

## **Behavioral Health Services Workgroup August 15, 2012**

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

**Members Present: Phyllis Arends, Dr. Vicki Claymore, Ric Compton, Ellen Durkin, Shawna Fullerton, Amy Iversen-Pollreisz, Steve Lindquist, Representative Melissa Magstadt, Kim Malsam-Rysdon, Eric Matt, Lt. Governor Matt Michels, Betty Oldenkamp, Scott Peters, Tom Stanage, Dr. Matt Stanley, Dr. Ramish Somepalli, Gib Sudbeck, Lynne Valenti, Tiffany Wolfgang.**

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

#### **Update on Health Homes**

Kim Malsam-Rysdon provided an update on the development of health homes sharing information on eligibility for SPMI/SED health homes, potential need for this type of service across SD, and provider interest in developing SPMI/SED health homes.

#### **Update on Criminal Justice Initiative**

Workgroup members briefly discussed the Criminal Justice Initiative. A detailed update was not provided as those members who serve on both workgroups were attending the CJI meeting.

#### **Update on Commitment Laws Subcommittee**

Lynne Valenti provided an update of the Commitment Laws Subcommittee. Lynne indicated that work continues regarding education and outreach on the implementation of the changes from SB 14 and SB15. More education will also need to be done regarding substituted informed consent.

The subcommittee continues work on draft legislation for the following:

- Creating the ability for forced medication orders to be initiated in jails.

- Modification to the definition of qualified mental health professionals to include physician assistants with mental health experience, advance practice nurses versus psychiatric nurses, and federal government employees licensed in another state.
- Modification to the mobile crisis team to allow a QMHP in a clinic or hospital to refer the person to the mobile crisis team as an alternative to a petition for commitment.
- Revision of the statute related to the discharge of minors from inpatient mental health treatment to allow a hold to be placed on the minor if there is a need for emergency intervention.
- Changing a minor's section of the code to be consistent with last year's changes on the adult side.

Areas that were under consideration previously that the subcommittee determined would not be recommended include:

- Expansion of the 24 hour limit for a mental illness hold under certain limited circumstances.
- Modification of statutory language that HSC must accept a commitment or pay for alternative placement per the geriatric subcommittee.
- Change to the commitment statutes to allow for a 6 month involuntary commitment with provisional discharge.

In addition, the subcommittee recommended that an issue brought to the subcommittee's attention regarding practice guidelines for residents be referred to the Primary Care Task Force. Members requested DSS Secretary, Kim Malsam-Rysdon, provide this information to Senior Advisory Deb Bowman, Chair of the Primary Care Task Force.

### **Update on Essential Services Subcommittee**

Amy Iversen-Pollreisz provided an update on the Essential Services Subcommittee including the definitions for essential services:

1. Prevention/recovery support services -- [prevention subcommittee is working on definitions that will include primary, secondary, and tertiary prevention services.]
2. Assessment & Referral -- Information gathering process to determine need for behavioral health treatment and other services and supports and assistance to access needed services.

3. Community Crisis intervention -- Immediate, community based response to individuals at risk of harm to themselves or others which includes basic assessment and provision of a safe environment on a short term basis.
  - i. Mobile crisis
  - ii. Crisis care center
  - iii. Safe rooms
  - iv. Detoxification services (non-medically managed)
4. Care Coordination (formerly referred to as case management) -- Coordination of treatment and other services and supports on an individual and/or family basis to ensure individuals and/or families receive needed services.
5. Supported living services -- Assistance and supportive services provided on an individual or congregate basis to help people with behavioral health needs live as independently as possible.
  - i. Supported housing
  - ii. Basic living supports
  - iii. Group home supports for adults with SMI
  - iv. Specialized long-term care supports
  - v. Psychosocial rehabilitation
  - vi. Medication management services
  - vii. Treatment foster care
6. Inpatient Specialty Services -- Distinct, medically managed services provided on a temporary basis for an expressed diagnosis.
  - i. Psychiatric hospital in-patient
  - ii. Chemical Dependency inpatient
  - iii. Psychiatric Residential Treatment Facilities for youth under 21
  - iv. Medically managed detoxification services
7. Outpatient Specialty Services -- Individualized, nonresidential therapeutic services provided on an as needed basis to treat an expressed diagnosis.

- i. Day treatment services
  - ii. Group, individual and family therapy
  - iii. Psychiatry
  - iv. Psychology
  - v. Health homes
8. Family Support -- Flexible services and supports provided to families of individuals with behavioral health needs to help them meet the needs of their family member.

Workgroup members discussed these definitions and services further and recommended that supported employment be considered within the examples, possibly under care coordination.

The next meeting of the Behavioral Health Services Workgroup will be held on October 10, 2012. Final recommendations from the commitment laws and essential services subcommittees will be considered.