

Behavioral Health Advisory Council
Pierre, South Dakota
June 26, 2024

Advisory Council Members Present

1. Dianna Marshall, Advocacy Organization
2. Angie Dammer (Chair), Family Member
3. Matt Glanzer, In Recovery
4. Penny Kelley, Family Member
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. Eric Weiss, State Vocational Rehabilitation Agency
13. Chuck Frieberg, State Criminal Justice Agency
14. Dominique Tigert, Family Member
15. Kristi Bunkers, State Criminal Justice Agency
16. 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. Heather Petermann, State Medicaid Agency
6. Andrea Effling, State Education Agency

Behavioral Health Staff Present

1. Jennifer Humphrey
2. Michelle Worden
3. Andrew Ausborn
4. Vanessa Barnes
5. Andrea Heronimus
6. Randee Peterson
7. Janelle Gowin
8. Bev Mentzer
9. Shaina Smykle
10. Gretchen Stai
11. Lily Rowe
12. Kassy Dunn
13. Colleen Hannum
14. Jeremy Johnson

Others in Attendance

1. Phyllis Arends, Empire Mental Health Support

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**

June 26, 2024, 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 November 2023 meeting minutes. Chuck Frieberg noted an error on page four, requesting that Avera St. Luke's location be changed from Yankton to Aberdeen. Penny Kelley moved to approve with noted changes. Eric Weiss seconded the motion. Motion carried, all approved.

III. **Vacant Positions/New Members**

Jennifer Humphrey reported solicitation for 8 vacant positions occurred in May. From this solicitation, six recommendations moved forward to the governor's office for approval. These nominations include:

- 2 adults w/ serious mental illness (SMI) or in recovery from substance use disorder (SUD) or both
- 1 staff member of community mental health center (CMHC)
- 1 family member or caregiver of adult w/ SMI or in recovery from SUD or both
- 1 contracted provider who provides recovery support, peer support or crisis care services.
- 1 representative of federally recognized tribe.

Jennifer advised there is one vacant position left for that of a family member or caregiver of adult w/ SMI or in recovery from SUD or both. Jennifer encouraged council members to nominate a person who may be a good fit for this position.

IV. **Behavioral Health Services**

Human Services Center

Jeremy Johnson, Hospital Administrator at the Human Services Center (HSC) provided an update regarding work force development at the facility.

Jeremy shared the HSC has continued to make progress in staff hiring across disciplines. HSC has partnered with the University of South Dakota on two grants through Health Resources and Services Administration (HRSA) for Nursing and Social Work recruitment. Through the grant, HSC has been able to obtain a Registered Nurse (RN) recruiter. HSC and the USD School of Social Work ensure social work students have experience on the HSC campus during their education. HSC is also working with state resources to recruit through the team at the Bureau of Human Resources and Administration. HSC also utilizes targeted incentives for hiring focused on direct care positions in the areas of RNs, Mental Health Aids, Mental Health Associates, Housekeeping, Psychologists, and Social Workers. HSC has also utilized differential pay for current staff for difficult to fill shifts on the evening and overnight shifts along with recruitment incentives for current staff.

The addition to the HSC workforce has resulted in growth in average daily census (ADC). HSC has seen an ADC growth in 21 beds since the low in FY22. Jeremy reported the increased bed numbers have been spread across all 5 programs at the facility.

Jeremy provided an update on the campus wide remodel project to improve patient care areas to include nursing stations, the medication room, new furniture in the patient sleeping rooms, and an improved emergency alert system for when patients are in crisis. The remodeling is wrapping up with expected completion in September.

Other: Campaign updates

Jennifer Humphrey provided an update to the Behavioral Health/988 Campaign.

In collaboration with Department of Education, a behavioral health toolkit was developed and will be made available to all schools during the 2024-25 school year. The toolkit will include content customized by grade level (elementary, middle, high school) The toolkit also includes tools for counselors/educators, digital resources, student giveaway items and parent resources.

The Behavioral Health campaign Fiscal Year (FY) 25 goals include stigma reduction, substance use prevention & promotion of 988. To achieve this goal, the campaign will grow/refresh media plan with updated material. DBH will collaborate with Department of Health and other stakeholders on the development of resource materials for state agencies to put out when there is a natural disaster, suicide, or overdose cluster. The campaign will continue to prioritize SD specific situations, language, people, and imagery when able. Finally, Division of Behavioral Health (DBH) will continue to track campaign results and successes throughout the year.

The Avoid Opioid Campaign, a collaboration with DOH, is funded through the State Opioid Response (SOR) grant. Lawrence and Schiller (L & S) were awarded the contract to complete this project. The vision is to update and refresh the Avoid Opioid campaign as there were concerns the current messaging was getting tired and it was time to evolve. Over the next six months, a brand transition will be taking place from "Avoid Opioid" to "Let's Be Clear." The new messaging is intended to provide context or clarity behind the message that:

- Stigmas create barriers.
- Walls that prevent us from truly understanding and seeing each other.
- So, let's be clear about substance use.
- Clear about safety, support and getting help.
- Clear about myths and misinformation, from opioids to MOUD to counterfeit pills. Help every South Dakotan see clearly that substance use isn't the way to fill what feels empty.
- Together, we can spark moments of clarity, start open conversations and be free of stigmas around substance use.

National Opioid Settlement

Beginning in 2022, South Dakota was awarded to receive approximately \$54 million over 18 years from the National Settlement Agreement involving several pharmaceutical companies to address the opioid use and misuse within the state.

From the settlement funds, a Memorandum of Agreement (MOA) was established. The MOA indicates a Statewide Share 70% and Participating Local Government 30%. This model used is in connection to a model developed from an opiate litigation in Ohio. Eligible participants include SD cities and counties with populations over 10,000. (Based on 2019 population totals.) Of all eligible counties, 13 did not sign agreement (Buffalo, Day, Douglas, Haakon, Hamlin, Hyde, Kingsbury, Lyman, Marshall, Miner, Moody, Bennett, Stanley)

The Opioid Abuse Advisory Committee meets twice per year and makes formal recommendations to the DSS Secretary on the use. To date, statewide share received total approximately \$15.2 million. To date, almost \$3 million was approved to use towards the Prescription Drug Monitoring Program (PDMP), Overdose Follow-Up Program, Opioid Settlement Community Grant Program, Program Sustainability Fund, Workwell Mental Health Grant Program and 5% administrative costs. Additional information can be found: <https://dss.sd.gov/behavioralhealth/grantinfo.aspx>

Fiscal & Contract Management

Janell Gowin, fiscal program manager shared the fiscal team recently completed the FY25 Contracts which totaled 248 contracts. The contracts include contracts with agencies for publicly funded services.

Review of FY24 Quarter 3 fiscal reports. DBH Director Boetel advised that DBH was able to reallocate the budget with amendments in Quarter 4 to shift funds from areas of under-expenditures to areas of over-expenditures, which is not reflected on this report. An error regarding the Quarter 3 totals for First Episode of Psychosis (FEP) was noted and is corrected in supporting materials.

Medicaid funding:

The Division of Behavioral Health along with Finance and Medical Services, have been engaging in regular meetings to explore potential eligible services that could be supported through the utilization of Medicaid funding. This includes: 988, follow up programs, virtual crisis care, Appropriate Regional Facilities (ARFs), Peer support services and System of Care. Drew Ausborn's team has created a Medicaid Eligibility Report to provide agencies with the information to maximize their Medicaid billing, and for DBH to ensure potentially eligible claims go to Medicaid vs state funds. DBH wants to utilize Medicaid first and when available.

Penny Kelley reminded the council that her work at the Community HealthCare Association of the Dakotas helps people enroll in Medicaid and affordable healthcare options.

Office of Treatment & Supported Services

Michelle Worden reported the division participated in a restructuring of the treatment team to include a team that focuses on juvenile service delivery across the treatment continuum. In late January, Kassy Dunn joined DBH as the Juvenile Services Program Manager and in April, Adrienne Malchow joined the team as the Juvenile Services Program Specialist.

State Review Team/Psychiatric Residential Treatment Facilities—Since joining the team, Kassy has assumed the role of the State Review Team (SRT) Facilitator. She collaborates with referral sources to coordinate client case records for review by SRT as well as the South Dakota Foundation for Medical Care to determine whether a youth is in clinical need for placement and services within a Psychiatric Residential Treatment Facility (PRTF). She also works closely with PRTFs to coordinate admissions, staff cases, and provide guidance and technical support.

The Juvenile Services team also oversees the Juvenile Justice Reinvestment Initiative services for both mental health and substance use disorder treatment services. They collaborate with referral sources and providers across the state to ensure that justice involved youth are receiving adequate and timely services. They have also been working with community providers to increase flexibilities around service delivery to include additional evidence-based programming. This has provided the opportunity to offer a wide array of reimbursable services to best meet the youth's identified needs.

The DBH has also worked to increase flexibilities for justice involved adults as well. These increased flexibilities have allowed community providers to offer additional evidence-based programming outside of the traditional core services such as Cognitive Behavioral Interventions for Substance Abuse and Moral Reconciliation Therapy programming.

Recovery Support Services

The DBH continues to work in close collaboration with supportive housing providers across the state. The current supported housing capacity is around 343 beds. There are presently 256 male beds and 87 female beds across the state in the following communities: Sioux Falls, Rapid City, Aberdeen, Mitchell, Brookings, Yankton, Huron, Watertown, Sturgis, and Redfield.

Kara Graveman reported that Action for the Betterment of the Community (ABC) has recovery support housing with 7 spots currently. Participants must have completed New Dawn treatment before entering the recovery housing. ABC will have 6 tiny homes on site in the future as they are working to create a recovery community.

Peer Support Services currently are provided by 3 CMHC providers and 5 SUD providers. Our pilot agencies have been able to hire and onboard peer support staff, peers as well as their supervisors have been able to attend trainings, and most agencies have started delivering services.

Office of Performance Management & Outcomes

Drew Ausborn reported the following updates from the Performance Management and Outcomes Teams:

In May of 2024, the Performance Management team began sending out quarterly updates on active clients reported in State Treatment Activity Reporting System (STARS). The purpose of this is to ensure data quality when reviewing metrics such as outcomes if treatment was successful, or simply capturing the appropriate discharge.

The Data and Outcomes Work Group has met quarterly this last year. Most recent topic of discussion has been around Federal requirements on Outcome Tools and getting the tools updated to the most recent standard and forecasted future changes. Due to time needed to implement for us with STARS and for providers using Electronic Health Records, a decision to move forward with a proposed outcome tool plan should be made later this month.

Office of Prevention & Crisis Services

Vanessa Barnes provided updates for the Office of Prevention and Crisis Services.

Crisis Services utilize the Crisis Now Model with the three pillars of care- Someone to call, someone to respond and somewhere to go.

- Someone to Call- Since launch of 988 in July of 2022 through April 2024, Helpline Center has had 18,218 total contacts. According to their dashboard at <https://www.helplinecenter.org/9-8-8/data/>, 96.61% of crisis calls were stabilized and no further action was required.
- Someone to Respond- Virtual Crisis Care through Avel eCare is active in 33 counties. Hughes and Minnehaha counties have mobile crisis teams, and three Community Mental Health Centers are implementing Rural Crisis Response through Three Rivers Mental Health, Southern Plains Behavioral Health, and Lewis & Clark Behavioral Health. The Rural Crisis Response supports the implementation of Rural Crisis Case Managers.\
- Somewhere to Go- Short-Term Crisis Centers are open at Human Service Agency (HSA) in Watertown with 4 beds, Pivot Point in Rapid City with 16 beds and CORE (Crisis. Outreach. Response. Engagement) Center in Yankton with 8 beds, with a total of 28 beds statewide. By early 2025, this capacity will increase to 59 with beds available at Dakota Counseling Institute in Mitchell, Avera St. Luke's in Aberdeen, and Avera Behavioral Health in Sioux Falls. The goal is to have a Short-Term Crisis Stabilization Center available in each of the five DBH behavioral health regions.

DBH and HSC have met regionally with local stakeholders in each region with an ARF to discuss crisis services in their area.

Bryan Harbert asked if short-term crisis centers focus just on adults or youth as well. Assistant Director Barnes reported that Yankton does serve youth less than 24 hours and Watertown serves 15–18-year-olds less than 24 hours.

Youth Crisis Care

The Technology Transfer Institute Grant has been utilized to create a request for proposal (RFP) to determine capacity and needs for expansion for youth crisis care statewide. The RFP process for a chosen vendor is wrapping up.

SDSP Conference

The South Dakota Suicide Prevention Conference is on August 1st-2nd, 2024 at the Sioux Falls Convention Center. Registration is available at <https://www.eventbrite.com/e/2024-suicide-prevention-conference-tickets-880364412657>. More information available at <https://sdsuicideprevention.org/events/add-event/suicide-prevention-conference/> including bios for keynote speakers Kevin Briggs, Tom & Heather Cruz and Dr. Rosie Bauder along with the full agenda and hotel reservations.

Gun Locks

A continued partnership between DBH and the Veteran's Administration has provided free gun locks to be disseminated as part of means safety education. This is a priority strategy through the Governor's Challenge with the goal of increasing lethal means and safety planning education statewide. South Dakota joined the Governor's Challenge in 2023 to focus on supporting service members, veterans, and their families. Gun locks are available for order on the SDSP site and paired with a secure storage infographic. Over 2500 have been ordered since launch on SDSP website March 1st, 2024 for personal, homes, business, and events. Visit <https://sdsuicideprevention.org/get-help/order-materials/> to order these materials. See attached infographic for more information.

State Epidemiological Outcomes (SEO)

The second annual South Dakota SEO Executive Summary was released in April 2024. This executive summary covers mental health and substance use behavioral health indicators for both youth and adults. Data comes from various federal and state data sets. You can find this document at sdseow.org/reports or request hardcopies from the Department of Social Services.

Prevention Summit

The Prevention Summit was held on May 1st, 2024 with the theme "Prevention Matters: Uniting Efforts on substance use prevention in South Dakota."

There were 77 attendees with the overall evaluation survey results indicating satisfaction with the summit.

Overdose Follow-up Programs

Shaina Smykle reported the overdose follow up programs began with two pilot programs on January 1, 2024.

Emily's Hope

Emily's Hope serves Lincoln & Minnehaha Counties. In response to the escalating opioid epidemic, this program is an effort to provide holistic, evidence-based care and support to those who survive an overdose. Collaborating with organizations including Straight Up Care, Avera and Sanford Health Systems, The Link, Sioux Falls Police, Minnehaha and Lincoln County Sheriff's Offices, Minnehaha County Health and Human Services, SD Urban Indian Health, Center for Family Medicine, and PatientCare Emergency Medical Services, gives this program unique expertise and resources. Team members of this program include a program director and peer support specialists.

Project Recovery

Project Recovery (PR) Serves Pennington, Custer, Meade, Butte, & Lawrence Counties. Project Recovery plans to expand to Oglala Lakota and Sisseton in FY25 as those communities show a need and are ready to get this program within their communities.

Through invaluable partnerships with public safety agencies and healthcare organizations, Project Recovery aims to embrace at-risk individuals surviving overdose through streamlined addiction treatment service-linkage. Each member of their multidisciplinary Rapid Response Team (RRT) serves a strategic function to provide support in crisis and connect individuals with ongoing, evidence-based care. At Project Recovery, team members include: a navigator/peer support specialist, a medical clinician, and a licensed mental health and addiction counselor. First responders identifying a person surviving overdose serve as their primary referral partners. Once the individual surviving overdose is medically stabilized and consents, public safety officials will access the RRT navigator via a 24/7/365 telephone line. Based on referral information, the navigator will promptly engage with the individual, offering immediate addiction peer support and care coordination. If support is accepted, the navigator will facilitate client connection with the remaining RRT members within 24-72 hours of the initial referral. This streamlined process ensures that clients have prompt access to an array of addiction services, including rapid induction of medication for opioid use disorder (MOUD), peer support, and both addiction and mental health counseling.

Both pilot programs have started slowly with a handful of calls but seeing some early success with getting at least two contacts connected to further MOUD services through PR.

V. Success Stories

Drew Ausborn shared six success stories collected during FY24 for Serious Mental Illness and/or Prevention Services. The Performance Management team collects this information twice annually.

VI. 2024 Legislative Session

Melanie Boetel provided an update regarding the 2024 legislative session and impact on DSS.

House Bill 1311 provides for homeless individuals to access a free Identification card. Joseph Tielke reported the Department of Public Safety has been communicating the process to obtain the free identification to homeless providers for the July 1st start date.

House Bill 1098 allows for homeless individuals to access one free birth certificate from vital records. Joseph Tielke indicated a need for more information on this process.

The Juvenile Justice Oversight Council will continue for an additional 9 years and has created 3 sub workgroups for the following topics: gaps in service delivery, improvements in service delivery, and truancy.

Kristi Bunkers reported Senate Bill 47 was brought forward by the Department of Corrections with the intention of keeping youths out of the justice system through use of diversion at local levels. The Diversion Program focuses on putting money into local communities, allowing Diversion coordinators to spend the money on program that work locally. For each successful diversion, counties are paid \$750. The funding to support these programs was transferred from the Division of Behavioral Health to the Department of Corrections. Chuck Frieberg advocated for members to encourage county commissioners to divert the payments received back into juvenile programming in their communities.

VII. Open Discussion/Council Member Updates

Angie Dammer shared she attended the National Disability Rights Conference, and it contained a wealth of information. Angie was able to spend time with Lisa Stallworth of SAMHSA which was very informative.

VIII. Public Comment / Testimony

No public comment or testimony was received.

IX. Future Meetings

October 30, 2024: In Person – Rapid City with tours of Pivot Point and Care Campus Kara Graveman offered tours of New Dawn if members would like to drive out the night before or after the meeting. Dominique Tigert also offered to provide a tour of the Behavioral Health Center at Monument Health in Rapid City.

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

X. Adjourn

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

DRAFT