

**Behavioral Health Services Workgroup
June 6, 2012**

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

Members Present: Nancy Allard, Phyllis Arends, Dr. Vicki Claymore, Terry Dosch, Ellen Durkin, Amy Iversen-Pollreisz, Robert Kean, Steve Lindquist, Kim Malsam-Rysdon, Eric Matt, Lt. Governor Matt Michels, Betty Oldenkamp, Scott Peters, Senator Tim Rave, Dr. Matt Stanley, Gib Sudbeck, Lynne Valenti, Pam VanMeeteren, Tiffany Wolfgang.

Lt. Governor Matt Michels welcomed workgroup members, and Kim Malsam-Rysdon provided a recap of the last meeting.

The workgroup was informed that Ric Compton will be the new HSC administrator. Ric will begin his duties on June 11th and will be a member of this workgroup. Pam VanMeeteren was thanked for serving as interim administrator along with continuing her duties as clinical director.

Brief updates on the criminal justice initiative, healthcare reform, and the development of health homes were provided.

Update on Prevention and Geriatric Subcommittees

Amy Iversen-Pollreisz provided an update on these subcommittees. The Prevention Subcommittee has created a draft strategic plan, which was shared with the workgroup. Members were asked to share any thoughts by July 1st as the prevention subcommittee will meet in mid-July to finalize the plan.

The Geriatric Subcommittee has finalized their recommendations, which were shared with the workgroup. The importance of extensive training for nursing facility staff was discussed. This included training on appropriate responses to challenging behaviors along with providing education and information on the CMS initiative to decrease the use of psychotropic medication for dementia, as this can be used to encourage the use of behavioral modification. The use of add-on payments to encourage the use of evidence-based practice was also discussed. See "Geriatric Subcommittee Recommendations" document for further details.

Update on Commitment Laws Subcommittee

Lynne Valenti provided an update of the Commitment Laws Subcommittee. Lynne indicated that a one page summary had been prepared of the changes to SB 15 for use by committee members in doing education and outreach regarding the July 1st statutory changes. Also discussed were the upcoming trainings, legal forms development and education that has been taking place, including the work that Scott Peters has been doing in this area. Lynne also advised the group of the broad areas the subcommittee is currently reviewing:

- Possible changes to the forced medication/treatment statutes so they would apply to jails as well as the penitentiary;
- Potential expansion of the 24 hour limit for a mental illness hold under certain limited circumstances (when a person is violent or intoxicated and an accurate QMHP evaluation can't be completed);
- Review of statutory language that HSC must accept a commitment or pay for alternative placement per the geriatric subcommittee;
- Possible change to the commitment statutes to allow for a 6 month involuntary commitment with provisional discharge so patients could be returned to HSC without an additional commitment hearing (if the terms of the discharge contract were violated).

The subcommittee also considered two requests from people outside the subcommittee. These included a letter from the SD Academy of Physician Assistants requesting that PAs be allowed to initiate mental illness holds and that PAs be included in the disciplines eligible to become QMHPs. As to the first issue, the subcommittee concluded that it would not support PAs being given authority to initiate mental illness holds. Under current law only law enforcement and physicians when in a hospital setting are able to place an individual on a mental illness hold. The subcommittee believes the law is adequate and meets the current needs. Regarding the request to include PAs as eligible to become QMHPs, the subcommittee will discuss that at the August meeting. The second request was from Dr. Fuller who wanted the subcommittee to consider modifying the statutes to allow any physician to initiate a mental illness hold to apprehend or detain a person in any location as long as the physician is acting in their professional role (i.e., clinic, mental health center, nursing home, hospital, or even a patient's home). Currently, the law permits physician to initiate a mental illness hold in a hospital setting only. The subcommittee had a lengthy discussion on this issue, and several areas were discussed including the scope of the issue and practical and liability concerns. In particular, the subcommittee believed that in the vast majority of these situations, law enforcement would continue to be involved as physicians outside a hospital setting are ill equipped to physically initiate a mental health hold on an individual and would likely still need to have law enforcement present even if this were the law. In addition, the subcommittee discussed liability concerns, and that by making this change it could place

physicians in a double-bind in terms of liability (if the law is passed and a physician doesn't initiate a mental health hold the physician may be sued, and if a physician did initiate a hold but couldn't physically detain the person that could result in liability as well). In addition to these issues, the subcommittee was also concerned about broadening the scope of who can initiate a mental illness hold from a patient rights perspective. Based on the foregoing, the consensus of the subcommittee was that it would not recommend pursuing this statutory change to the larger workgroup.

Update on Essential Services Subcommittee

The Essential Services Subcommittee created definitions for the essential services identified at the last meeting. The list of essential services includes:

- Prevention/recovery support services
- Assessment and referral
- Community crisis intervention (includes regular detox)
- Case management (will rename this)
- Supported living services (includes supported housing)
- Inpatient specialty services (includes medically managed detox)
- Outpatient specialty services
- Family supports

The workgroup discussed the definitions of each and services within each category. See "Essential Services" document for further details. Terms to describe what has been known as case management were also discussed as in the future this will include a broader array of services; however, a final decision was not made.

The workgroup discussed membership and the importance of appointed members participating in meetings. Due to this, no proxy membership will be allowed.

Lt. Governor Michels shared information on recent changes to the Governor's Housing Project. More information can be found on the state webpage.

Future meetings are scheduled for August 15th and October 10th. A more comprehensive update on health homes will be provided at the August meeting.