

Meeting Agenda
Behavioral Health Advisory Council
August 10, 2022
1:00 p.m. to 4:00 p.m. (CT)

Join Zoom Meeting

<https://state-sd.zoom.us/j/99472614451?pwd=MHZFaWk2RklXRnh2Qjl5dTlIRHp2UT09>

Meeting ID: 994 7261 4451

Passcode: 781914

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+1 253 215 8782 US (Tacoma)
+1 346 248 7799 US (Houston)
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Members of the public may participate by dialing in by their location.

Join In-Person Meeting

3900 West Technology Circle, Suite 1
Sioux Falls, SD 57106
Capital Conference Room

Member Listing

- | | |
|--------------------------------|------------------------|
| 1. Angie Dammer (Chair) | 14. Chuck Frieberg |
| 2. Ashlee Rathbun (Vice-Chair) | 15. Wendy Figland |
| 3. Matt Glanzer | 16. Bryan Harberts |
| 4. Karen Severns | 17. Melanie Boetel |
| 5. Eric Weiss | 18. Rosanne Summerside |
| 6. Dianna Marshall | 19. Jon Sommervold |
| 7. Kristi Bunkers | 20. Joanne Hairy Shirt |
| 8. Lorraine Polak | 21. Kara Graveman |
| 9. Angela Murphy | 22. Faith Goehring |
| 10. Christie Lueth | 23. Dominique Tigert |
| 11. Pamela Bennett | 24. Rebecca Cain |
| 12. Penny Kelley | |
| 13. Jason Lillich | |

Others in attendance

- | | |
|----------------------|------------------|
| 1. Jennifer Humphrey | 3. Lily Breems |
| 2. Stacey Bruels | 4. Janet Kittams |

Purpose

The purpose of the Advisory Council shall be to guide the Division of Behavioral Health with the planning, coordination, and development of the state comprehensive behavioral health services plan. The Advisory Council shall advocate on behalf of persons served to ensure their highest attainable degree of independence, productivity, community integration and quality of services. The Advisory Council will also advise the Division of Behavioral Health on statewide treatment, prevention, and rehabilitation needs within the current behavioral health system.

Agenda

- I. Call Meeting to Order / Welcome and Introductions
- II. Review and approval of June 2022 meeting minutes
- III. Membership
- IV. Bylaws
- V. Human Services Center Update
- VI. Division of Behavioral Health Update
- VII. Office of Prevention Services Update
- VIII. Open Discussion / Council Member Updates
- IX. Public Comment / Testimony
- X. 988 Presentation
- XI. Discuss Future Meetings
 - Wednesday, November 16th
- XII. Adjourn

Behavioral Health Advisory Council
Pierre, South Dakota
June 9, 2022

Advisory Council Members Present

- | | |
|---|--|
| 1. Dianna Marshall, DRSD | 12. Penny Kelley, Family Member |
| 2. Matt Glanzer, Recovery from SUD | 13. Kristi Bunkers, DOC |
| 3. Rosanne Summerside, Family Member | 14. Lorraine Polak, SDHDA |
| 4. Rebecca Cain, DOE | 15. Bryan Harberts, PRTF Representative |
| 5. Karen Severns, IHS | 16. Kara Graveman, Prevention Provider |
| 6. Melanie Boetel, DBH Representative | 17. Jason Lillich, SUD Director |
| 7. Angie Dammer (Chair), Family Member | 18. Dominique Tigert, Family Member |
| 8. Ashlee Rathbun (Vice-Chair), Family Member | 19. Joanne Hairy Shirt, Family Member |
| 9. Christie Lueth, Mental Health Professional | 20. Angela Murphy, Adult living with SMI |
| 10. Chuck Frieberg, UJS | |
| 11. Eric Weiss, Rehabilitation Services | |

Advisory Council Members Absent

- | | |
|---------------------------------------|---|
| 1. Pamela Bennett, DSS Representative | 3. Jon Sommervold, Adult in recovery from SUD |
| 2. Wendy Figland, Family Member | 4. Faith Goehring, Adult Living with SMI |

Behavioral Health Staff Present

- | | |
|----------------------|----------------|
| 1. Jennifer Humphrey | 2. Lily Breems |
|----------------------|----------------|

Others in Attendance

- | | |
|---------------------|-------------------|
| 1. Stephanie Kuhnel | 2. Phyllis Arends |
|---------------------|-------------------|

Purpose

The purpose of the Advisory Council shall be to guide the Division of Behavioral Health with the planning, coordination, and development of the state comprehensive behavioral health services plan. The Advisory Council shall advocate on behalf of persons served to ensure their highest attainable degree of independence, productivity, community integration and quality of services. The Advisory Council will also advise the Division of Behavioral Health on statewide treatment, prevention, and rehabilitation needs within the current behavioral health system.

Minutes:

I. Call to Order / Welcome and Introductions

June 8, 2022 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 March 2022 meeting minutes. Dianna Marshall moved to

approve. Bryan Harberts seconded the motion. Motion carried, all approved.

III. Membership

Expiring Terms (10/30/22)

Jennifer Humphrey announced the following members whose terms expire 10/30/22. All are eligible for reappointment and have been submitted to Governor Noem for her consideration.

Bryan Harberts, representative of a psychiatric residential treatment program

Penny Kelley, family member of a child who is or has received services from a psychiatric residential treatment facility.

Rosanne Summerside, family member of an adult with serious mental illness and a member of a mental health advocacy organization.

Angie Dammer, family member of a youth with serious emotional disturbance; preference representing youth 12-18.

Matt Glanzer, adult in recovery; preference 18-29.

Vacant Positions

Jennifer Humphrey announced the following vacant positions and the nominations submitted to Governor Noem for her consideration.

Director of CMHC. Vacated by Linda Reidt Kilber, Behavior Management Systems in Rapid City. Nomination is Kari Johnston, Human Service Agency in Watertown.

Family member of a child with serious emotional disturbance with a preference for a family member representing a child between the ages of 5-12. Vacated by Jane Grant. Nomination is Lorie Seeking Land.

Youth with serious emotional disturbance and/or substance use disorder or a youth with a sibling with serious emotional disturbance and/or substance use disorder. Vacated by Emily Erickson. Nomination is Addison Prudich.

A certified or licensed substance use disorder provider who provides direct services at a community agency (not a center director). Vacated by Christy Alten-Osmera. Nomination is Amanda Welchel, Pennington County Sheriff's Office Addiction Treatment Services.

Department of Education designee. Vacated by Teresa Rowland. Interim nomination is Rebecca Cain, Administrator of the Office of Student Wellness and Support.

Bylaws

Jennifer Humphrey shared with the Advisory Council an individual who was interested in membership. The individual works at a South Dakota-based substance use disorder provider contracted with the state. However, their personal residence is out of state. Bylaws state that "Advisory Council members shall be residents of the state". The Advisory Council agreed that bylaws should be amended allowing eligibility for membership to nonresidents who work at a South Dakota-based community behavioral health provider contracted with the state. Jennifer Humphrey will verify if this is acceptable and in accordance with block grant federal laws prior to the next meeting.

IV. Human Services Center (HSC) Update

On behalf of Jeremy Johnson, HSC Administrator, Melanie Boetel shared the following update.

HSC continues to make progress on strategic goals identified as a result of the consultant work completed by the Western Interstate Commission for Higher Education (WICHE). One goal is to continue to strengthen and develop the teams within each program. Programs are evaluating, planning, and implementing focused trainings specific to the needs of individuals served. These trainings will continue to bring best practices to services provided and better job satisfaction to staff. Recently, the Adolescent Program began staff training on Trauma Informed Care.

Another goal is ensuring the right level of care is available when ordered by the court for restoration to competency. In the community HSC has made significant strides forward in partnerships with community mental health and jail based providers in Minnehaha and Pennington Counties to provide restoration to competency services to individuals charged with a crime who are in need of assistance in regaining the ability to understand the court processes and assist in their own defense.

Through increased staff hiring and recruitment incentives along with the availability of walk-in interviews, HSC has seen advancements in hiring on campus, especially in the areas of mental health aides and associates. Hiring for registered nurses continues to be a challenge.

Division of Behavioral Health Update

Behind the Curtain

Melanie Boetel provided an overview of the aggregate data collected from the “Behind the Curtain” informational webinars series hosted by the Division beginning in FY22.

In FY23, a “Beyond the Curtain” webinars series will occur quarterly, beginning July 17, 2022 with “How Do I Help?”. The next webinar will take place in October 2022 presenting on FY22 Data and Outcomes. January 2023 is tentatively planned to present on “When Someone Doesn’t Know They Need Help” and April 2023 is also tentatively planned to present on “Services Beyond Traditional Treatment”.

The Advisory Council was asked if they have any suggestions on topics. Kara Graveman suggested outlining the steps an individual would take after having a drug and alcohol assessment completed. Christy Lueth suggested homelessness in South Dakota and coordinating care and talking to providers. Jason Lillich suggested crisis intervention and response.

The Advisory Council was asked if they have any suggestions on how to broaden the reach of these webinars. Jason Lillich suggested reaching out to community mental health nurses. Kristi Bunkers suggested K-12 education counselors and universities. Joanne Hairy Shirt suggested the National Association of Social Workers.

Supportive Services- Staff Changes

Melanie Boetel announced Tiffany Weidner’s departure as Program Manager overseeing Supportive Services and Gretchen Stai’s promotion into that role. A new FTE was added to the Supportive Service’s team. It is a Program Specialist I position supporting peer support services, intensive case management and supported housing for substance use disorders. The Division is currently working towards hiring for the new position and Gretchen’s old position.

Pilot Programs - Peer Support Services for Mental Health & Intensive Case Management for Substance Use Disorders

Melanie Boetel shared that four community mental health centers are participating in a pilot to develop and implement mental health peer support services in FY23. Biweekly meetings begin June 23rd with the pilot centers.

In 2020, the Division received technical assistance from Myers and Stauffer to research peer support models, including programs currently operating in states similar to South Dakota. Details regarding staff, certification and training are still being worked through. Dianna Marshall suggested reaching out to the Association of South Dakota Peer Supporters located in Belle Fourche.

Three substance use disorder treatment agencies are participating in the pilot for Intensive Supportive Services (ISS) aka intensive case management services for substance use disorders. The Division has begun meeting biweekly with the pilot agencies.

RFP#2455 Behavioral Health Media Planning Strategy & Awareness Campaign

Jennifer Humphrey announced that the scoring process was completed for RFP#2455 and oral presentations took place May 4th-5th. The review team has been following up with vendors with additional questions. The Division may leverage council members as part of a stakeholder group in this effort once a vendor is awarded.

For more information, visit: <https://dss.sd.gov/keyresources/rfp.aspx>.

RFP#2759 Appropriate Regional Facilities (ARFs)

Jennifer Humphrey announced that RFP#2759 was published May 24th. This is to solicit proposals for the construction of new and the expansion of existing ARFs across the state. Proposals are due July 19th.

For more information, visit: <https://dss.sd.gov/keyresources/rfp.aspx>.

Workforce Development

Melanie Boetel announced that the Division is completing a Professional Services Work Order to retain a consultant to support workforce development efforts, beginning with a landscape analysis.

The Advisory Council was asked what areas they would like to see addressed around this effort. Bryan Harbert discussed how to combat the issues of not having the perfect wage, incentives or hours. Becky Cain sees the profession moving towards the understanding of it being more of a “helping” field.

WBSAY (Well-being for school-aged Youth) Collaborative

Melanie Boetel shared that the Division meets monthly with the Department of Education, Health and Public Safety, as well as the University of South Dakota’s Center for the Prevention of Child Maltreatment and School Psychology Program to collaborate on the various initiatives, programs and efforts each entity offers to support schools with training and resources.

Behavioral Health Fiscal Update

Melanie Boetel provided an overview of the FY22 Quarter 3 expenditures in the areas of substance use treatment and mental health services. In the area of contracted Mental Health Services under First Episode Psychosis, a discrepancy in the amount expended in Quarter 3 was noted. An update with the correction will be provided.

Behavioral Health Fiscal – Staff Changes

Melanie Boetel announced that Michelle Rose came on board May 9th from the Department of Education's finance area. She will be focusing primarily on prevention finance areas.

988 State Cooperative Agreement

Melanie discussed the 988 State Cooperative Agreement awarded in April. It is a two year grant ending in April 2024. South Dakota received a total of \$250,000 for the two-year period. The award is designed to aid states in 988 implementation with a minimum of 85% of the award needing to go to the state's National Suicide Prevention Lifeline. In South Dakota, that is the Helpline Center. The Helpline has received funding from this grant to hire additional staff needed to support 988 implementation. If the Advisory Council is interested, Stacy Bruels and Janet Kittams may present on 988 and crisis services in South Dakota either before July 16th or at the next Advisory Council meeting in August. Jennifer Humphrey will create a doodle poll to obtain the Advisory Council's preference to when the presentation should be held.

V. Office of Prevention Services Update

Structural Changes

Melanie Boetel announced that an additional Program Specialist II position was added. The Office of Prevention Services will have two comparable arms; one focusing on substance use prevention services and the other focusing on crisis services, including 988 and suicide prevention; each with a program manager and one staff.

Prevention Strategic Planning work order

Melanie Boetel announced that the Prevention team has engaged with Guidehouse to develop a prevention strategic plan and logic model to help elevate and enhance prevention services. Currently, Guidehouse has provided updates on prevention structure in other states and is working to develop questions for stakeholder interviews and listening sessions.

MHAT - Mental Health Awareness Training Grant

Melanie Boetel reported that the Office of Prevention Services has been working with NAMI on providing Ending the Silence and Say It Out Loud to schools. Over the summer, the Prevention Resource Centers will be working with the National Association of Peer Program Professionals to review best practices and the Natural Helper curriculum that the Human Service Agency has implemented to ensure the curriculum aligns with best practices. The goal would be to implement Natural Helpers as a Peer Helper curriculum in six schools next year. The Office of Prevention Services is working with Department of Education as well on what types of materials can the trainers provide to the schools to increase access and awareness of mental health.

The Advisory Council was asked if anyone knows of any needs from schools that could be incorporated as a resource or if there is a specific area where additional training is needed. Christy Lueth reported truancy as a problem in the Sioux Falls school district and that the Department of Education is working on an attendance campaign. Becky Cain discussed the attendance campaign and shared information about CAST (Coping and Support Training), a school-based small counseling program for at risk-youth.

Suicide Prevention

Melanie Boetel reported that the Office of Prevention Services has been working with the Department of Health, Education, and Public Safety on Youth Mental Health First Aid (YMHFA) training and coordination for schools. Volunteers of America is also being provided support in coordinating a training of trainers for Teen Mental Health First Aid, which will also be implemented in coordination with Department of Health. YMHFA teaches adults the signs

and symptoms of mental illness in youth, and when to seek help. Teen Mental Health First Aid (Teen MHFA) focuses on teaching youth to identify signs and symptoms in peers and seeking help. To implement Teen MHFA, a school must have 10% of adults trained in YMHA to assist the youth who receive Teen MHFA.

The Office of Prevention Services in collaboration with other state entities are hosting a suicide prevention conference “Start The Conversation” August 11th-12th in Sioux Falls. Several national speakers as well as local experts on suicide prevention will be presenting. Key speakers will be featured in the areas of veterans, youth, tribal communities, resiliency, and the general population as well as those with lived experience of suicide loss or survival.

For more information, visit: <https://sdsuicideprevention.org/events/add-event/suicide-prevention-conference/>

To register, visit: <https://www.eventbrite.com/e/start-the-conversation-2022-suicide-prevention-conference-registration-337315709367>

Strategic Prevention Framework-Partnership for Success (SPF-PFS) Grant

Melanie Boetel reported that the Substance Abuse and Mental Health Services Administration released a new iteration of the SPF-PFS grant. The grant allows focus on substances as well as mental health promotion. The Prevention team is working on the grant application, which is due Monday, June 13th. The application will be written to focus on the “desert” areas for prevention as well as the high risk areas including those identified by the Department of Health’s Vulnerability Assessment and to build upon the work done by the Communities That Care. Mental health promotion activities across the state for existing coalitions and focus on alcohol as well as marijuana for substances will be included. The Prevention team’s intention is to add coalitions in the “desert” areas and ideally an additional prevention resource center.

VI. Open Discussion/Council Member Updates

South Dakota Housing Development Authority

Lorraine Pollak announced that SDHDA continues to support temporary rental and/ or utility assistance for SD residents meeting eligibility requirements. Recently, home mortgage assistance became available. Also, additional funding through the American Rescue Plan Act is being used for the development of permanent supportive housing and non-congregate shelters for homeless populations. For more information, visit: <https://www.sdhda.org/> or contact Lorraine at lorraine@sdhda.org.

The 16th annual statewide Homeless Summit is taking place June 14th-15th at Arrowwood Resort in Oacoma.

The 2022 Point-In-Time Homeless Count was completed January 25, 2022. To view the results, visit: <https://www.sdhda.org/housing-for-the-homeless/public-awareness/homeless-counts>.

Rural Health Care, Inc.

Penny Kelley announced that health insurance open enrollment begins November 1st, with special enrollment periods occurring. For more information, contact Penny at penny.kelley@ruralhc.net or 605-223-2200. You also visit <https://communityhealthcare.net/get-covered-sd/>.

VII. Public Comment / Testimony

No public comment or testimony received.

VIII. Future Meetings

The next meeting will take place via Zoom on Wednesday, August 10, 2022 from 1:00-4:00 p.m. CT.

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

IX. Adjourn

Dianna Marshall made a motion to end the meeting. Kara Graveman and Chuck Frieberg seconded the motion. Motion carried, all approved.

BYLAWS SOUTH DAKOTA

BEHAVIORAL HEALTH ADVISORY COUNCIL

(AS AMENDED AND APPROVED ON March 17, 2021)

ARTICLE I: NAME

The name of this organization shall be the Behavioral Health Advisory Council (BHAC), hereinafter also referred to as the "Advisory Council".

ARTICLE II: AUTHORITY

Section 1914 of the Public Health Service Act (42 U.S.C. 300x-3)

ARTICLE III: PURPOSE

The purpose of the Advisory Council shall be to guide the Division of Behavioral Health with the planning, coordination and development of the state comprehensive behavioral health services plan. The Advisory Council shall advocate on behalf of persons served to ensure their highest attainable degree of independence, productivity, community integration and quality of services. The Advisory Council will also advise the Division of Behavioral Health on statewide treatment, prevention, and rehabilitation needs within the current behavioral health system.

ARTICLE IV: ACTIVITIES

The Advisory Council shall meet at least four times per year unless otherwise determined by the Council. Activities shall include, but are not limited to, the following:

Section 1. Advising. The Advisory Council shall guide the Department of Social Services on all aspects related to the development, implementation and modification of necessary state or federal comprehensive behavioral health services plans including funding, coordination of services, quality issues and policy related matters.

Section 2. Monitoring and Evaluating. The Advisory Council shall, on a continuing basis, review, monitor and evaluate the implementation of the state comprehensive behavioral health services plan and the behavioral health service system while providing suggested methods to evaluate the quality of that service network.

Section 3. Reporting. The Advisory Council shall record and keep minutes of each Advisory Council meeting. The minutes shall include the date of the meeting, a notation of members attending, the topics discussed, the actions

taken, and a summary of reports made to the Advisory Council. The Department of Social Services will provide, at a minimum, quarterly updates or reports from the South Dakota Human Services Center and the Division of Behavioral Health.

Section 4. Coordinating. The Advisory Council shall guide the Department of Social Services in achieving a greater coordination of planning and service delivery efforts among various agencies involved within the behavioral health service delivery system. The Advisory Council shall continually work towards needed system expansion and quality of services.

Section 5. Advocacy. The Advisory Council shall advocate on behalf of persons served within the state to ensure their highest attainable degree of independence, productivity, community integration and quality of services.

ARTICLE V: MEMBERSHIP

Section 1. Appointment. Members of the Advisory Council shall be appointed by and serve at the pleasure of the Governor. ~~Advisory Council members shall be residents of the state with consideration for reasonable geographic representation from the entire state.~~

Advisory Council members representing consumers and family members shall be residents of the state. Advisory Council members representing South Dakota's government agencies, advocacy and tribal organizations and contracted community-based behavioral health providers may personally be non-residents but their agency must deliver services in South Dakota to meet the residency expectation. The Advisory Council will have reasonable geographic representation from the entire state. Recommendations for filling vacancies shall be made from the Advisory Council.

Section 2. Composition and terms. Appointed Advisory Council members shall serve for a three year term. Members may serve no more than two consecutive three year terms. If an individual is appointed to fill a vacancy mid-term, then they are still eligible for two consecutive, full terms. Representatives who are adults with a serious mental illness and/or recovering from substances, family members of adults with a serious mental illness and/or substance abuse disorder, and family members of children/youth with a serious emotional disturbance and/or substance abuse disorder shall have staggered terms.

The Advisory Council shall consist of the following are appointed by and serve at the pleasure of the Governor:

1. Secretary of the Department of Social Services or designee;
2. Director of Behavioral Health Services or designee;
3. Director of Medical Services or designee;
- 3.4. Secretary of the Department of Education or designee;
- 4.5. Secretary of the Department of Corrections or designee;

- ~~5.6.~~ Director of the Division of Rehabilitation Services or designee;
- ~~6.7.~~ Executive Director of the South Dakota Housing Development Authority or designee;
- ~~7.8.~~ Director of the Behavioral Health Services for the Great Plains Region Indian Health Services or designee;
- ~~8.9.~~ Representative of the Unified Judicial System
- ~~9.10.~~ Executive Director of Disability Rights South Dakota or designee;
- ~~10.11.~~ A licensed mental health professional who provides direct services at a community mental health center (not a center director);
Two consecutive three year terms
- ~~11.12.~~ A certified or licensed substance use provider who provides direct services at a community agency (not a center director);
Two consecutive three year terms
- ~~12.13.~~ Director of a community mental health center;
Two consecutive three year terms
- ~~13.14.~~ Director of an accredited substance abuse provider;
Two consecutive three year terms
- ~~14.15.~~ Representative of an accredited prevention provider;
Two consecutive three year terms
- ~~15.16.~~ Representative of a psychiatric residential treatment program;
Two consecutive three year terms
- ~~16.17.~~ An adult with a serious mental illness who has or is receiving services,
Two consecutive three year terms
- ~~17.18.~~ An adult with a serious mental illness who is a member of an advocacy organization;
Two consecutive three year terms
- ~~18.19.~~ An adult recovering from substance abuse with a preference for an individual 18-29 years old;
Two consecutive three year terms
- ~~19.20.~~ An adult recovering from substance abuse;
Two consecutive three year terms
- ~~20.21.~~ A family member of an adult with a serious mental illness with a preference for a family member of an individual between the ages of 18 and 29;
Two consecutive three year terms
- ~~21.22.~~ A family member of an adult with a serious mental illness who is a member of a mental health advocacy organization;
Two consecutive three year terms
- ~~22.23.~~ A family member of a child with a serious emotional disturbance with a preference for a family member representing a child between the ages of 5 and 12;
Two consecutive three year terms
- ~~23.24.~~ A family member of a child with a serious emotional disturbance with a preference for a family member representing a child between the ages of 5 and 12;
Two consecutive three year terms

24-25. A family member of a child with a serious emotional disturbance with a preference for a family member representing a youth between the ages of 12 and 18;

Two consecutive three year terms

25-26. A family member of a youth with a serious emotional disturbance with a preference for a family member representing a youth between the ages of 12 and 18;

Two consecutive three year terms

26-27. A family member of a youth with a serious emotional disturbance and co-occurring substance use;

Two consecutive three year terms

27-28. A youth with a serious emotional disturbance and/or substance use disorder or a youth who has a sibling with a serious emotional disturbance and/or substance use disorder;

Two consecutive three year terms

28-29. A family member of a child who is or has received services from a psychiatric residential treatment center;

Two consecutive three year terms

29-30. *Consumer/Family Member?*

154 Consumer/Family Representatives/South Dakota Advocacy + 154
Provider/State/Tribal = 28 total members

It is the Advisory Council's desire to incorporate diversity in representation to include individuals who are Native American, veteran's status, and/or a member of a behavioral health consumer or family run organization.

Section 3. Attendance. Advisory Council members, with the exception of those specifically mentioned in the Bylaws, may not designate persons to attend meetings or vote on their behalf.

Members who are allowed to designate others and who choose to do so shall designate in writing a representative who will attend in the appointed member's absence. The name of the designated appointment shall be conveyed to the Department of Social Services. The designee shall be considered an Advisory Council member in all respects until a change in status is communicated to the Department of Social Services in writing by the person who designated the appointment or his/her successor.

Advisory Council members and designees shall notify the Division of Behavioral Health when they are unable to attend a meeting. If a Council member has more than two absences per Council year, the Governor's Office shall be notified and asked to contact the appointee concerning that appointee's willingness to continue to serve on the Advisory Council. If a designee has more than two consecutive absences, the person who appointed the designee, shall be notified.

Section 4. Resignation. Any member desiring to resign from the Advisory Council shall submit his resignation to the Governor's Office and send a copy of the letter to the Department of Social Services and the Council Chairperson. This individual will remain a member of the Council until such time as the Governor's Office is able to fill the vacancy.

Section 5. Financial Compensation. Advisory Council members shall serve without compensation, except that Council members, designees and subcommittee members shall be reimbursed for travel expenses as set forth in Article 5 of the Administrative Rules of South Dakota. Reimbursement for travel expenses shall be provided for a person attending with Council members who require such assistance to participate. Reimbursement for other expenses, e.g., attendant care services, interpretive services, telephone, postage, etc., necessary to allow for participation and fulfillment of Council responsibilities by Council members shall be coordinated with and approved by the Department of Social Services.

ARTICLE VI: OFFICERS

Section 1. Positions. The officers of the Advisory Council shall include a Chairperson and Vice-Chairperson. At no time may the positions of Chairperson and Vice-Chairperson be simultaneously held by persons who provide behavioral health services, represent an organization that provides behavioral health services, or represent an organization whose members provide behavioral health services.

Section 2. Duties.

(a) Chairperson. The Chairperson shall preside at all meetings of the Advisory Council. The Chairperson, in cooperation with the Council, the Division of Behavioral Health and the Department of Social Services shall schedule all meetings of the Council and perform all such duties relative to the office. The Chairperson in furthering the purpose and activities of the Council may represent the Council in dealings with other organizations and at public meetings and conferences, or may designate a Council member as the Chairperson's representative.

(b) Vice-Chairperson. The Vice-Chairperson shall act in the absence of the Chairperson. In the event of the resignation, incapacity, or death of the Chairperson, the Vice-Chairperson shall serve until the Advisory Council elects a new Chairperson. The Vice-Chairperson shall perform other duties as assigned by the Chairperson.

Section 3. Nominations. Nominations for Advisory Council officers shall be made from the floor.

Section 4. Elections. Officers shall be elected by Advisory Council members. Elections shall be held during the last quarter of the Council year.

Section 5. Terms. 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.

Section 6. Vacancies. Vacancies in elected offices shall be filled by a majority vote of the members in attendance at the next Council meeting after the vacancy occurs. Officers so elected shall serve for the remainder of the vacated term and shall be eligible for election to that office for the next full term.

ARTICLE VII: MEETINGS

Section 1. Schedule.

(a) Regular. The Advisory Council shall meet at least four times per year.

(b) Special. Special meetings of the Advisory Council may be called by the Chairperson or by the Vice-Chairperson at the request of 10 council members.

Notice of special meetings shall be made to all Council members not less than 10 days prior to the meeting stating the time, date, location and purpose of the meeting. No other business shall be transacted at a special meeting.

Section 2. Quorum. A quorum for an Advisory Council meeting shall be fifty percent (50%) of the appointed membership.

Section 3. Agenda and Supporting Materials. An agenda and supporting materials for a regularly-scheduled meeting shall be distributed 10 days in advance of the meeting. Requests for items to be included on the agenda shall be submitted to the Chairperson at least fifteen (15) days prior to the meeting. The Chairperson shall coordinate agenda development and distribution with Council staff. Agenda items may be added at any meeting with the approval of a majority of the members attending.

Section 4. Open Meetings Law. All meetings shall be open to the public in accordance with the state open meetings law, set out at South Dakota Codified Laws 1-25-1.

Section 5. Voting. Voting shall be by Advisory Council members present. Voting by proxy shall not be permitted. A person designated as provided for in Article V is not a proxy.

Section 6. Public Notice. Public notice of all meetings shall be given by posting the agenda at the Division of Behavioral Health at least 10 days prior to any meeting as set forth in SDCL 1-25-1.1.

ARTICLE VIII: COMMITTEES

The Advisory Council shall utilize committees on an as needed basis to adequately conduct the affairs of the Council. These ad-hoc committees may include individuals that are not members of the Advisory Council. Committees to be created under this Article shall be approved by a majority of the Council membership at any regular or special meeting.

Committees shall represent the Advisory Council when authorized to do so by the Council or Chairperson. Committee members shall be appointed from the Council membership by the Chairperson taking into consideration requests by the Council membership to participate in specific committees. The Chairperson may also appoint ad-hoc committee members who are not Council members provided, however, that non Council members shall not participate in Council voting.

ARTICLE IX: PARLIAMENTARY AUTHORITY

Advisory Council meetings shall be conducted in accordance with the rules contained in the current edition of *Roberts Rules of Order Newly Revised* in all cases in which they are applicable and in which they are not inconsistent with these bylaws and any special rules the Council may adopt.

ARTICLE X: AMENDMENT OF BYLAWS

These Advisory Council bylaws may be amended at any meeting of the Council by a majority vote of the appointed Council membership in attendance, provided the amendment has been distributed to all Council members at least 10 days prior to the date of the meeting.

ARTICLE XI: CONFLICT OF INTEREST

It shall not be considered a conflict of interest for any individual or employee, officer, or director of any firm, corporation, department, facility or agency to serve as a member of the Council, provided such member shall abstain from action and voting by the Council in matters where the member may receive a direct personal financial benefit from a contract or grant awarded by the Council.

ARTICLE XII: DESIGNATED STATE AGENCY

The Advisory Council shall be assigned to the Department of Social Services, Division of Behavioral Health.

ARTICLE XIII: COUNCIL STAFF

Technical assistance and staff support shall be provided to the Advisory Council by the Department of Social Services.

Behavioral Health Advisory Council Fiscal Reports: Fiscal Year 2023

The attached fiscal information is provided to the Behavioral Health Advisory Council as required by the Behavioral Health State Plan. The tables below show the budgeted amounts to support the Mental Health and Substance Use Disorder programs.

Mental Health Budgeted Items for FY23		
Administration	(Includes salaries, benefits, travel, etc.)	\$1,308,948
CYF Services		\$10,823,425
CARE		\$16,406,008
Room and Board		\$799,203
Outpatient Services		\$3,143,609
IMPACT		\$4,877,919
Mental Health Court Treatment-FACT		\$610,353
Transition Age Youth		\$609,150
Emergency Services		\$787,424
Indigent Medication		\$503,301
PATH		\$288,000
Special Projects (ex. Behavioral Health Services Information Systems Grant)		\$495,768
Juvenile Justice Reinvestment Initiative		\$2,657,840
School Based Mental Health Services-Systems of Care		\$2,490,585
Resource Information Services-211		\$889,150
Total:		\$46,690,683

Substance Use Disorder Budgeted Items for FY23		
Administration	(Includes salaries, benefits, travel, etc.)	\$1,436,473
Outpatient Services		\$5,723,948
Adolescent Substance Use Disorder EBP Treatment		\$136,812
Low-Intensity Services		\$6,223,264
Inpatient Services		\$5,782,904
Meth Programs		\$4,181,235
Detoxification Services		\$1,294,107
Gambling Treatment		\$ 291,839
Medicaid Programs		\$8,345,403
Recovery Supports-specific to Pregnant Women		\$15,000
Supported Housing		\$690,001
Resource Development		\$150,989
Prevention Program		\$5,827,475
Criminal Justice Initiative		\$6,822,066
Total:		\$46,921,516

Mental Health and Substance Use Disorder Budgeted Grand Total: \$93,612,199

State Funds: 67.57% Federal Funds: 32.07% Other Funds: 0.36%

One time grant funding is not included in the above. This includes:

The Opioid SOR Grant \$4,001,239; Opioid Settlement Funds: \$3,000,000

Coronavirus Response and Relief Supplement Appropriations Act: \$7,445,464

(SABG: \$5,662,944, MHBG: \$1,782,520)

American Rescue Plan Act: \$7,969,623 (SABG: \$4,890,725, MHBG: \$3,078,898)

American Rescue Plan Act funding for Crisis Stabilization: \$3,750,000 annually for four years

Mental Health Program Descriptions

Children, Youth, and Family Services (CYF Services/CYFS)

CYF services are specialized outpatient services provided to youth with serious emotional disturbance (SED). Services may include case management, individual, group and/or family counseling. Family counseling may include Functional Family Therapy, which is a strength-based model for building skills to help improve family relationships, reduce behavioral issues and improve school performance.

Comprehensive Assistance with Recovery and Empowerment (CARE)

CARE services are specialized outpatient services that include counseling, case management services and psychiatric medication management for adults with serious mental illness (SMI).

Room and Board

Individuals 18 years old and older who have a serious mental illness and due to their illness are unable to function in an independent living environment may access room and board services. CARE or IMPACT services are provided based upon the individuals' needs.

Outpatient Services

Outpatient mental health counseling services are provided to individuals of all ages. It also includes services for First Episode Psychosis related to the 10% set aside of the Mental Health Block Grant.

Individualized Mobile Programs of Assertive Community Treatment (IMPACT)

IMPACT services provide intensive outpatient counseling, case management services and psychiatric medication management for adults living with SMI.

Mental Health Courts: Forensic Assertive Community Treatment (FACT)

Funding supports the mental health treatment component of Mental Health Courts. FACT utilizes the Assertive Community Treatment model similar to IMPACT but focuses on individuals involved in the justice system. The Mental Health Courts are located in Pennington County and Minnehaha County.

Transition Age Youth Program:

The Transition Age Youth Program provides services to individuals transitioning out of children's long-term placements. The program provides mental health treatment and support services along with supported housing services to ensure a successful transition to community living.

Emergency Services

Emergency services are available 24 hours per day, seven days a week, for individuals experiencing a mental health emergency or crisis. Emergency services are designed to stabilize the emergency situation and to provide immediate treatment in the least restrictive environment possible.

Indigent Medication

The Indigent Medication Program assists individuals, who do not exceed 185% of the Federal Poverty Level, with serious mental illness and/or substance use disorders in purchasing psychotropic medications, related lab costs and medications for substance use disorders, with temporary funding, until longer term funding can be obtained.

Projects for Assistance in Transition from Homelessness (PATH)

PATH is a federal grant to reduce or eliminate homelessness for adults with serious mental illnesses or co-occurring serious mental illnesses and substance use disorders, who are experiencing homelessness or are at imminent risk of becoming homelessness. PATH funds are used to provide an array of allowable services, including street outreach, case management, and services that are not supported by mainstream mental health programs.

Special Projects

Special Projects includes the Behavioral Health Services Information Systems State Agreement which provides funding to support data and outcome collection. These outcomes are the mental health data reported on the Behavioral Health State Plan.

Juvenile Justice Reinvestment Initiative (JJRI)

Under the Juvenile Justice Reinvestment Initiative, the Department of Social Services, the Division of Behavioral Health has been appropriated funding to develop evidence-based interventions for justice-involved youth on probation with the Unified Judicial System or on aftercare with the Department of Corrections. JJRI services are also available to youth who may not have formally entered into the juvenile justice system but are determined to be at risk for justice involvement.

Systems of Care (SOC)

Systems of Care is a wraparound approach to care coordination and service delivery for youth and families with complex needs. It is built on the values of being family driven, team-based, collaborative, individualized, and outcome-based. SOC helps families navigate and access services while also giving them the skills they need to become more self-reliant.

Resource Information System (211)

The Resource Information System, known as 211, provides information and referrals to resources for a person in a crisis or disaster, resources for social services, human services, legal and financial assistance or other related needs as well as assistance for physical and behavioral health needs.

Substance Use Disorder Program Descriptions

Outpatient Services

Included in this category are early intervention, outpatient services, crisis services, and assessments. Early intervention services offer outpatient services to individuals who may have substance use related problems but are not diagnosed with a substance use disorder. Outpatient treatment services provide counseling services to individuals diagnosed with substance use disorders. An assessment includes an interview with a trained clinician to review a person's substance use and its impact on his or her daily life.

Adolescent Substance Use Disorder Evidence-Based Practices (Adolescent SUD EBP)

Adolescent SUD EBP programs provide services to youth involved or at risk for involvement in the justice system. The identified EBPs include Cannabis Youth Treatment (CYT) and Cognitive Behavioral Interventions for Substance Abuse (CBISA) for adolescents.

Low Intensity Services

Low intensity residential treatment services include residential, peer-oriented treatment programs for individuals with substance use disorders whose living situation or recovery environment is incompatible with recovery goals. To prepare the client to live successfully in the community, the program provides substance use disorder counseling along with case management services.

Inpatient Services

Inpatient treatment services provide residential treatment with medically monitored intensive treatment for individuals with severe substance use disorders.

Methamphetamine (Meth) Services

Intensive Methamphetamine Treatment (IMT) services offer long-term, evidence-based programming to individuals with severe methamphetamine use disorders. Individuals receiving IMT services require extended treatment to allow for recovery of cognitive capacity as well as on-going case management. Treatment may include residential services, outpatient treatment and care coordination to support long-term recovery.

Detoxification

Detoxification treatment services are residential treatment services delivered by trained staff who provide 24-hour supervision, observation and support for individuals who are intoxicated or experiencing withdrawal symptoms. The goal is to motivate the individual to seek further treatment services.

Gambling

Gambling services are designed for individuals who have a gambling problem. Services include assessments, crisis intervention, individual or group counseling, intensive outpatient, day treatment, and inpatient programs as described above.

Medicaid Programs

Medicaid funding supports Medicaid-eligible adolescents and adults who are receiving outpatient, low intensity residential, or inpatient services as described above.

Recovery Supports-Specific to Pregnant Women's Programs

Case management activities are provided by a case manager that bring services, agencies, resources, or people together, within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contacts. These case management activities are specific to pregnant women.

Supported Housing

Supported Housing provides a sober living environment for individuals 18 and older with a substance use disorder, or experiencing issues related to substance use. Services include case management and other supports to develop independent living skills.

Resource Development

Resource Development funding supports outcomes research on individuals who complete treatment services funded by the Division through community-based programs. Consultants also offer trainings on Native American Cultural Awareness.

Prevention

Prevention programs aim to engage and empower individuals and communities to choose healthy behaviors and make changes that reduce the risk of developing disorders. Programming can be delivered on an individual, community, or state-wide level.

Criminal Justice Initiative (CJI)

The Criminal Justice Initiative provides funding for substance use disorder services to individuals on probation or parole in urban and rural areas. Additionally, criminal thinking programming is offered to address criminogenic risk factors. Programs utilize evidence-based or evidence-informed practices that are appropriate for individuals involved with the justice system.



988

SUICIDE
& CRISIS
LIFELINE

Behavioral Health
Crisis Care
in South Dakota



Behavioral Health Crisis Response Stakeholder Coalition

988 Planning Coalition Membership

- Key stakeholders representing behavioral health crisis response and prevention services.
- 988 Planning Coalition Charter
- Began April 2021, meeting monthly through September 2021
- Met November 2021 and January 2022.
- Continue to meet as needed to support implementation.

Eight Core Planning Considerations

Overview | BHCRSC Coalition Charter in Summary

1. Ensuring statewide coverage for 9-8-8 calls, chats, and texts
2. Funding structure for Lifeline Centers
3. Capacity building for Lifeline Centers
4. State/Territory support of Lifeline's operational, clinical and performance standards for centers answering 9-8-8
5. Identification of key stakeholders for 9-8-8 roll out
6. Ensure there are systems in place to maintain local resource and referral listings
7. Ensure ability to provide follow-up services to 9-8-8 users according to Lifeline best practices
8. Alignment with national initiatives around public messaging for 9-8-8

Crisis Now Model

- [It's Been A Bad Day](#)



Key Factors to Consider

From the Planning Coalition

Three Pillars:

1. “Someone to call”
2. “Someone to respond”
3. “Somewhere to go”



Workforce availability and retention is a top concern for sustainable operations.



Building capacity for local response and receiving facilities are equally important.



Local providers are central to successful messaging and promotion of 988.



Monitoring of actual call volume compared to projections will be needed to assess long-term funding needs.

Handling Mental Health Crisis in South Dakota

Process and Partners



Moving the U.S. to a 3-digit Dialing Code

On July 16th, 2022, our nation moved to the first-ever 3-digit dialing code for suicide prevention and mental health crises, available for call, chat and text. The previous 1-800-273-8255 (TALK) number will continue to function indefinitely.

Fast Facts about 988:

It provides greater access to **24/7/365, free, confidential and life-saving services** to those experiencing a mental health, substance use, or suicidal crisis.

It will **not replace** the existing National Suicide Prevention Lifeline—but in fact, strengthen and expand it.

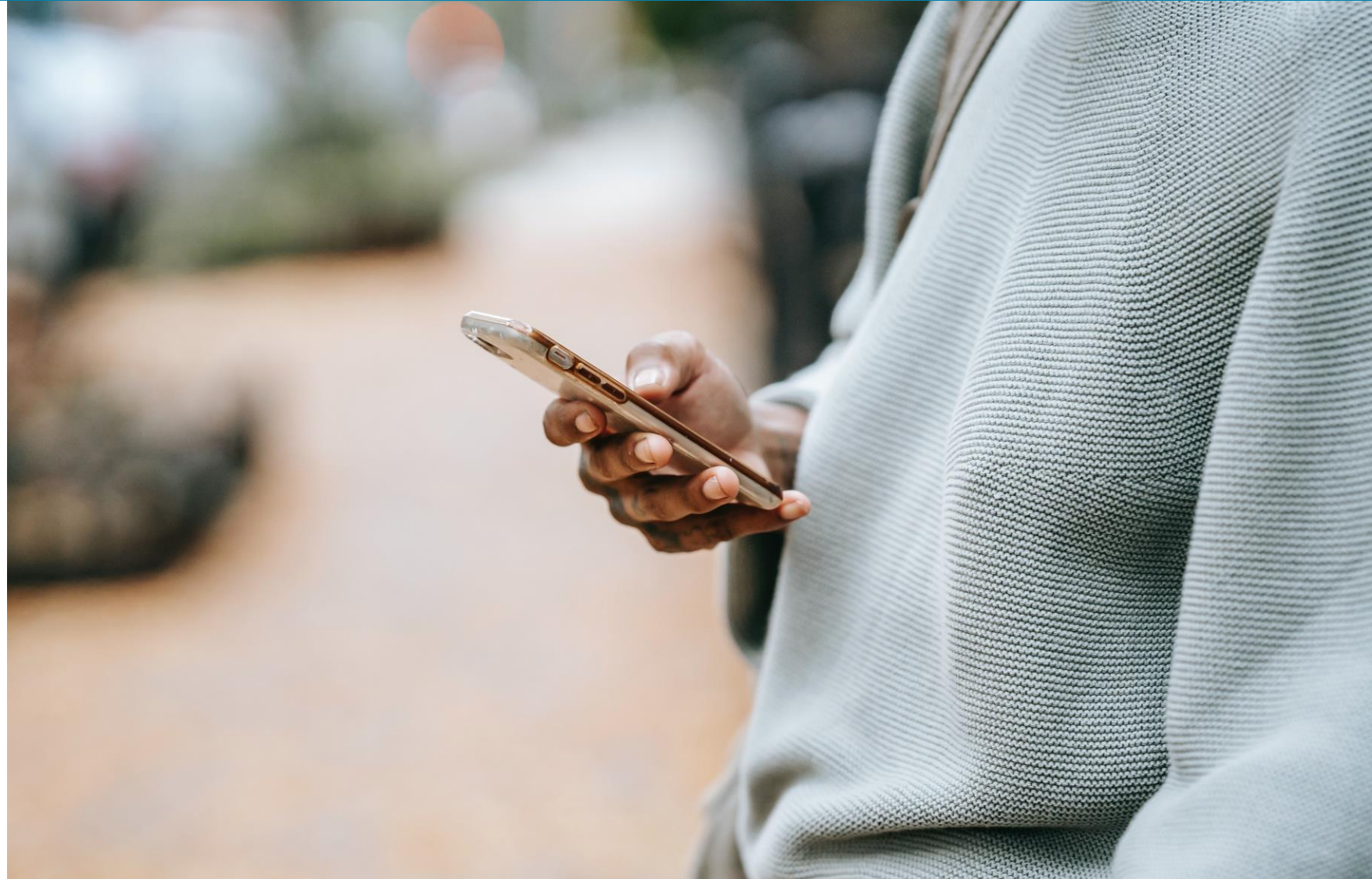
It is an **easy-to-remember number that helps to provide direct connection** to compassionate, accessible care.

It's **more than just a 3-digit number**. It will strengthen our larger crisis care system.



Why 988?

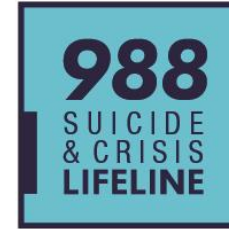
- Strengthen existing Lifeline network;
- Implement a unified crisis standard of care;
- Ensure everyone in crisis gets the help they need, when they need it;
- Linking those in crisis to community-based providers



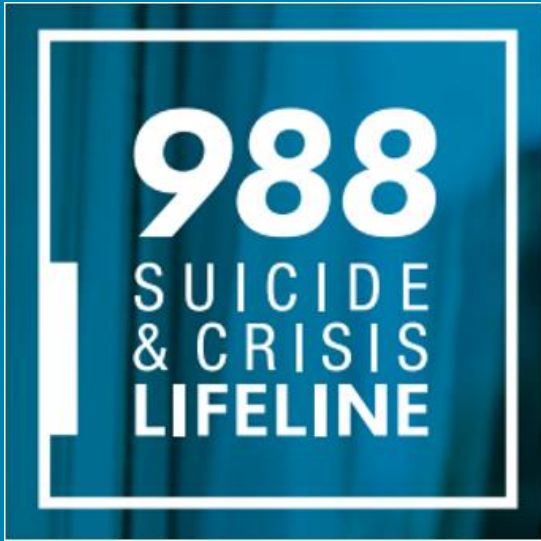
Difference between 211 and 988

2.1.1

- Housing /Rental assistance
- Utility assistance
- Food resources
- Government information
- Financial assistance
- Disaster information
- Basic health information
- Tax prep assistance
- Volunteer opportunities
- Childcare information



- Crisis situations (emotional distress, suicide or other behavioral health crisis)
- Behavioral health resource information and support
- Substance use information and support programs
- Connection to all levels of treatment options
- Care coordination and follow up support



Meets national standards for risk/safety assessment and engagement of individuals at imminent risk of suicide and offers care traffic control – quality coordination of crisis care real-time. Follow up support.

When you've got a police, fire or rescue emergency, call **911**

When you need social service information or resources, call **211**

When you have an urgent mental health need, call **988**



988 in South Dakota

- 988 in SD is a **partnership between SD Department of Social Services, Division of Behavioral Health and Helpline Center**. DSS has provided the planning support, development of the 988 plan and initial funding.
- **988 Implementation Plan** for South Dakota was finalized in Jan 2022 with the Behavioral Health Crisis Response Stakeholder Coalition. The Stakeholder group has key members from behavioral health crisis response and prevention services across the state.
- Ramp up and first year **funding needs** (March 2022 – June 2023) will be provided using currently available one-time crisis funds and a SAMHSA Grant. Future funding options are being reviewed based on findings from an independent consultant report contracted to review the funding needs of 988.

988 in South Dakota

- 988 is **answered by the Helpline Center** and staffed by individuals with advanced degrees and experience in behavioral health.
- 988 can support **follow-up calls** to callers and include follow-up calls from mobile crisis team referrals, discharges from inpatient units or other programs to support care coordination.
- **Partner with** 911 Public Safety Access Points, outpatient behavioral health providers, psychiatric inpatient units, stabilization units and appropriate regional facilities.
- On average, **80% of calls** received by trained crisis counselors in a 988 setting can be de-escalated on the phone, reducing the need to dispatch law enforcement in situations that do not have safety concerns.

988 and 911 Partnership

- 988 is designed to collaborate with 911 centers to assist with mental health calls. The Helpline Center will be working with each PSAP in the state to create a partnership between 988 and 911
- 911 transfer calls to 988 such as callers in an emotional crisis or callers expressing mental health needs that are not suicidal
- 911 will also transfer calls to 988 when callers are suicidal and alert but not requiring dispatch
- 988 will work with 911 for calls requiring an emergency medical response or law enforcement response

988 is Live! What Now?

- Volume of call, text, chat
- Helpline capacity
- 988 Promotional Materials! Help Spread the Word!
 - <https://www.helplinecenter.org/988info/988-promotion/>



Additional swag coming soon!

A promotional poster for the 988 Suicide & Crisis Lifeline. The top left features the "988 SUICIDE & CRISIS LIFELINE" logo in a white box. Below it, the text "helpline center" is written in a sans-serif font, followed by "There is hope" in a large, white, handwritten-style font. To the right is a close-up photo of a woman's face, looking upwards with a hopeful expression. Below the main text, three lines of text list situations where help is needed: "...when you're feeling depressed or anxious", "...when you're concerned about your loved ones drinking or substance use", and "...if you're having thoughts of suicide". At the bottom left, there is a logo with two speech bubbles, one containing a question mark, and the text "988 Call • Text • Chat helplinecenter.org/988". At the bottom right, there is a small text block describing the service, the "SDSP SOUTH DAKOTA SUICIDE PREVENTION" logo, and another QR code.

988
SUICIDE
& CRISIS
LIFELINE

helpline
center

There is hope

Talk
with us

...when you're feeling depressed or anxious
...when you're concerned about your loved
ones drinking or substance use
...if you're having thoughts of suicide

Helpline Center answers the 988 Lifeline for South Dakota.
988 provides support, connections and hope during a mental
health or substance use crisis. 988 is also available if you are
worried about a loved one in crisis. Available 24/7.

988
Call • Text • Chat
helplinecenter.org/988

SDSP
SOUTH DAKOTA
SUICIDE PREVENTION
sdsp@prevention.org/988

Mobile Crisis Teams, Crisis Stabilization and Virtual Crisis Care

Mobile Crisis Teams/Crisis Stabilization

Goal is to provide the least restrictive and most effective response for an individual in crisis.

Sioux Falls

- Southeastern Behavioral HealthCare
- The Link

Pierre Area

- Capital Area Counseling

Rapid City area

- Care Campus – Behavior Management Systems

Virtual Crisis Care – Avel eCare

Provides law enforcement with 24/7 access to behavioral health professionals

A resource when local crisis response services are not available

Utilizes tablet technology

De-escalation, stabilization and safety assessment

Connection to local mental health resources for follow-up care.

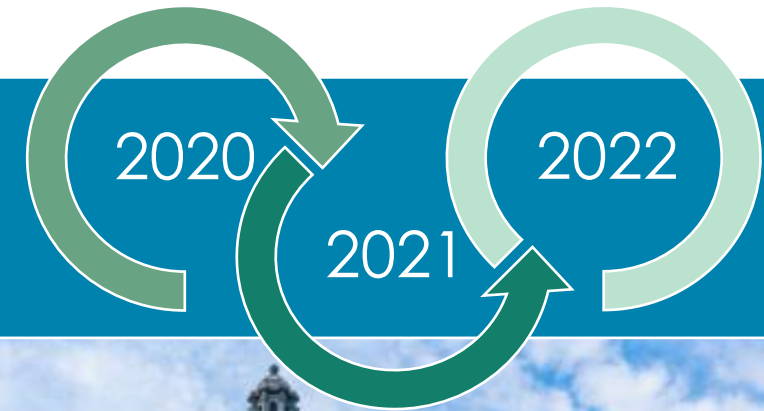
<https://uj.s.sd.gov/Resources/VirtualCrisisCare.aspx>



Appropriate Regional Facilities

Appropriate Regional Facilities (ARFs) are designed to provide 24/7 overnight residential services to stabilize acute psychiatric or behavioral health symptoms, evaluate treatment needs and develop a crisis stabilization plan affording the ability for individuals to be stabilized closer to home.

Appropriate Regional Facilities



2020 Legislative Session

- SDCL 27A-10.1.2

2021 Legislative Session

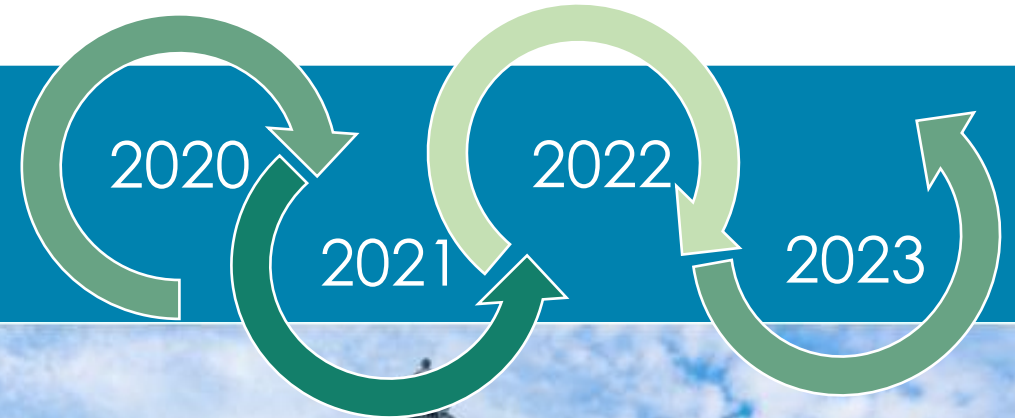
- Senate Bill 144
 - Pennington County
- Senate Bill 186

State Fiscal Year 2022

- RFP #2236, ARFs
 - Lewis & Clark Behavioral Health Services
 - The Human Service Agency



Appropriate Regional Facilities



Governor Noem's 2021 Budget Address

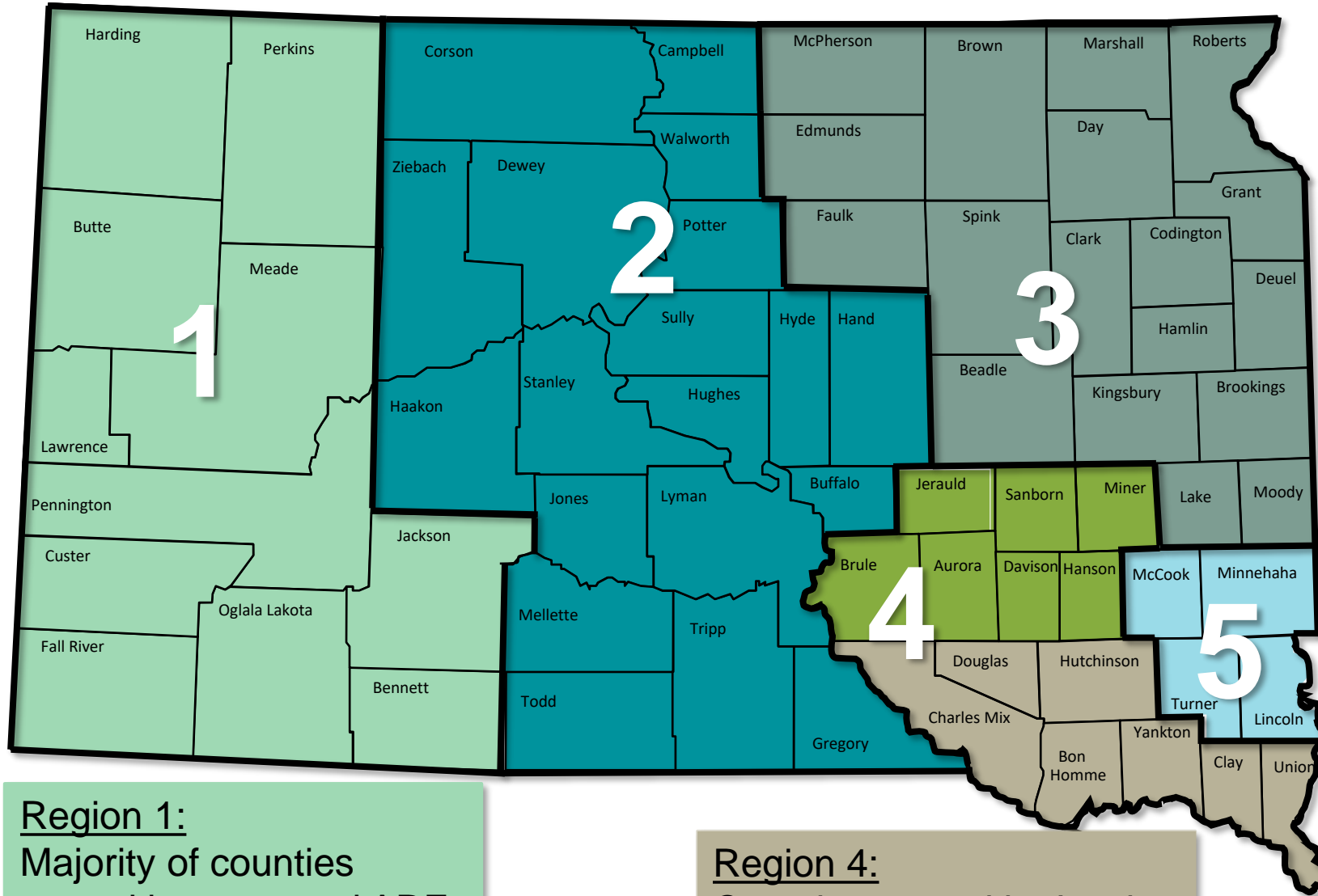
- \$15,000,000 in federal funding from the American Rescue Plan Act funding to support the development and expansion of ARFs.
- Behavioral Health Service Delivery Transformation

State Fiscal Year 2023

- RFP #2579, ARFs



Additional Appropriate Regional Facility Capacity



Region 3:
All counties
served by
Human
Service
Agency ARF

Region 1:
Majority of counties
served by proposed ARF
at Pennington County
Care Campus

Region 4:
Counties served by Lewis
& Clark Behavioral Health
Services ARF



Questions?
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