rysdon, Eric Matt, Lt. Governor Matt Michels, Betty Oldenkamp, Scott Peters, Carol Regier, Tom Stanage, Dr. Matt Stanley, Gib Sudbeck, Lynne Valenti, Pam VanMeeteren, and Tiffany Wolfgang.

Lt. Governor Matt Michels welcomed workgroup members and thanked them for their assistance in clearing up misperceptions regarding the behavioral health reorganization.

### **Statute revision update**

Lynne Valenti provided an update regarding the Commitment Laws Subcommittee. The strategy for this session is to address those areas that are more easily identified as needing improvement, while working towards more substantial changes during the 2013 legislative session.

Amy Iversen-Pollreisz discussed the Administrative Statute Review Subcommittee that was identified at the last meeting. Tom Stanage, Representative Nick Moser, Terry Dosch, Robert Kean, Carol Regier, Betty Oldenkamp and Dr. Stanley volunteered to participate. Amy will email subcommittee members the list of statutes with initial recommendations from the department, along with a date for a conference call.

A request was made for talking points regarding both the behavioral health reorganization and statute changes that will be recommended by the workgroup. This will allow all members to provide consistent messages regarding these topics to constituents, peers, and other stakeholders.

### **Discussion of possible behavioral health regions**

The workgroup discussed the regional concept and viewed maps that identified various services. Several items were identified to be added to the service map. This will be completed by the department and shared at the October meeting. After much discussion on the potential regions, members agreed to utilize the five call center regions developed for the Aging and Disability Resource Connections (ADRC) but acknowledged that these can be modified in the future if needed. The ADRC call center regions were developed to provide information

and resources to South Dakotans over age 60 and to adults over age 18 with physical disabilities to help them live as independently as possible within their local communities. Because the call center regions were developed to align with where people access medical care, shop, and so forth it seemed to fit well with where people might also access behavioral health services.

Workgroup members discussed the importance of developing critical care pathways within each region and across the state. While this work won't change who provides services, it will be essential in determining the services currently available and the gaps in services.

### **Discussion of possible behavioral health goals**

Next, the workgroup discussed the goal areas. It was determined that prevention should be a separate goal. Gib Sudbeck shared that the prevention program was awarded a \$600,000 statewide prevention enhancement grant. This grant will be used to develop a statewide behavioral health prevention framework. In addition, up to \$200,000 of the grant funding can be used to fund prevention programs. Workgroup members were encouraged to share innovative ideas regarding the possible use of this funding. The workgroup concurred that the prevention strategy should be based on Evidence Based Practices and should include benchmarks.

It was suggested that the assessment of current services and system gaps should be added to the "increase access to services" goal area. In addition, assisted living was added to the long-term care services under the "build capacity of local communities" goal area. Identifying critical care pathways was also added to this goal area.

Workgroup members discussed the importance of defining the role of HSC, and members agree this should be a separate goal area. A subcommittee will be developed to work on this goal.

[See Guiding Principles/Goal Areas document for more details]

### **Next Steps**

A discussion on future meetings of the full Behavioral Health Workgroup was discussed. The next meeting is scheduled for October 5th. A conference call will be held in November and an in-person meeting will be held in early January.