

Meeting Minutes
State of South Dakota
Behavioral Health Services Workgroup
Monday, February 14, 2011
Pierre, South Dakota

Workgroup Members: Lt. Governor Matt Michels; Deb Bowman, Senior Advisor to the Governor; Kim Malsam-Rysdon, Secretary of Department of Social Services (DSS); Amy Iversen-Pollreisz, Secretary of Department of Human Services (DHS); Lynne Valenti, DSS; Shawna Fullerton, DHS; Gib Sudbeck, DHS; Cory Nelson, DHS; Betty Oldenkamp, Lutheran Social Services; Terry Dosch, Council of Mental Health Centers; Tom Stanage, Lewis and Clark Mental Health Center; Steve Lindquist, Avera Behavioral Health; Travis Hanson, DHS; Scott Peters, Minnehaha-Lincoln County Board of Mental Illness; Matt Stanley, Avera Behavioral Health; Robert Kean, South Dakota Advocacy Services; Phyllis Arends, National Alliance for the Mentally Ill; Carol Regier, Keystone Treatment Center; and Representative Nick Moser.

All members of the workgroup were present except Cory Nelson.

Deb Bowman, Senior Advisor to the Governor and a member of the Governor's Executive Committee opened the meeting. She introduced Lt. Governor Michels to the workgroup and thanked attendees for participating. Deb provided the group with a handout of the Governor's Office organizational chart and educated the group about the structure, membership, and duties of the Governor's Executive Committee. Deb Bowman advised members that the workgroup was formed due to the Governor's Executive Reorganization Order in which, among other things, the Department of Human Services', Divisions of Mental Health, Alcohol and Drug, and the Human Services Center will move to the Department of Social Services in April 2011. It was explained that it made sense to move these services so that the state could better leverage funding and payment sources. Deb Bowman and Lt. Governor Michels explained to the workgroup that the purpose of the workgroup is to bring recommendations to the Governor as to how the behavioral health service delivery system in South Dakota should look going forward. Lt. Governor Michels also thanked the workgroup for their dedication and commitment to serving. The group was advised to focus first on best practices and designing a better of system of care. Lt. Governor Michels and Deb Bowman stressed to the group the Governor's interest in the area of behavioral health as well as their own and the resulting opportunities this presented to enhance behavioral health services to South Dakotans.

Lt. Governor Michels advised the group that he believed that a legislative package for 2012 (Oct. 2011 timeline to submit to Governor's office) will come out of the workgroup as a result of reviewing the laws and commitment process pertaining to mental illness and substance abuse. Lt. Governor Michels also indicated that UJS and alternative sentencing issues would be explored. He stressed that in looking at behavioral health issues we needed to include veteran issues, especially with the large number of deployments in the last several years.

The workgroup members made introductions, including providing information about their backgrounds and areas of practice or interest.

Deb Bowman indicated that the workgroup's focus should be on what is best for the citizens of South Dakota who have behavioral health needs and not on any particular interest group.

Lt. Governor Michels advised the workgroup to approach this as if it were designing a system from the ground up with the goal being to lay out a plan for an integrated system of care - one without the current silos. Specifically, the Lt. Governor asked that the group look at state law (mental health and alcohol and drug) and examine if those laws perpetuate these silos.

Secretary Malsam-Rysdon and Secretary Iversen-Pollreisz made a presentation to the group on Behavioral Health Services in South Dakota describing the current systems of care and funding sources for these services as well as the organizational changes that will take place due to the reorganization.

Gib Sudbeck voiced the need to focus on prevention during the review.

Carol Regier indicated that as the group moves forward in identifying a system of care, it is important to focus on the family as well as the individual. She noted that sometimes the lack of available residential placement options with varying levels of care results in individuals being discharged back into dysfunctional or sometimes inappropriate environments.

Secretary Malsam-Rysdon proposed that moving forward the workgroup should develop a strategic plan to accomplish its goals and suggested the group start by developing guiding principles that it will operate under. Matt Stanley echoed the need for strategic planning. He indicated that our guiding principle should be to have mental illness treated like any other illness.

Terry Dosch identified issues or questions the community mental health centers (CMHC) have with respect to the current behavioral health system and issues they would like to see the workgroup address. He spoke about the role of the Human Services Center (HSC) and asked if there was a way to make more of its services to the psychiatric rehabilitation adult population eligible for Medicaid reimbursement. He also raised the issue of HSC providing outpatient mental health services and whether it could export psychiatric services to communities. Terry noted that one of the biggest challenges for CMHCs is the availability of psychiatric services, especially child psychiatry. He suggested that we look at the role of mid-levels to address this problem. Terry identified the need to review the involuntary commitment codes, including mental health and alcohol and drug. He suggested that the workgroup look at a mobile crisis team model and whether additional resources could be given to community providers to provide emergency services. Terry asked whether the state should look at the number of providers

of state-supported services, stating the idea being does the large number negatively impact quality of services because it spreads the resources too thin. Terry indicated we need to consider the other entities involved such as Indian Health Services (IHS), Unified Judicial System (UJS), tribal governments, and the Attorney General's Office with the 24/7 Program. Terry mentioned the idea of having a process for state level approval for placements.

Robert Kean noted that an area that needs to be addressed is the commitment process and how individuals are treated during this process.

The workgroup next discussed the current makeup of the group and whether there were entities or groups missing. Deb Bowman indicated that there would be a senator on the workgroup and she was working on this. Secretary Malsam-Rysdon indicated she believed the workgroup needed more consumer representation. There was discussion about whether a West River provider needed to be on the group, whether education should be on the workgroup and also whether the newly created position of Secretary of Tribal Relations (Secretary J.R. LaPlante) should be on the workgroup. Deb Bowman indicated that the workgroup could not be so big as to be unmanageable, but if additional members were needed they would be added. She suggested that the workgroup invite individuals or providers to meetings as needed to discuss particular topics (e.g., education) as a way to garner necessary expertise and input, while keeping the workgroup to a manageable number.

Tom Stanage raised the issue of looking at Federal Qualified Health Center (FQHC) Expansion Grants. He stated that the federal government has embraced a medical home model in the Affordable Care Act (ACA) and that there are federal grants available. Deb Bowman stated that the challenge is the rural nature of our state and that it is hard to deliver all services in certain rural areas, including behavioral health.

Betty Oldenkamp questioned whether the group would also look at group homes and group care facilities as a part of the continuum of care for behavioral health and Secretary Malsam-Rysdon assured her that yes, these providers would be included.

Scott Peters stated that the workgroup needs to consider court diversion and its various components.

The group discussed that future meetings should cover:

- Identification of guiding principles
- Identification of the outcomes we want (high level)
- Identification of problems or barriers that currently exist

Members of the workgroup identified some of the obvious guiding principles that will be included: community first, evidence-based practices; services close to home, and human dignity.

From this the workgroup will devise a strategic plan – a framework to move forward.

The group also needs to develop a strategy to obtain stakeholder input.

Before the next meeting each workgroup member will send to Secretary Malsam-Rysdon the following information:

- Existing challenges or barriers in the behavioral health system;
- Your vision for a new behavioral health system;
- Your guiding principles; and
- Suggestions for additional membership or representation to the workgroup, including names.

Next Meeting: The group discussed that the transition of behavioral health to DSS is in April 2011 and therefore this group needs to meet frequently to keep things moving. The group agreed that they will meet again in two weeks. Date will be sent out.