

Meeting Agenda
Behavioral Health Advisory Council
June 26, 2024
1:00 p.m. to 4:00 p.m. (CT)

Join Zoom Meeting
<https://state-sd.zoom.us/j/97945108002>

Meeting ID: 979 4510 8002

Find your local number: <https://state-sd.zoom.us/u/aK5yvmnVs>

Members of the public may participate by dialing in by their location.

Member Listing

- | | |
|------------------------------|------------------------|
| 1. Angie Dammer (Chair) | 12. Chuck Frieberg |
| 2. Matt Glanzer | 13. Wendy Figland |
| 3. Colleen Campbell-Lane | 14. Bryan Harberts |
| 4. Eric Weiss | 15. Melanie Boetel |
| 5. Dianna Marshall | 16. Jon Sommervold |
| 6. Kristi Bunkers | 17. Joanne Hairy Shirt |
| 7. Pamela Bennett | 18. Kara Graveman |
| 8. Penny Kelley (Vice-Chair) | 19. Faith Goehring |
| 9. Jason Lillich | 20. Dominique Tigert |
| 10. Joseph Tielke | 21. Heather Petermann |
| 11. Andrea Effling | 22. Rosanne Summerside |

Others in attendance

- | | |
|----------------------|--------------------|
| 1. Jennifer Humphrey | 5. Janell Gowin |
| 2. Jeremy Johnson | 6. Michelle Worden |
| 3. Vanessa Barnes | 7. Beverly Mentzer |
| 4. Andrew Ausborn | 8. Lily Rowe |

Purpose

The purpose of the Advisory Council is to review the state's comprehensive behavioral health services plan and provide recommendations to the Department of Social Services; to serve as an advocate on behalf of persons served; and to monitor and evaluate the adequacy of behavioral health services in the state.

Agenda

- I. Call Meeting to Order / Welcome and Introductions
- II. Review and approval of November 2023 meeting minutes
- III. Vacant Positions/New Members

- IV. Behavioral Health Services Update
- V. Break
- VI. Success Stories
- VII. 2024 Legislative Session
- VIII. Open Discussion / Council Member Updates
- IX. Public Comment / Testimony
- X. Discuss Future Meetings
 - November 2024: In-person (TBD)
- XI. Adjourn

Behavioral Health Advisory Council
Pierre, South Dakota
November 15, 2023

Advisory Council Members Present

- | | |
|---|--|
| 1. Dianna Marshall, Advocacy Organization | 10. Joanne Hairy Shirt, Family Member |
| 2. Angie Dammer (Chair), Family Member | 11. Bryan Harberts, Provider |
| 3. Wendy Figland, Family Member | 12. Ashlee Rathbun (Vice-Chair), Family Member |
| 4. Rebecca Cain, State Education Agency | 13. Eric Weiss, State Vocational Rehabilitation Agency |
| 5. Penny Kelley, Family Member | 14. Chuck Frieberg, State Criminal Justice Agency |
| 6. Kara Graveman, Provider | 15. Pamela Bennett, State Social Services Agency |
| 7. Jason Lillich, Provider | 16. Matthew Ballard, State Medicaid Agency |
| 8. Jon Sommervold, In Recovery | |
| 9. Faith Goehring, In Recovery | |

Advisory Council Members Absent

- | | |
|--|--|
| 1. Matt Glanzer, In Recovery | 5. Tasha Jones, State Housing Agency |
| 2. Rosanne Summerside, Family Member | 6. Dominique Tigert, Family Member |
| 3. Colleen Lane, Healthcare Provider | 7. Kristi Bunkers, State Criminal Justice Agency |
| 4. Melanie Boetel, State Mental Health Authority | 8. Angela Murphy, In Recovery |

Behavioral Health Staff Present

- | | |
|----------------------|------------------|
| 1. Jennifer Humphrey | 5. Jordan Mouna |
| 2. Michelle Worden | 6. Shaina Smykle |
| 3. Andrew Ausborn | 7. Will Steward |
| 4. Vanessa Barnes | 8. Lily Rowe |

Others in Attendance

1. Makenzie Huber, South Dakota Searchlight

Purpose

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Minutes:

I. Call to Order / Welcome and Introductions

November 15, 2023 the Behavioral Health Advisory Council meeting was called to order by Chair, Angie Dammer. Jennifer Humphrey took attendance.

II. Review and Approval of Meeting Minutes

The Advisory Council reviewed the August 2023 meeting minutes. Ashlee Rathbun

moved to approve. Kara Graveman seconded the motion. Motion carried, all approved.

III. Behavioral Health Services

Workforce Development

Jennifer Humphrey provided a status update on workforce development initiatives.

The division contracted with Sage Project Consultants to complete a landscape analysis and key stakeholder surveys related to workforce over the spring/summer months and are finalizing the short-term and long-term next steps related to the outcomes of that first phase. Some examples of next steps include: 1) creating a website or webpage to provide career development resources for individuals interested in the behavioral health field for employment and what they need to know for training opportunities and resources and how to incentivize their interest in the field; 2) supporting clinical supervisors; 3) developing a stakeholder workgroup.

The division worked with providers on opportunities to repurpose/utilize their existing contracts to support recruitment and retention activities with the understanding that they won't be able to draw down their contracts and deliver services without having the workforce to do so.

The division received one-time block grant training/technical assistance funds that must be utilized by September 2024. The division utilizes provider surveys to better understand their training and technical assistance needs and also works with the Council of Community Behavioral Health providers to identify their training priorities for staff.

Office of Treatment and Support Services

Michelle Worden provided a status update on peer support services & evidence-based practices.

Three Community Mental Health Centers (Capital Area Counseling Services (CACS) in Pierre, Lewis & Clark Behavioral Health Services in Yankton and Southeastern Behavioral Healthcare in Sioux Falls) have each hired a part-time peer support specialist who are working between 13-36 hours per week. They are currently delivering services and have served approximately 84 clients to date. They have been trained and onboarded, utilizing either Center for the Application of Substance Abuse Technologies (CASAT) or Appalachian Consulting Group (ACG) Peer 101 trainings. The peer support specialists are being utilized in some of the following capacities: sharing recourses and building skills, mentoring and assisting with setting goals, providing services and leading recovery groups, and advocating for people in recovery.

CACS provided the following statement about how they are currently utilizing their peer support specialist: "Our peer support specialist uses her own experience to guide the client through his/her recovery. She connects clients to resources, promotes

wellness and self-directed recovery, attends appointments with clients (medical, behavioral health services, etc.), educates through lived experiences, and provides mental health support." The following statement is from a client receiving peer support services at CACS: "She helps people out with what they want to do. She doesn't really tell you what to do, but she helps people with what they want. She is friendly and warm and not demanding. She is calm."

The division held listening sessions with substance use disorder treatment providers to gauge additional interested in providing peer support services and are actively working towards expanding our pilot efforts.

Community Mental Health Centers have for years offered a wide array of evidence-based practices (EBPs) for youth with serious emotional disturbance. This year the division is working to expand these and other EBPs for potential utilization for justice-involved youth. Core services of Functional Family Therapy, Moral Reconciliation Therapy and Aggression Replacement Therapy are still being offered, but providers have additional flexibility to offer other EBPs to these youth. Examples include Eye Movement Desensitization and Reprocessing (EMDR), Trauma-Focused Cognitive Behavioral Therapy, and Accelerated Resolution Therapy, as well as motivational interviewing, Dialectical Behavior Therapy, and Brief Strategic Family Therapy (BSFT).

Office of Prevention & Crisis Services

Vanessa Barnes provided a status update on crisis services, suicide prevention and substance use prevention initiatives.

Crisis Services

The 988 Lifeline added American Sign Language (ASL) services for the Deaf and Hard of Hearing community to reach trained crisis counselors 24/7. With these new services, Deaf and Hard of Hearing people who need support can dial 988 directly using their videophone or visit the [988lifeline.org](https://www.988lifeline.org) website and follow the ASL prompts.

The division received a new 988 improvement grant starting on 9/30/23 that will allow us to expand follow-up care for the 988-call center as well as 988 marketing and awareness efforts.

The division received a new grant to build rural mobile crisis response capacity, targeting the areas served by Lewis & Clark Behavioral Health Services in Yankton, Southern Plains Behavioral Health Services in Winner and Three Rivers Mental Health Center in Lemmon. Avel eCare continues to be utilized and expanded to Lower Brule, Yankton and Union Counties in the fall of 2023. The division is working to expand Avel eCare further by assessing gap areas in the state as well as counties that are experiencing higher rates of suicide.

Appropriate Regional Facilities at Pivot Point in Rapid City, The Human Service Agency in Watertown and Lewis & Clark Behavioral Health Services (LCBHS) in Yankton are all operational. LCBHS broke ground for their new facility in May 2023 and Avera St. Luke's

in Yankton is currently working on the renovation of their existing building. A funding opportunity for the remaining ARPA (American Rescue Plan Act) dollars was released in September.

Suicide Prevention

The Third Annual Suicide Prevention Conference is scheduled for August 1st and 2nd, 2023.

Substance Use Prevention

The Department of Social Services and the Department of Health are working together to train all state employees the administration of Naloxone and each office equipped with Naloxone and a NaloxBox.

IV. 2024 Block Grant Annual Reports

Division staff reported on second year outcomes to priorities identified in the 2022-2023 combined block grant application.

V. FY2023 Data & Outcomes Presentation

Will Steward, Data & Outcomes Program Manager, presented on the Division of Behavioral Health's statistical and outcome data for Fiscal Year 2023. Data and outcome reports are available at <https://dss.sd.gov/behavioralhealth/reportsanddata.aspx>.

VI. Election of Vice Chair

The term of office for the Chairperson and the Vice Chairperson shall be two years. Members may hold the same office for more than one term provided there is an interval of two years between terms. Angie Dammer was elected Chair March 2022 and is interested in serving another term. Ashlee Rathbun was elected Vice-Chair March 2022, however, has served two consecutive three year terms, meaning she has full-filled her commitment on the Advisory Council.

A nomination was made to elect Penny Kelley as Vice Chair. Penny accepted the nomination. No other nominations were made. Ashlee Rathbun moved to elect Penny as Vice Chair. Eric Weiss seconded the motion. All approved. Motion carried.

VII. Vacant Positions

Jennifer Humphrey reported that with the restructuring of membership, the following positions are currently vacant.

1 Community Mental Health Center.

3 Adult with serious mental illness or in recovery from a substance use disorder or both.

1 Family member or caregiver of an adult with serious mental illness or in recovery from a substance use disorder or both.

1 Family member or caregiver of a child with serious emotional disturbance or substance use disorder or both.

1 Representative of a federally recognized tribe.

1 Contracted provider who provides recovery support, peer support or crisis services.

The Advisory Council agreed that Jennifer will create a form for interested persons to

complete and submit to the division for the Advisory Council's consideration. Jennifer will make the form available to the Advisory Council, providers and other interested stakeholders to assist in soliciting the vacant positions.

VIII. Open Discussion/Council Member Updates

No open discussion or council member updates were received.

IX. Public Comment / Testimony

No public comment or testimony was received.

X. Future Meetings

- Wednesday, June 26, 2024 - In Person (TBD)
- Wednesday, November 30, 2024 - Virtual

Future presentation requests and agenda items should be directed to Jennifer Humphrey.

XI. Adjourn

Meeting adjourned.

DRAFT

Behavioral Health Advisory Council Quarterly Fiscal Report

Fiscal Year 2024 Quarter 3

Community Mental Health Centers

Contract Services	FY24 Initial Contract Amount	Q1 Expended	Q2 Expended	Q3 Expended	FY24 YTD Expended	FY24 Percentage Expended
CYF Services (SED)	\$2,506,450.00	\$475,741.56	\$681,145.24	\$586,982.10	\$1,743,868.90	69.58%
CARE Services	\$10,435,855.00	\$2,084,794.25	\$1,686,329.07	\$1,605,057.68	\$5,376,181.00	51.52%
Room and Board	\$505,885.00	\$129,741.51	\$127,760.59	\$156,732.23	\$414,234.33	81.88%
Outpatient Services	\$956,403.00	\$485,523.86	\$270,258.77	\$364,598.10	\$1,120,380.73	117.15%
IMPACT	\$2,258,048.00	\$484,581.41	\$466,539.00	\$469,303.28	\$1,420,423.69	62.90%
MH Courts (FACT)	\$640,870.00	\$64,835.63	\$49,121.27	\$68,646.33	\$182,603.23	28.49%
First Episode Psychosis	\$156,033.00	\$36,563.00	\$35,721.00	\$32,959.00	\$105,243.00	67.45%
JJRI	\$846,732.00	\$56,496.28	\$100,933.44	\$70,302.01	\$227,731.73	26.90%
SOC	\$4,220,613.00	\$715,829.40	\$835,968.60	\$892,701.00	\$2,444,499.00	57.92%
Total	\$ 22,526,889	\$ 4,534,107	\$ 4,253,777	\$ 4,247,282	\$ 13,035,165.61	58%

Title XIX Services	Q1 Expended	Q2 Expended	Q3 Expended	FY24 YTD Expended
CYF Services (SED)	\$1,468,991.66	\$1,650,640.09	\$1,605,327.31	\$4,724,959.06
CARE	\$1,931,610.50	\$2,094,774.93	\$2,224,739.15	\$6,251,124.58
Outpatient Services	\$576,207.64	\$648,217.06	\$646,922.45	\$1,871,347.15
IMPACT	\$722,682.54	\$758,517.38	\$748,675.18	\$2,229,875.10
MH Courts (FACT)	\$22,880.04	\$35,448.60	\$29,122.90	\$87,451.54
JJRI	\$64,695.87	\$114,326.27	\$75,991.03	\$255,013.17
Total	\$4,787,068.25	\$5,301,924.33	\$5,330,778.02	\$15,419,770.60

Behavioral Health Advisory Council Quarterly Fiscal Report

Fiscal Year 2024 Quarter 3

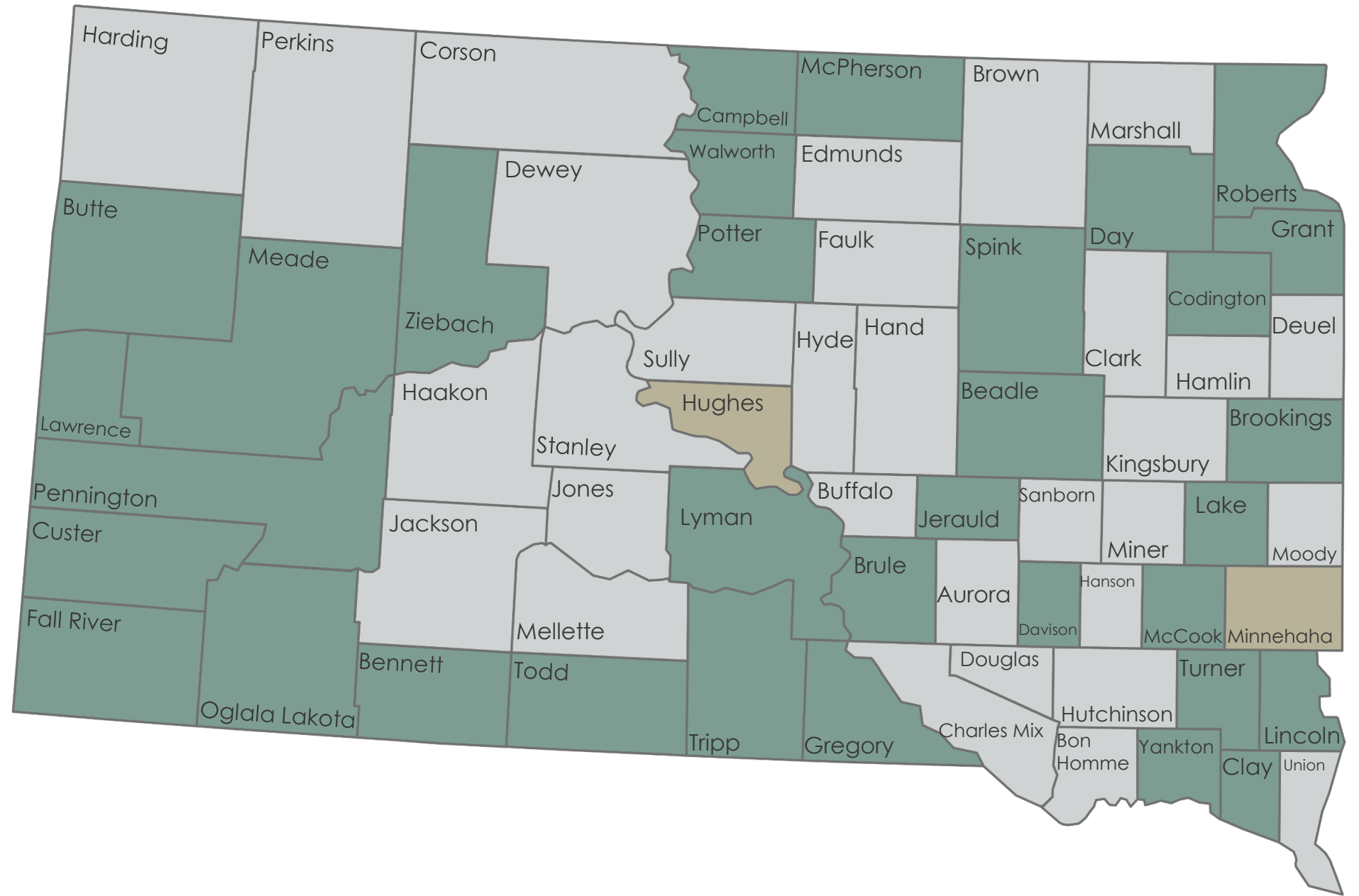
Substance Use Disorder Providers

Contract Services	FY24 Initial	Q1	Q2	Q3	FY24	FY24
	Contract Amount	Expended	Expended	Expended	Expended	Percentage Expended
Outpatient Treatment	\$6,795,763.00	\$1,444,532.59	\$1,276,673.55	\$1,279,011.62	\$4,000,217.76	58.86%
Clinically Managed Low Intensity	\$7,218,985.00	\$1,861,767.05	\$1,667,286.66	\$1,516,600.75	\$5,045,654.46	69.89%
Residential (Inpatient) Treatment	\$7,028,169.00	\$2,432,614.86	\$2,650,795.44	\$2,545,559.50	\$7,628,969.80	108.55%
Meth Programs	\$4,850,232.00	\$855,068.02	\$696,029.43	\$583,778.54	\$2,134,875.99	44.02%
Recovery Supports (Specific to Pregnant Women)	\$15,000.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
Detoxification	\$1,501,165.00	\$409,931.61	\$387,053.26	\$286,473.29	\$1,083,458.16	72.17%
Gambling	\$336,775.00	\$147,369.33	\$93,044.28	\$17,539.21	\$257,952.82	76.60%
Criminal Justice Initiative	\$5,965,391.00	\$992,931.39	\$838,443.14	\$850,951.93	\$2,682,326.46	44.96%
Adolescent SUD EBP	\$146,646.00	\$0.00	\$0.00	\$307.70	\$307.70	0.21%
Total	\$ 33,858,126	\$ 8,144,215	\$ 7,609,325.76	\$ 7,080,222.54	\$ 22,833,763	67.44%

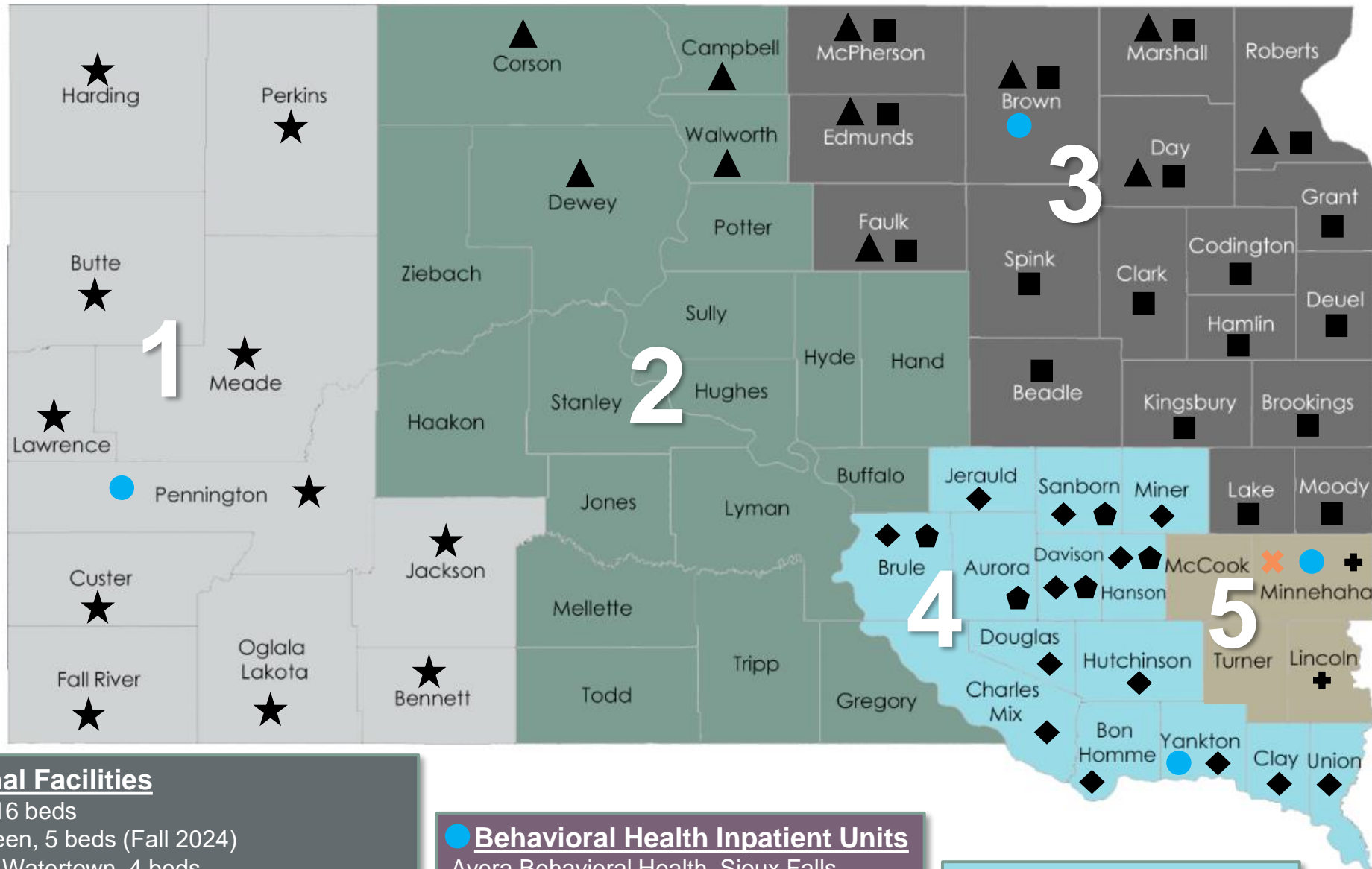
Title XIX Services	Q1	Q2	Q3	FY24
	Expended	Expended	Expended	Expended
CJI-CBISA	\$54,627.40	\$101,347.64	\$155,573.99	\$311,549.03
Adolescent SUD EBP	\$0.00	\$507.00	\$945.71	\$1,452.71
Intensive Meth Treatment	\$34,068.32	\$162,302.48	\$153,532.44	\$349,903.24
Outpatient Treatment Total	\$351,253.22	\$481,931.55	\$556,888.38	\$1,390,073.15
Low Intensity	\$214,491.14	\$339,009.37	\$304,976.42	\$858,476.93
Residential Treatment	\$470,152.68	\$247,086.44	\$72,940.00	\$790,179.12
Residential Treatment-Pregnant Women	\$49,813.01	\$59,676.60	\$0.00	\$109,489.61
Residential Treatment-Adolescents	\$705,343.60	\$914,945.47	\$770,112.68	\$2,390,401.75
Total	\$1,879,749.37	\$2,306,806.55	\$2,014,969.62	\$6,201,525.54

Avel eCare

- Utilize Avel eCare
- Mobile Crisis Care
- Do Not Utilize Avel eCare



DBH- Short-Term Crisis Services



Appropriate Regional Facilities

- ★ Pivot Point, Rapid City, 16 beds
- ▲ Avera St. Luke's, Aberdeen, 5 beds (Fall 2024)
- Human Service Agency, Watertown, 4 beds
- ◆ C.O.R.E. Center, Yankton, 8 beds (up to 14 beds in 2025)
- ⬢ Dakota Counseling Institute, Mitchell, 4 Beds (Opening 2025)
- ⊕ Avera Behavioral Health, Sioux Falls, 16 Beds (Opening 2025)

Behavioral Health Inpatient Units

- Avera Behavioral Health, Sioux Falls
- Monument Health, Rapid City
- Human Services Center, Yankton
- Avera St. Luke's, Aberdeen

24-Hour or Less Crisis Stabilization Center

- The Link, Sioux Falls

Opioid Overdose Follow-Up Program

Goal: Increased linkages between survivors of an opioid overdose and their loved ones. This program will also seek to ensure that the survivor receives appropriate care in their community to break the cycle of addiction some individuals experience if they are in crisis and not connected to treatment or recovery services.



Serving Minnehaha
and Lincoln
counties



Serving Pennington,
Custer, Butte,
Lawrence, and
Meade counties

Emily's Hope PORT Program Details



OVERDOSE EVENT

EMS or Law
Enforcement respond
and administer
Narcan



PATIENT TRANSPORTED TO ER

ER Physician
administers
buprenorphine if
appropriate



ER NOTIFIES EMILY'S HOPE

Emily's Hope responds
within 48 hours of the
overdose

FIRST INTERACTION

The Emily's Hope
PORT reaches out to
offer either an in-
person or virtual visit
with a Peer Support
Specialist



THE PEER SUPPORT SPECIALIST:

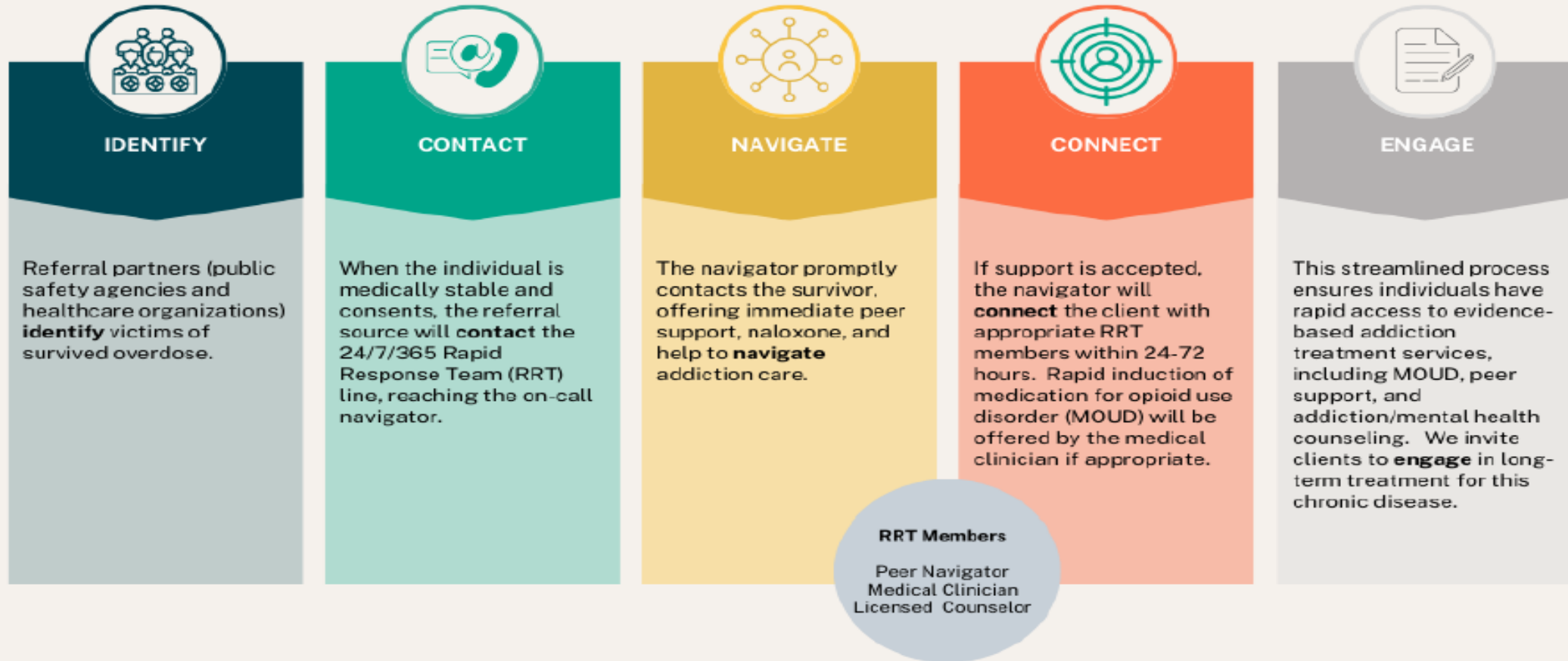
- Offers resources for treatment and care coordination during the visit
- Offers Naloxone administration training and distributed fentanyl testing strips
- If a patient completes a consent form, they will offer immediate in-person counseling/guidance
- Schedules an appointment for the client with an Addiction Medicine Physician or an Addiction Care Admission follows

The Peer Support Specialist attempts to make following follow-up touchpoints:

- Within one week of initial contact
- Then bi-weekly for six months
- After six months, attempts to follow up monthly for the remainder of the year.

POST-OVERDOSE RAPID RESPONSE TEAM

WORKFLOW



P R O J E C T R E C O V E R Y



Youth Substance Use Prevention

Engaging Students to be Allies

December 18, 2020: The Director of our agency developed a relationship with the School Resource Officer at a local elementary school. The officer contacted the agency regarding a student vaping at school. The student was a 5th grader who brought his dad's vape pen to school and used it on the playground during recess. The Resource Officer and agency staff met with the student, the school Social Worker and the Assistant Principal to explain the legal problem of having his father's vape pen. It was learned the student was afraid of what his dad would say when he found out the student took his vape pen to school. Agency staff helped the student determine how to tell his father. The student was really bright and engaged so he was provided education regarding vapor vs. aerosol including an analogy of making fry bread regarding his brain development and the impact of nicotine use, which he understood.

The student said there was no school-wide awareness posters or visuals about the dangers of vaping. Due to the rapport with a student, he was asked to "evaluate" vaping posters to see if they would be appropriate for his school. He read them all and said they would be "awesome." The student was asked if he would be the resource at his school to get out the information. He was so excited. His assignment was to work with the social worker to determine where to display the posters. The student asked me if he could be the "assistant drug counselor" at his school. It was so hopeful to see the student enthusiastically engaging with agency staff and wanting to spread a positive message.

Suicide Prevention

Caring for the Next Generation

January 3, 2022: Watertown Healthy Youth (WHY) educates young people and parents on risky behaviors that can affect the health and safety of children and teens. The coalition works to change social behaviors in the community, as well as attitudes that tolerate underage drinking and risk-taking behaviors. WHY educates the community about best practices in prevention to address underage drinking, the dangers of binge drinking, and other drug use or social issues that affect young people. The coalition points to the implementation in 2011 of the Communities Mobilizing for Change on Alcohol and Project Schools Using Coordinated Community Efforts to Strengthen Students (SUCCESS) for a significant decline in measured alcohol and drug use. Community meetings hosted by the coalition have focused on prescription drugs, binge drinking, illegal drug use, underage drinking, vaping, gateway drugs, and how alcohol and tobacco companies target young people. If caring for the next generation is a measure of a community's heart, Watertown Healthy Youth is doing things right.

Giving a Family a Focus

January 3, 2022: Glacial Lakes Suicide Awareness for Everyone (SAFE) walk participants expressed their thanks for the SAFE walk event. One participant expressed it has given their family a focus through the grief and another stated they did not know "all this was out there to help."

Comprehensive Assistance with Recovery and Empowerment (CARE)

What a Change In Her!

December 21, 2020: A client presented with conversion aphonia, a mental health diagnosis where the person only whispers due to psychological distress. She was leery about therapy, but was talked into participating in brainspotting as the client doesn't have to use words during the therapy. Despite extreme social anxiety, the client came from out of town to join a Dialectical Behavior Therapy (DBT) group. The client's husband called the agency and stated, "I don't know what you are doing with her, but what a change in her!" She has been in services for less than six (6) months.

Community Support Services Program: Individualized Mobile Programs of Assertive Community Treatment (IMPACT)

IMPACT Making an Impact

December 21, 2020: This individual is diagnosed with schizoaffective disorder. She began showing symptoms of her mental illness shortly after turning twenty-one. She has been in and out of the state psychiatric hospital over a dozen times due to her mental illness. Shortly after being diagnosed with schizoaffective disorder, she turned to drugs in an attempt to self-medicate her symptoms. Legal charges were filed against her. She struggled with taking her medications as prescribed and would end up back in the hospital. After many admissions to an agency, she was accepted into the Individualized Mobile Programs of Assertive Community Treatment (IMPACT) program. While participating in IMPACT, she was followed by a team of professionals to ensure her needs were being met. Staff met with her two times per day to ensure she was taking her medications correctly. She was taken weekly to the store and scheduled appointments. Staff assisted her with ensuring her physical, mental health, emotional, and social needs were being met. She has successfully stayed out of the hospital for over eight years now. She works part-time and lives independently in the community. She has rewarding relationships and enjoys painting and crafts. She is very thankful to the IMPACT program for assisting her with living the best quality of life she is capable of. She reports she wouldn't be able to live outside the psychiatric hospital without the assistance of an assertive community program such as IMPACT.

988

Providing Assistance

December, 2023: A 988 caller was heavily crying because of some difficult family problems she was having with her father. She had locked herself in her vehicle while it was running inside her garage and expressed she wanted to die. The 988 worker attempted to process the suicidal thoughts with the caller. While this was occurring another 988 staff member was reaching out to

law enforcement to attempt to locate the caller who had refused to specify where she was located. Eventually law enforcement was able to find her general location and send assistance.

During the conversation with the caller, she reported how heartbroken she was that she was going to leave her husband and two boys alone, but that they would be better off without her. The caller then rolled the windows down to hasten her death. At this time law enforcement arrived and was able to keep her from ending her life and take her to the hospital so she could get the help that she very much needed.