

**Behavioral Health Advisory Council**  
**Rapid City, South Dakota**  
October 30, 2024

**Advisory Council Members Present**

1. Dianna Marshall, Advocacy Organization
2. Angie Dammer (Chair), Family Member
3. Matt Glanzer, In Recovery
4. Heather Petermann, State Medicaid Agency
5. Kara Graveman, Provider
6. Jason Lillich, Provider
7. Jon Sommervold, In Recovery
8. Faith Goehring, In Recovery
9. Rosanne Summerside, Family Member
10. Melanie Boetel, State Mental Health Authority
11. Bryan Harberts, Provider
12. Chuck Frieberg, State Criminal Justice Agency
13. Dominique Tigert, Family Member
14. Andrea Effling, State Education Agency
15. Joseph Tielke, State Housing Agency

**Advisory Council Members Absent**

1. Wendy Figland, Family Member
2. Joanne Hairy Shirt, Family Member
3. Pamela Bennett, State Social Services Agency
4. Colleen Lane, Healthcare Provider
5. Eric Weiss, State Vocational Rehabilitation Agency
6. Kristi Bunkers, State Criminal Justice Agency

**Behavioral Health Staff Present**

1. Michelle Worden
2. Andrew Ausborn
3. Janell Gowin
4. Bev Mentzer
5. Lily Rowe
6. Colleen Hannum
7. Jeremy Johnson
8. Brittney Lengkeek
9. Jordan Mouna
10. Jeniah Ugofsky

**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.

**Minutes:**

**I. Call to Order / Welcome and Introductions**

October 30, 2024, the Behavioral Health Advisory Council meeting was called to order by Chair, Angie Dammer. Bev Mentzer took attendance.

**II. Review and Approval of Meeting Minutes**

The Advisory Council reviewed the June 2024 meeting minutes. Bev Mentzer noted an error on page 9 where Catholic Social Services needed to be changed to Monument Behavioral Health. Joseph Tielke motioned to approve the noted change. Dianna

Marshall seconded the motion. Motion carried, all approved.

### **III. Behavioral Health Services Updates**

#### Human Services Center

Jeremy Johnson, Hospital Administrator at the Human Services Center (HSC) provided an update regarding the campus wide remodel project to improve patient care. All patients have returned to their “home” unit and are no longer being moved due to the construction. Nursing stations have updated surface to a solid, non-pickable material. They have also added secured drawers, more electric ports to meet technological needs, a charting area with secured cabinets for patient records, and a fax machine for communicating within the facility. The kitchenettes have been updated due to wear and tear. Patient rooms have replaced metal beds and built-in shelves with molded plastic products for safety purposes and include more storage for patients. Medication rooms have been updated to better meet technology, distribution, and storage needs.

HSC has continued gradual staffing increases to allow for more beds. The goal is to continue to increase availability for patients, which is directly correlated with increasing staff and staff retention. Johnson reported the HSC daily census is averaging 136 patients. Greatest staffing needs at HSC include Registered Nurses, Mental Health First Aid (Like CNAs), Mental Health Associates (who need a bachelor's level or has previously worked in the Mental Health field before), LPCs, and Masters level Social Workers. They are currently fully staffed for Bachelor level Social Workers and Psychologists. HSC is working with USD and recruiting students to come shadow/intern at the facility. They have USD Nursing students shadow regularly. HSC is staying up to date on surrounding community wages.

#### Fiscal End of Year FY24 and Quarter 1 FY25

Fiscal Program Manager Janell Gowin provided an overview of the FY24 expenditures as well as FY25, Quarter 1 expenditures in the areas of substance use treatment and mental health services.

#### Treatment, Recovery, and Prevention Services

Assistant Director Michelle Worden noted that the Recovery Support Team is evaluating the landscape and utilization of available housing options in the state. DBH currently supports 327 of the 590 beds across the state. DBH supported beds are funded through SB 196 and one-time federal funds. The corrections to general fund expenditures being moved to Medicaid may continue the ability to support in the future.

A Transformation Transfer Initiative (TTI) grant application has been awarded from the NASHPID and SAMHSA. This grant will provide \$250,000 for crisis care and youth prevention efforts. With this funding, DBH has contracted Public Consulting Group to

develop a landscape analysis including site visits, interviews and focus groups to assess services available and/or needed for youth with high acute needs. Research will also be completed regarding best practices for serving this population. A report is expected to be completed in spring of 2025 and will include recommendations for models. A TTI grant application had been submitted for 2025. If awarded, this grant would support the implementation phase. DBH is expected to hear back in November 2024.

Certified for Community Behavioral Health Center (CCBHC) grant awards will be announced in December. This grant would help ensure there is one-stop access to community-based services for crisis care. DBH has found this model is not far off from the CMHC model but the grant would open opportunities for Medicaid funding. South Dakota is one of only a few states who have not adopted this model.

DBH received notice of award for the Strategic Prevention Framework (SPF)–Partnerships for Success for States grant through SAMHSA. The project period for this grant is September 30, 2024 – September 29, 2029. The DBH will be receiving \$1,249,977 per year for the duration of the grant. Planned activities will expand the state's capacity to implement key prevention priorities through the addition of a new Central Prevention Resource Center (CPRC) and support for five new community-based coalitions in the target catchment area of South Dakota's Behavioral Health Region 2. The catchment area includes the following counties: Corson, Dewey, Ziebach, Sully, Haakon, Stanley, Hughes, Jones, Jackson, Lyman, Mellette, Bennett, Todd, Tripp, and Gregory. Increasing prevention efforts in this catchment area is important because Region 2 has the highest rate per 100,000 of deaths by suicide (47.5), intentional self-harm (204.5), and intentional overdose (106.2) compared to other substate regions in the state of South Dakota. Planned grant activities are underway. An RFP for the CPRC was released on October 15th with proposals due by December 4th. A Community Health Assessment framework is in the final stages of development and will be implemented in the coming months by the DBH.

Epidemiologist Colleen Hannum provided an overview of FY24 data surrounding the Middle School Meth Program implemented by Governor Noem. The 96 schools participating can choose from seven evidence-based programs. Pre and post tests are completed by students for data collection. Unique identifiers have been developed to determine whether a student was involved in the whole duration of the program. Approximately one in five students did not know the dangers of methamphetamine prior to the program and data has shown a general increase in students' knowledge. Data included in meeting materials.

Melanie Boetel shared updates on the prevention strategic plan. The prevention services strategic plan is a result of engagement with providers, prevention networks, persons with lived experience, and other stakeholders. It serves as an operational

roadmap to guide and track key prevention initiatives. Five key focus areas identified include prevention programming, data management, partnerships and alignment, education and communication, and access and cultural competency. Each fiscal year, priority activities are identified and addressed by the Office of Prevention and Crisis Services (OPCS) in partnership with contracted prevention network providers. The contracted prevention network meets quarterly to review progress throughout the fiscal year.

Jordan Mouna, Suicide Prevention and Crisis Services Program Manager, provided updates on the 3 pillars of crisis care. Pillars include someone to talk to, someone to respond, and somewhere to go. South Dakota is fortunate to have one call center for 988 based in the Helpline Center. Through geo routing, calls placed in South Dakota are now directed to the Helpline Center regardless of the area code of the caller for two major cellular service providers. Other providers are expected to make this transition soon. In FY24, 12,329 contacts were made to 988 in FY24 and 3,437 in FY25, thus far. Ninety-seven percent of contacts are resolved with no further intervention needed. DBH continues to provide messaging that 988 is for more than just suicide crisis but can be utilized for substance use concerns, mental health concerns, emotional issues, and by people looking for ways to help their loved one.

Avel eCare is contracted with DBH to provide 24/7 virtual crisis care when law enforcement responds to a behavioral health need in the community. This service has resulted in a reduction of ER admissions/detainments and allows individuals to remain in the community. In FY24, there were 116 encounters. There have been 60 encounters in FY25, thus far. The increased utilization is attributed to additional counties adopting Avel eCare. Eighty-one percent of these encounters resulted in the individual remaining in place.

Short-term Crisis Centers are currently available at Lewis and Clark Behavioral Health Services in Yankton (8 beds), Human Service Agency in Watertown (4 beds), and Pivot Point in Rapid City (16 beds). Fifty-seven additional beds will become available in 2025 through Dakota Counseling Institute in Mitchell, Avera Behavioral Health in Sioux Falls, and Avera St Luke's in Aberdeen. In FY24, 980 clients were admitted of the 2,219 individuals that were assessed at a Short-term Crisis Center and the average length of stay was 2-2.5 days with 80% stabilized. To date in FY25, 950 clients have been assessed, with 316 admitted and 85% were stabilized.

The uptick in assessments and admissions to short-term crisis centers is attributed to increased awareness due to presentations provided to county boards of mental illness, judges, law enforcement, etc.

Dianna Marshall requested a breakdown of demographics, admissions by facility, voluntary vs involuntary admissions, etc. An additional report from Vibrant on 988 will also be included in the meeting materials.

#### **IV. Break**

#### **V. FY24 Data and Outcomes Executive Summary**

Data and Outcomes Program Manager provided an overview of substance use disorder and mental health treatment service data. Statewide and agency profiles will soon be available on the DSS website at <https://dss.sd.gov/behavioralhealth/reportsanddata.aspx>.

#### **VI. SD FY24 SEOW Executive Summary**

Epidemiologist Colleen Hannum provided a brief overview of the state epidemiological outcomes. The full report can be viewed at <https://www.sdseow.org/wp-content/uploads/2023/05/2023-SEOW-Executive-Summary.pdf>.

#### **VII. Behavioral Health Campaign Updates**

DBH continues its “Notes to Self” campaign to provide overall awareness on behavioral health, where to get help, and reducing stigma. DBH is also promoting 988 across the state with a focus on high-risk areas. A perception study was completed by vendor Lawrence and Schiller which highlighted a need for promoting what 988 is, who answers it, and overall awareness. The Avoid Opioid campaign the was developed from the Opioid Response grant is being rebranded to Let’s Be Clear. The goal of the transition is to focus more on prevention, treatment, and recovery and include more substances than just opioids. The South Dakota Suicide Prevention (SDSP) website was re-launched in September. The new website includes content geared towards the public, search bars for those who don’t know where to start, a sidebar to start a chat with 988 through out all the website, better functionality for mobile users, and a visually appealing design. Visit the new website at [www.sdsuicideprevention.org](http://www.sdsuicideprevention.org).

#### **VIII. Open Discussion/Council Member Updates**

Angie Dammer opened discussion to council members.

Jon Sommervold inquired regarding the SD SEOW Executive Summary how the determination is made that fentanyl use is unintentional. Colleen Hannum shared that the measurements/data sets are established by NSDUH. Fentanyl use is believed to be captured under Opioid Use Disorder (OUD) as people often don’t know the substance they are using is laced with fentanyl. Kara Graveman and Matt Glanzer shared that they code to OUD when they have identified a client using fentanyl. Kara also commented that STARS began more as a billing system than for data & outcomes collection. Matt added that STARS does not always capture primary physician diagnosis unless the provider received that information.

**IX. Public Comment / Testimony**

No members of the public were present.

**X. Future Meetings**

June 3, 2025 has been identified as a tentative next meeting date which would occur virtually.

Future presentation requests and agenda items should be directed to Bev Mentzer.

**XI. Adjourn**

Jon Sommervold made a motion to adjourn. Joseph Tielke seconded the motion. All approved.

**XII. Tours of Pivot Point and Care Campus.**

DRAFT