

Environmental Factors and Plan

The Health Care System, Parity and Integration

- 1. Describe how the state integrates mental health and primary health care, including services for individuals with co-occurring mental health and substance use disorders, in primary care settings or arrangements to provide primary and specialty care services in community-based mental and substance use disorder settings.**

The state integrates mental health, substance use disorder and primary health care services through the following efforts:

Screening, Brief Intervention and Referral to Treatment Grant (SBIRT)

The Division of Behavioral Health's (DBH's) Prevention Program received a Notice of Grant Award in 2016 from the Substance Abuse and Mental Health Services Administration for the SBIRT Grant. The main focus of the grant includes the integration of SBIRT services into primary care clinics and community behavioral health systems in South Dakota. A more detailed description of the grant's activities can be found in Planning Step One.

Health Homes

Nine Community Mental Health Centers (CMHCs) act as Health Home providers which include: comprehensive care management, care coordination, health promotion, comprehensive transitional care/follow-up, patient and family support, and referral to community and social supports. A more detailed description of Health Homes can be found in Planning Step One.

Electronic Health Records

Mental health and substance use providers adopted the use of Electronic Health Records to collect, store and access patient information within an electronic format. This simplifies the storing of patient information while also easing the ability to share information with other providers to improve accuracy and quality of patient care.

Telemedicine Services

Reimbursable mental health services provided via telemedicine include individual and family therapy, evaluations/assessments, and medication management as identified on the Division's fee schedule located here:

<http://dss.sd.gov/medicaid/providers/feeschedules/dss/>.

Integrated Assessments

Integrated assessments are used to address co-occurring treatment needs for mental health, substance use disorders, or both. For substance use disorders, recommendations are made for treatment based on the American Society of

Addiction Medicine (ASAM) Criteria, which forms the basis for eligibility criteria for levels of care in ARSD. The DBH partnered with Central Rockies Addiction Technology Transfer Center in 2017 to bring four, two day ASAM trainings to South Dakota to support workforce development and the application of the ASAM Criteria in a consistent manner across the state.

Provider Contracts

All eleven CMHCs are required through contract language to provide co-occurring capable mental health and substance use services. Substance use provider's contractual agreement requires a collaborative effort between mental health service providers, either within their own agency or with other agencies, to provide mental health services to their clients.

2. Describe how the state provides services and supports towards integrated systems of care for individuals and families with co-occurring mental and substance use disorders, including management, funding, payment strategies that foster co-occurring capability.

Mental health and substance use providers are required to provide an integrated system of care as described in contract language and ARSD. Services must be individualized according to the client's needs and strengths, while also being responsive to cultural differences and special needs. The process can involve parents/guardians, family members, friends and any professionals or advocates the individual wishes to be involved.

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.

Funding utilized for substance use services include 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, methamphetamine treatment.

For both mental health and substance use services, all clients undergo a financial eligibility process. Clients are found financially eligible based on 185 percent of the Federal Poverty Level (FPL). If a client's yearly gross income, minus allowable deductions, does not exceed 185 percent of the FPL for a family of comparable size, they are considered indigent and are automatically eligible for state funding for mental health and/or substance use services, when there is no other payer available. If a client's yearly gross income, minus allowable deductions, exceeds 185 percent of the FPL for a family of comparable size, they have the option of completing forms requesting a Hardship Consideration. This process takes into account any hardship that the client or family may have that

would make paying for services an undue financial burden. The Division of Behavioral Health is responsible for determining eligibility based on hardship considerations defined in provider contract requirements.

In addition, through the Children's Health Insurance Program (CHIP), South Dakota's Medicaid program expanded coverage to all families and children whose incomes are at or below 204% of federal poverty level. Each Community Mental Health Center informs clients and families on the eligibility criteria and application process for CHIP, as well as the overall advantages to being in the program.

Finally, the DBH Accreditation Program monitors the system of care approach for the delivery of mental health and substance use services through on-site accreditation reviews. The accreditation monitoring consists of review of policies and procedures, individual charts, and interviews with families and individuals. Questions in the interview process include processes to determine methods the agency employs to create a system of care that is hopeful and empowering, respectful and welcoming, individual/family driven, culturally sensitive and integrated for individuals and families with co-occurring complex needs.

Please indicate areas of technical assistance needed related to his section.