Meeting Minutes
Behavioral Health Advisory Council
October 21st, 2026
11:00 AM-1:00 PM (CT) Virtual Meeting

Members of the public may also join virtually:

Microsoft Teams
Join: https://teams.microsoft.com/meet/298480737111672?p=avOdsKpmEPGlgDpPGl

Meeting ID: 298 480 737 111 672

Passcode: Fu7FV397

Dial in by phone

+1 605-679-7263,,367687235#

Advisory Council Members Present

1. Eric Weiss
2. Dianna Marshall
3. Sara Sheppick
4. Penny Kelley (Vice-Chair)
5. Jason Lillich
6. Joseph Tielke
7. Andrea Effling
8. Melanie Boetel
9. Dr. Melissa Dittberner
10. Chuck Frieberg
11. Wendy Figland
12. Kara Graveman
13. Faith Goehring
14. Dominique Tigert (Chair)
15. Rosanne Summerside

Advisory Council Members Not Present

1. Angie Dammer
2. Josette Church
3. Samantha Freeze
4. Mickayla Hanzlik
5. Kaitie Lail
6. Heather Petermann
7. Dr. Melita Rank

Division of Behavioral Health (DBH) Staff Present

1. Brenna Koedam
2. Bev Mentzer
3. Lily Rowe
4. Michelle Worden
5. Drew Ausborn
6. Vanessa Barnes
7. Colleen Hannum
8. Brittney Lengkeek
9. Carmen Kasin
10. Brandi Hansman
11. Paige Willet
12. Janell Gowin

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

October 21, 2026, the Behavioral Health Advisory Council meeting was called to order by council chair Dominique Tigert.

II. Review and approval of June 2026 meeting minutes

- Dianna Marshall motioned to approve the meeting minutes for June 2026. Penny Kelley seconded the motion.
- Motion to approved minutes carried, all approved.

III. Review of public meeting guidelines

Bev Mentzer provided an overview of public meeting guidelines and also sent council members a copy of the guidelines to meet annual review requirements.

IV. Behavioral Health Services Update

- **Fiscal Update**

  Fiscal Program Manager, Janell Gowin, reviewed FY26 behavioral health contract expenditures.

- **Data & Outcomes**

  i. Program Manager Brittney Lengkeek and Program Specialists Carmen Kasin, Paige Willet, and Brandi Hansman reviewed FY26 treatment outcomes available for public viewing here on the DSS website. The behavioral health treatment outcomes program manual was recently updated and provides clearer definitions intended to improve consistency in data reporting across agencies.

  ii. Epidemiologist, Colleen Hannum, provided a high-level overview of FY26 Middle School Meth prevention programming outcomes which can be reviewed here.

  iii. Assistant Director, Vanessa Barnes shared prevention data utilized to guide decision making and improve programming efforts.

  1. 2025 suicide death data has been finalized, indicating 214 suicide deaths, which is the highest in South Dakota's history and an 8% increase from 198 deaths in 2024. Suicide data is available for public viewing here on the South Dakota Suicide Prevention Website.
  2. There were 94 overdose deaths in 2025, resulting in no change from the number of overdose deaths from 2024, but a 10% decrease from 2021-2025. From 2024 to 2025, there was a 36% decrease in meth-related deaths, but an 18% increase in opioid-related deaths. South Dakota had the second lowest overdose rate in the nation in 2024. Overdose data is available for public viewing here on the Let's Be Clear website.

3. In the first eight months of 2026, there have been 18,003 contacts made to 988. From the first twelve months following the launch of 988 (July 16, 2022) to the most recent twelve months of 988, there has been a 211% increase in the volume of contacts. The Helpline Center has continued to maintain a 98% stabilization rate – meaning 98% of contacts were stabilized by the end of the call and did not require law enforcement intervention. 988 data is available for public viewing here on the Helpline Center's website.
4. Since the inception of short-term crisis stabilization centers, there have been over 10,000 assessments and 4,900 admissions. Of those admitted to a bed, 84% were stabilized and discharged to the community. Crisis service data is available for public viewing here on the SD Behavioral Health website.

V. Break (10 minutes)

VI. Treatment and Recovery Support Services

- The Western Interstate Commission for Higher Education (WICHE) has completed an assessment of the state's current mental health involuntary commitment process and has provided recommendations for system improvement. The Division of Behavioral Health has been awarded supplemental technical assistance grants running August 2026 through September 2027 to support these efforts which will include the development of training and education to County Board of Mental Illness chairs and other stakeholders.

VII. Prevention Services

- An updated page on the Let's Be Clear website for Naloxone now includes a link to request naloxone for yourself or a loved one, to add a kit to an AED for emergency use, or to distribute to individuals in your community. It also includes an interactive map for finding naloxone at no-cost in your county and a map for naloxone saturation by county
- Behavioral Health Campaign Updates
    i. Suicide death data shows higher rates of suicide in the skilled trades. In response, a workforce toolkit is now available for blue-collar industries to download resources or order awareness materials, such as a physical toolkit and 988 stickers for hard-hats or toolboxes.
    ii. In response to suicide death data, 988 campaign imagery and branding is shifting to target the male population.
    iii. 988 parking lot signs have been installed in 115 locations across the state. DBH is in the early stages of placing 200 more signs and will use the data to drive where best to place these.

VIII. Human Services Center

- The average daily census is 145 patients.
- HSC began implementing the treatment mall model in August. This model allows patients to leave their home unit to participate in groups and programming. It also promotes socialization, independence, and readiness for integrating into the community after discharge. Patients receive services in

alignment with their treatment plan but are also able to choose programming they'd like to participate in.

IX. Vacant Positions

There are multiple vacant council positions to include:

- Community Mental Health Center Staff (1)
- State Criminal Agency, Department of Corrections (1)
- Psychiatric Regional Treatment Facility Representative (1)
- Adult with serious mental illness or in recovery from substance use disorder or both (3)
- Family member/caregiver of adult with serious mental illness or in recovery from substance use disorder or both (1)
- Family member/caregiver of child with serious emotional disturbance or in recovery from substance use disorder or both (1)

Individuals with lived experience or family members are the priority positions to fill to meet the federally required threshold of 50% representation of individuals with lived experience.

The Council discussed ways to successfully recruit for the lived experience positions.

X. Open Discussion / Council Member Updates

- Chuck Frieberg shared that UJS will soon be opening a behavioral health services program manager position in addition to other staff restructuring.

VII. Public Comment / Testimony

There was no public comment received.

VIII. Discuss Future Meeting date:

a. June 2026 location TBD.

IX. Adjourn