

MINUTES

Mental Health Services Delivery Task Force



Representative Kevin Jensen, Chair
Senator Wayne Steinhauer, Vice Chair

**First Meeting, 2020 Interim
Tuesday, August 04, 2020**

**Room 414 – State Capitol
Pierre, South Dakota**

The first interim meeting of the Mental Health Services Delivery Task Force was called to order by Representative Kevin Jensen at 9:00 a.m. (CST) on Tuesday, August 4, 2020 via electronic conference and in Room 414 of the State Capitol, Pierre, South Dakota.

A quorum was determined with the following members answering roll call: Representatives Michael Diedrich, Linda Duba, Erin Healy, Jean Hunhoff, Kevin Jensen, Chair, Carl Perry, and Tim Reed; Senators Red Dawn Foster, Kyle Schoenfish, Jim Stalzer, and Wayne Steinhauer, Vice Chair; and public members Steve Lindquist, Trisha Miller, and Jerry Rasmussen.

Staff members present included Anita Thomas, Principal Legislative Attorney; Hilary Carruthers, IT Support Specialist; and Rachael Person, Senior Legislative Secretary.

NOTE: For the purpose of continuity, the following minutes are not necessarily in chronological order. Also, all referenced documents distributed at the meeting are attached to the original minutes on file in the Legislative Research Council office. This meeting was web cast live. The archived web cast is available on the LRC website at sdlegislature.gov.

Opening Remarks

Representative Jensen welcomed everyone to the meeting and gave a brief overview of his vision for the task force. He advised that the task force look at targeting certain areas rather than continuing the wide scope of information considered in the past. He said some key areas of focus should be the number of people moving through a small service system in certain areas, and the number of providers in the state who are unable to provide services due to certain rules and regulations. He asked the members of the task force to introduce themselves and provide a short summary of their background.

Review of Legislation and Task Force Findings

Senator Deb Soholt presented a summary of the work completed by previous task forces and recent legislation. In 2018, the Access to Mental Health Services Task Force was directed to review everything that had to do with statewide mental health issues. The task force looked at the umbrella of services and how they intersected with the law enforcement system, the judicial system, and the healthcare system.

Senator Soholt pointed out that the majority of people were placed in inpatient mental health care for crisis intervention. She said that is the most expensive part of care, and that very little asset management and infrastructure development was happening in prevention, early intervention, and crisis supports. She said if a Qualified Mental Health Professional (QMHP) could be accessed within a crisis intervention space in a residential setting, 90% of individuals never had to go to the hospital or jail.

Senator Soholt suggested the task force look at the cost of transporting patients to the Human Services Center (HSC) in Yankton, and what a regional stabilization space could look like.

Senator Soholt touched on the development of a statewide 211 system, which became fully funded in the 2020 Legislative Session, and the five legislative task forces established by [SCR2](#). She discussed the five task forces, the focus of their study, and how their outcomes tied into the work of this task force.

Discussion Regarding Mental Health Services in South Dakota

Representative Diedrich added to Senator Soholt's overview of the Acute Mental Health Hospitalization Task Force stating the task force studied the need for short, medium, and long-term hospitalization. Acute hospitalization may be required at any stage in the continuum of a patient's care, treatment, or progress. Representative Diedrich said the overall intent of [HCR 6004](#) was to evaluate and determine whether the continuum of care could be more innovatively and efficiently addressed on a regional basis. He added that the challenge for the task force is to identify how innovation and new models of delivery and reimbursement can reduce the provider regulatory and cost burdens while increasing access and capacity.

Representative Reed gave an account of the work that the Community Services and Caregiver Supports Task Force accomplished. One of the results of that task force was [HCR 6001](#), which directed the Department of Social Services (DSS) to investigate implementing peer support services and report back in the 2021 Legislative Session.

Representative Jensen said much of the work before the committee would be figuring out how to keep services local, to keep people from having to travel to maintain the services they need, as well as what people can do at the time of a crisis. He said there are not enough places people can call in emergency situations.

Mr. Lindquist discussed a paper ([Document 1](#)) he developed for the Acute Mental Health Services Study, related to the concept of regionalization. Mr. Lindquist stated that South Dakota is not unlike many states in how services have developed over time. The process starts with the development of a psychiatric hospital that becomes the focus of care for the state, and then community-based services develop over time. The state directed that the community-based mental health centers cover certain geographic areas. As a result, all 66 counties are covered by a mental health center. However, there are difficulties such as the types of services offered, the availability of services, and geographic distances.

Mr. Lindquist also commented on the evolution of the regional facilities, changes that have taken place in the state throughout the years, and the importance of making sure HSC is used for people who have really high needs and cannot be served elsewhere. He emphasized the way to do that is to identify the services that can be utilized locally and make sure all the components fit together so people do not need to be transported to HSC.

Senator Steinhauer pointed out that while transporting individuals to HSC may be a low cost alternative for counties from a cost per day basis, it does not always take into consideration the effect of law enforcement personnel being out of the county for an extended period of time can have. Senator Steinhauer said it was important to understand the motivation for a county to send an individual to HSC and then find ways to divert that motivation and keep patients in their communities.

Ms. Lori Gill, Cabinet Secretary, DSS, shared DSS's mission and vision with the task force and pointed out that DSS will be an active partner with the task force in seeking out and implementing ways to improve service delivery in South Dakota. She said that DSS believes the best place for behavioral health services is as close to home and in the least restrictive manner as possible. DSS serves as a safety net for many South Dakotans and it is their goal to have services available for people when they need them, but also provide the ability for people to get off their programs and on to being productive and strong on their own.

Ms. Gill also touched on the peer support services and the work DSS has done so far in accordance to [HCR 6001](#).

Ms. Tiffany Wolfgang, Director, Division of Behavioral Health Services, DSS, provided an overview ([Document 2](#)) of the current publicly funded system. The system is built around three pillars – Community Behavioral Health, Correctional Behavioral Health Services, and HSC – and is supported through general and federal funding streams. Ms. Wolfgang touched on Mr. Lindquist's statements regarding the community mental health centers and emphasized that each county is assigned a community mental health center. These mental health centers are required to provide key services to adults with serious mental illness and youth with serious emotional disturbance. She mentioned that if individuals are able to access the services they need, they do get better. However, the challenge is getting individuals to engage in the services and ensuring that people know where to go to get the services they need. Ms. Wolfgang reiterated that many times people do not know who to call when they are experiencing a behavioral health crisis.

Ms. Wolfgang said DSS is starting the process of regionalization by drafting administrative rules that will designate what constitutes an appropriate regional facility which was a process started by the Reduce the Overall Use of Acute Mental Health Hospitalization Task Force and legislatively supported with the passage of [SB 4](#).

Mr. Jeremy Johnson, Director of Clinical Services, HSC, presented information on HSC, which is a psychiatric rehabilitation recovery program that serves the inpatient psychiatric needs of both adults and adolescents. What makes HSC different than other providers is that it does not have the ability to deny people services. Individuals are able to be admitted to HSC regardless of what other issues may be going on, and HSC offers the highest and most intensive level of services.

Mr. Johnson also spoke on the work set in motion by [SB 4](#) and said the new initiative will improve access by keeping people closer to home when short time stabilization is needed, it reduces transportation costs and time for law enforcement, and will support the use of HSC for people who need longer treatment planning and care. By moving the idea of regionalization forward, more opportunities will be created for people to have a safe place while a crisis passes.

Mr. Johnson described the competency restoration process, how an individual moves through that process, and the different ways DSS has been improving the process. He commented that the process for competency restoration also supports restoration in the environment most appropriate to the individual's needs.

Task Force Discussion

Senator Steinhauer highlighted [SB 4](#), which encompasses the criteria for the licensing of regional health facilities. He asked if the legislation came about because institutions were asking for the ability to be licensed or if it was in anticipation of the work the task force will be doing this interim.

Representative Healy responded it was a culmination of both, as well as the work Mr. Lindquist has done involving regionalization. She commented that the bill provides the means to ensure facilities are meeting the necessary criteria so patients will still be receiving the same treatment they would receive at HSC.

Representative Diedrich pointed out some of the regulatory burdens facilities face, and suggested the task force focus on removing some of those burdens so facilities could become licensed and people in need could use services closer to home and not have to utilize other, more expensive alternatives.

Ms. Wolfgang added that [SB 4](#) provided the authority to DSS to develop the application and the rules around how to apply for an appropriate regional facility status. DSS is in the process of developing those rules. It expects to have the rules completed by November.

Public Testimony

Mr. Terry Dosch, Executive Director, South Dakota Council of Mental Health Centers, Inc., introduced himself and added to the discussion on SB 4. Mr. Dosch said some of his members are interested in seeing the rules come out so they can start to implement them. He also spoke on different entities in his organization and the interest in regionalization.

The next meeting was set for Tuesday, September 8, 2020 at 10:00 a.m.

Adjournment

Representative Perry moved, seconded by Representative Reed, that the Mental Health Services Delivery Task Force be adjourned. The motion prevailed unanimously.

The committee adjourned at 1:52 p.m.