

Environmental Factors and Plan

Statutory Criterion for MHBG

Criterion 1: Comprehensive Community-Based Mental Health Service Systems

- 1. Describe available services and resources in order to enable individuals with mental illness, including those with co-occurring mental and substance use disorders to function outside of inpatient or residential institutions to the maximum extent of their capabilities.**

Within South Dakota's community-based mental health delivery system, there are 11 private, non-profit Community Mental Health Centers (CMHCs). All CMHCs provide Children, Youth and Family and Comprehensive Assistance with Recovery and Empowerment services. Six CMHCs provide Individualized Mobile Program of Assertive Community Treatment services. In addition, ten out of the eleven CMHCs provide Functional Family Therapy services as part of the Juvenile Justice Reinvestment Initiative (JJRI) Program.

Ten out of eleven CMHCs are co-occurring capable and provide a wide array of substance use services. Six CMHCs provide Moral Reconciliation Therapy and four provide Aggression Replacement Training as part of the JJRI Program.

As of March 2017, nine Community Mental Health Centers act as Health Home providers. Health Home services are a systematic and comprehensive approach to the delivery of primary care or behavioral health care that promises better results than traditional care. This approach is beneficial as it examines a Health Home recipient as a whole and reduces utilization of high cost services.

The State of South Dakota also has 33 accredited and contracted substance use providers, which provide a full continuum of services including prevention, outpatient, intensive outpatient, day treatment, medically monitored intensive inpatient treatment, clinically managed low intensity residential treatment, clinically managed residential detoxification, and specialty programs including, gambling, relapse programs and methamphetamine treatment.

In addition, there are 25 prevention programs accredited to provide services to youth and communities across the state. The services provided include prevention, early intervention, education on the harmful effects of alcohol and drugs; awareness campaigns, environmental strategies and training and implementation of evidence-based programs.

The prevention programs also provide community and/or school-based prevention services to youth and young adults. Sixteen of the programs provide school-based prevention programs to over twenty schools in the state, 22 are community coalitions and two programs operate on state university campuses. In addition, three Prevention Resource Centers provide local trainings and are a resource for supporting implementation of evidence-based prevention programming for local communities or schools across the state.

2. Does your state provide the following services under comprehensive community-based mental health service systems?

- a. Physical Health Yes No
- b. Mental Health Yes No
- c. Rehabilitation services Yes No
- d. Employment services Yes No
- e. Housing services Yes No
- f. Educational services Yes No
- g. Substance use prevention and SUD treatment services Yes No
- h. Medical and dental services Yes No
- i. Support Services Yes No
- j. Services provided by local school systems under the Individuals with Disabilities Education Act (IDEA). Yes No
- k. Services for persons with co-occurring M/SUDs. Yes No

Please describe as needed (for example, best practices, service needs, concerns, etc.)

3. Describe your state's case management services.

Administrative Rules of South Dakota (ARSD), Article 67:62, Mental Health, requires case management services be provided for the following mental health services; Comprehensive Assistance with Recovery and Employment, Individualized Mobile Programs of Assertive Community Treatment; Children, Youth and Family services and Outpatient services. Case management services is defined in ARSD as a collaborative process which assesses, plans, implements, coordinates, and monitors; and evaluates the options and services to meet an individual's health needs as identified in the treatment plan.

4. Describe activities intended to reduce hospitalization and hospital stays.

Some activities the DBH has accomplished to reduce hospitalizations include working with the Human Services Center (HSC) to build a seamless system of care as patients leave inpatient hospitalization and move to community-based services. By streamlining the discharge planning process ensures all individuals, once discharged from HSC, is aware of and has immediate access to mental health services in the community.

Also, in order to reduce the number of inappropriate admissions for geriatric clients to the HSC, a clinical review process was established that provides psychiatric reviews/consultations to nursing facilities and assisted living centers. In order to assist with clients who have challenging behaviors or behavioral health needs, an HSC Clinical Review Team provides the nursing home or assisted living center with resources and interventions that may allow the client to live in the least restrictive environment possible.

In addition, six CMHCs provide IMPACT services. IMPACT teams are organized as a mobile group of mental health professionals who merge clinical, medial and rehabilitation expertise within one service delivery system, which has proven through the DBH's outcome data to significantly reduce hospitalizations.

Furthermore, nine CMHCs act as Health Home providers, which promise the reduction of high cost services, emergency room visits and inpatient hospitalizations. In order to be served in a Health Home, recipients must have a chronic condition, which includes a serious mental illness or serious emotional disturbance.

Lastly, community crisis services also assist with reducing unnecessary hospitalizations. Behavior Management Systems in Rapid City coordinates the operations of a Crisis Care Center. The facility provides access to immediate care for adults (18 years of age and older) with critical mental health episodes or need of substance use stabilization in the Black Hills area. The Center is open 24 hours per day, seven days per week and is staffed with one Qualified Mental Health Professional and two Emergency Medical Technicians at all times.

Southeastern Behavioral Health Care coordinates with Minnehaha and Lincoln Counties to operate a Mobile Crisis Team consisting of a counselor and a licensed psychological nurse who are on call 24 hours a day to meet with people in their moments of crisis.

Criterion 2: Mental Health System Data Epidemiology

Contains an estimate of the incidence and prevalence in the state of SMI among adults and SED among children; and have quantitative targets to be achieved in the implementation of the system of care described under Criterion 1.

In order to complete column B of the table, please use the most recent SAMHSA prevalence estimate or other federal/state data that describes the populations of focus.

Column C requires that the state indicate the expected incidence rate of individuals with SMI/SED who may require services in the state's behavioral health system.

MHBG Estimate of statewide prevalence and incidence rates of individuals with SMI/SED
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Target Population (A)	Statewide Prevalence (B)	Statewide Incidence (C)
SMI	3.9%	25,000
SED	8%	8,412

Describe the process by which your state calculates prevalence and incidence rates and provide an explanation as to how this information is used for planning purposes. If your state does not calculate these rates, but obtains them from another source, please describe. If your state does not use prevalence and incidence rates for planning purposes, indicate how system planning occurs in their absence.

The DBH does not calculate prevalence and incident rates, but relies on national data sources such as the National Surveys on Drug Use and Health (NSDUH) and the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide prevalence information for mental health and substance use disorders. According to the NSDUH, in 2014 South Dakota's statewide prevalence rate for individuals with SMI was 3.9% or roughly 25,000 individuals. This percentage has not changed significantly since 2011. The DBH does not have a method to determine how many of the estimated 25,000 individuals with SMI may qualify for publically funded behavioral health services in South Dakota. Also, according to the SAMHSA State Prevalence Document, 8% or 8,412 youth were estimated to meet the diagnostic requirements for SED in 2015.

In the future, the DBH will be utilizing the State Epidemiological Outcome Work Group to look further into mental health and substance use disorders prevalence information with the intent of identifying the need to be supported through public funding. The DBH plans to use this prevalence data to help make informed funding decisions for behavioral health treatment service.

Criterion 3: Children's Services

Provides for a system of integrated services in order for children to receive care for their multiple needs. Does your state integrate the following services into a comprehensive system of care?

- a. Social Services Yes No
- b. Educational services, including services provided under IDE. Yes No
- c. Juvenile Justice Services Yes No
- d. Substance misuse prevention and SUD treatment services Yes No
- e. Health and mental health services Yes No
- f. Establishes defined geographic area for the provision of the services of such a system Yes No

The following coordination of services is detailed within Planning Step One to include:

- Child Welfare, Juvenile Services and Criminal Justice Coordination

- Medical/Dental Service Coordination
- Vocational and Educational Coordination
- Housing Coordination and Support
- Criminal Justice Initiative
- Juvenile Justice Reinvestment Initiative
- Correctional Resource Coordination
- Health Homes

**Criterion 4: Targeted Services to rural and Homeless Populations and to Older Adult
Provides outreach to and services for individuals who experience homelessness;
community-based services to individuals in rural areas; and community-based services to
older adults.**

Describe your state's targeted services to rural and homeless populations and to older adults.

To ensure community-based behavioral health services across the state, including rural areas, the Behavioral Health Workgroup final report recommended a regional approach to ensure access to essential services. Essential services, as defined by the Workgroup are prevention services, assessment and referral, community crisis intervention, care coordination, supported living services, inpatient specialty services, outpatient specialty services and family supports.

In order to increase access to essential services, the Workgroup concluded with the selection of five regional areas. These regions mirror the five call center regions developed for the Aging and Disability Resource Connections. These regions were selected because they reflect locations where people access medical care and other necessary services across the state.

Current essential services within each region were assessed and critical caps were identified. The state continues to their progress towards meeting the recommendations given to ensure all essential services are provided within each identified region.

The Behavioral Health Services Regional Map:

<http://dss.sd.gov/behavioralhealth/workgroup.aspx>

To assist with homelessness, five of the 11 CMHCs receive Projects for Assistance in Transition from Homelessness funds to provide services to individuals with serious mental illness and/or co-occurring substance use disorders, who are homeless or at imminent risk of homelessness. Services include outreach, screening and diagnostic treatment, habilitation and rehabilitation, substance use assessments, case management, primary health care referrals, job training, education, housing supports and community mental health services such as medication management, supportive counseling and psychotherapy. Other services also provided include technical assistance in applying for housing assistance and financial support including security deposits and one-time rental assistance to prevent eviction.

To assist with the older adult population, South Dakota also has two assisted living centers that are designated specifically for individuals with serious mental illnesses. Service needs may be more intense for those who have significant medical issues and/or are homeless. Licensed through the Department of Social Services, Division of Adult Services and Aging, Cedar Village and Cayman Court are located in the Southeastern part of the State (Yankton and Sioux Falls, respectively). They have approximately a 48 bed capacity between the two of them, and are operated by the CMHCs in those areas. Individuals living in these assisted living centers receive Comprehensive Assistance with Recovery and Empowerment services through the CMHCs.

The DBH also assists with Preadmission Screening and Resident Reviews which is a federal mandate that ensures individuals are not inappropriately placed in nursing homes for long term care. All individuals who screen positive for a mental illness are referred for a Level II evaluation and the determination is completed by the DBH. A Level II review determines if the mental health needs of the individual can be met in the nursing facility or if the individual requires specialized services at the State Psychiatric Hospital.

Lastly, the HSC developed a clinical review process that provides psychiatric reviews/consultations to nursing facilities and assisted living centers. In order to assist with clients who have challenging behaviors or behavioral health needs, an HSC Clinical Review Team provides the nursing home or assisted living center with resources and interventions that may allow the client to live in the least restrictive environment possible.

Criterion 5: Management Systems

States describe their financial resources, staffing, and training for mental health services providers necessary for the plan; provides for training of providers of emergency health services regarding SMI and SED; and how the state intends to expend this grant for the fiscal years involved.

Describe your state's management systems.

The Division of Behavioral Health (DBH) consists of five separate programs: Prevention Program, Resource Coordination Program, Accreditation Program, Criminal Justice Initiative Program and Juvenile Justice Initiative Program. The DBH employs 80 staff and is the Single State Agency for South Dakota providing both mental health and substance use disorder treatment services.

Mental health services are provided on a fee-for-service basis through Medicaid, Block Grant, and state general funds. Funding utilized for mental health services include direct services to individuals with serious mental illnesses and children with serious emotional disturbances as well as outpatient services, emergency services, and services through the Indigent Medication Program. It is the state's intent to expend the Mental Health Block Grant funding for Federal Fiscal Years 2018 and 2019 similar to how it has been expended in the past with the majority be

allocated for direct services, 10 percent to address early serious mental illness and 5 percent for administrative costs.

In regard to workforce development, the DBH supports professional training opportunities for mental health and substance use treatment professionals across the state and works with providers to determine training needs. The DBH contracts with the Central Rockies Addiction Technology Transfer Center (ATTC) to provide a variety of trainings, services and topics such as Motivational Interviewing, Corrective Thinking, American Society of Addiction Medicine Criteria and other statewide initiatives. Also, four times per year, the National American Indian and Alaska Native Addiction Technology Transfer Center through the University of Iowa, provides a 24 module Native American Curriculum training.

South Dakota also supports the training of behavioral health professionals in Adult and Youth Mental Health First Aid. Currently, adult Mental Health First Aid trainings are funded through the Garrett Lee Smith Suicide Prevention Grant and Youth Mental Health First Aid Trainings are funded through the “Now is the Time” Youth Mental Health Training Grant.

In May 2015, the Qualified Mental Health Professional (QMHP) training became available online and includes information regarding the involuntary commitment process, mental health status examinations, reviews South Dakota laws relative to inpatient hospitalizations; hearing procedures for QMHPs in the commitment process of an individual and an overview of the medical capabilities of the state psychiatric hospital. This follows Administrative Rule of South Dakota, Chapter 67:62:14.

The DBH supports SOAR (SSI/SSDI Outreach, Access, and Recovery) training efforts in South Dakota and encourages substance use disorder and mental health providers to train staff to better assist those who are homeless or at risk of homelessness in applying for SSI/SSDI benefits. Provider staff can access the 20 hour SOAR Online Training at any time and complete it at their own pace.