MINUTES
Reduce the Overall Use of Acute Mental Health Hospitalizations Task Force

Senator Alan Solano, Chair
Representative Erin Healy, Vice Chair

First Meeting, 2019 Interim
Tuesday, July 09, 2019

Room 362 – State Capitol
Pierre, South Dakota

The first meeting of the SCR 2 Task Force 2, Reduce the Overall Use of Acute Mental Health Hospitalizations, was called to order by Senator Alan Solano at 10:00 AM (CDT) in room 362 of the State Capitol in Pierre. A quorum was determined with the following members answering roll call: Senator Margaret Sutton, Representative Steven Haugaard, Teri Corrigan, Jill Franken, Amy Iversen-Pollreisz, Jim Kinyon, Steve Lindquist, Dianna Marshall, Tom Stanage, Representative Erin Healy, Vice Chair, and Senator Alan Solano, Chair.

Staff members present included Wenzel Cummings, Code Counsel; and Cindy Tryon, Senior Legislative Secretary.

NOTE: For purpose of continuity, the following minutes are not necessarily in chronological order. Also, all referenced documents distributed at the meeting are attached to the original minutes on file in the Legislative Research Council office. This meeting was web cast live. The archived web cast is available at the LRC web site at sdlegislature.gov.

Welcome and Introductions

Senator Solano welcomed the members to the first meeting of the Reduce the Overall Use of Acute Mental Health Hospitalizations Task Force. The scope of the committee is to *study, review, and identify ways to reduce the overall use of acute mental health hospitalizations by developing and supporting existing alternatives where appropriate, create community-based short-stay alternatives, and develop day treatment options.* Senator Solano said it is important the task force keep focused on this scope and not get off topic.

The members of the task force introduced themselves and told their backgrounds and areas of expertise which led to serving on this task force. Senator Solano said he is a believer in synergy and capitalizing on the areas of expertise each member brings in order to see the possibilities for South Dakota. The task force will spend time learning and exploring this topic before suggesting solutions.

Senator Solano demonstrated how to find information on the LRC website. Title 27A of the codified laws focuses on mental health laws. Administrative rules regarding mental health can be found under ARSD 67:62. All committee meeting information and documents will be on the website.

Key Elements from 2018 Access to Mental Health Services Study

Senator Solano presented information on the mental health interim study that was conducted in 2018 which led to the passage of SCR 2 during the 2019 Legislative Session and the formation of five task forces assigned to conduct a more in-depth study in different areas of mental health issues. The chairs of each of the five task forces will be in communication with each other in order to limit the cross-over and so the task forces do not come up with contradictory solutions.

Senator Solano distributed a few pages pulled from minutes of the 2018 mental health study referring to a presentation by Dr. Matthew Stanley, Avera Medical Group University Psychiatry Associates ***(Document #1)***. Senator Solano encouraged the task force members to look at this part of the minutes from last year as Dr. Stanley did a great job answering questions. All meeting minutes from that 2018 study can be found on the LRC website.

Senator Solano gave a synopsis of the Mental Health Study Committee meetings from 2018. The inverted triangle document was distributed ***(Document #2)***. Senator Solano explained that we try to avoid the tip of the triangle "inpatient psych care" and attempt to address the issue of mental health through the top line "prevention".

Senator Solano presented the *Position Paper on Regionalization of Mental Health Services* that had been distributed at the 2018 Mental Health Study ***(Document #3)***. The authors of the paper are Steve Lindquist and Thomas Otten. Mr. Lindquist said he co-authored this paper after being asked to return to the South Dakota Human Services Center (HSC) as the administrator and served in that capacity for about five months. The changes he observed upon his return to HSC were huge. There were a number of people there who seemed to not need to be there. The number of beds for acute services had been decreased by half. Years ago, the cost to the counties to admit someone to HSC was $25 and that fee to the counties is now $600. The counties do not have the money to pay those fees.

Mr. Lindquist said South Dakota's HSC is not comparable to other states' state hospitals. There are other steps taken in other states before placing someone in the state hospital that South Dakota does not take. In other states the wait can be two weeks or more for a psych bed while in South Dakota it can be just a few hours. The time is right to look at other alternatives.

Senator Solano said about 20% of the admissions to HSC are for three days or less, reducing the number of beds needed for long term care.

Senator Sutton asked how many people are admitted to HSC. Ms. Iversen-Pollreisz said there were about 1200 admissions to HSC in 2018. About 20% of admissions turn over very quickly, about 23% leave during the 5-day hold. The document *South Dakota Human Services Center Acute and Geriatrics Program Information* was presented giving more data about the 2018 admissions to HSC ***(Document #4)***.

Mr. Lindquist said the length of stay at HSC is based on the referral as well as on need and demands on the facility. The entire system has so many moving parts that affect each other. Senator Solano said that is a point of which the task force needs to be mindful, anything the task force does will have an impact on another part of the system.

Ms. Iversen-Pollreisz said work is being done in local communities that has really helped reduce the demands on HSC. Local agencies can hone in on the issue needing to be addressed.

Mr. Tice said the Care Campus in Rapid City provides that service for HSC. In 2010 about 20% of the holds were dropped within the first few hours as compared to about 40% of the holds that are now dropped in the first few hours.

Senator Sutton asked about substance abuse. Mr. Lindquist said Avera in Sioux Falls does about 9000 assessments in a year. The biggest increase in paranoia assessments is because of meth. Mr. Stanage said the numbers of people with substance abuse issues may not be changing as much as the type of substance being abused. Twenty years ago the substance was mainly alcohol, today it is meth.

Mr. Kinyon said when looking at the adolescent population of Native Americans, almost 100% of those ages 9 to 18 use marijuana.

Ms. Iversen-Pollreisz said the primary drug of choice for adolescents for many years was alcohol, now it is marijuana. Alcohol was also the primary substance for adults but there has been a big increase in meth abuse. Opioids are the drug of choice for about 3-4% of adults.

Current Crisis Care Services Available in South Dakota

Senator Solano distributed maps of behavioral health facilities in South Dakota ***(Document #5)***.

Ms. Kris Graham, CEO, Southeastern Behavioral Healthcare (SBH), Sioux Falls, addressed the task force via phone. SBH originated in Minnehaha County in 1952. The mobile crisis center started nine years ago and is one of SBH's several programs. In 2015, the mobile crisis center expanded to include Lincoln County. There is a full and part time staff who work on the mobile crisis team. Funding comes from Minnehaha and Lincoln counties. The mobile crisis team is activated by police officers and works to deaccelerate the event trying to keep people in their homes, reducing the number of hospital admissions.

The mobile crisis team received 546 calls in 2018 and 428 of those under investigation remained in their homes, saving on jail time and hospital beds. There is an equal number of males and females. The majority of clients are aged 21-30 followed by the 31-40 age group, and the age continues to get younger. The team responds within 5 minutes of a page from the police. The team does work with children, but an adult has to be present to allow the team to work with the child. 428 of the calls were first time calls, there are very few repeat callers. The crisis team does decline calls if there is no need for a mental health hold or if the person is too violent. There were 38 calls last year that were declined.

Mr. Lindquist asked about the cost to the counties. Ms. Graham said the cost to the county the first year was $89,000 and continues to be $89,000 a year for Minnehaha County. The budget has not been increased in nine years. Lincoln County pays $200 - $300 dollars a month based on the number and types of calls.

The mobile crisis center has 12 staff members who have been there the entire nine years. There is one full-time staff person and the others work varying shifts. Staff is paid $100 a day for on-call and $25 for every time they are called out. The staff is also paid mileage as they use their own cars.

The crisis center does provide follow-up calls and can provide crisis counseling, as well as other services as needed. If the person needs further levels of assessment they are taken to Avera. Law enforcement does all of the transporting of clients.

Ms. Franken asked for the top three reasons for the crisis call. Ms. Graham said there are a lot of drug enhanced psychosis. Oftentimes, it is a trauma in their life such as loss of a job. The drug or mental psychosis are the most likely to be put on a hold.

Senator Solano thanked Ms. Graham for taking the time to speak with the task force.

Mr. Dennis Pfrimmer, President and CEO, Capital Area Counseling Services, Pierre, said the area had many suicides and at that time the community established a mental health task force that has met off and on over the years. Several years ago, the task force decided to design a mobile crisis center that would fit the community needs and the mobile crisis response was first available in April 2016. Mr. Pfrimmer distributed a 36 Month Risk Assessment Comparison ***(Document #6)***.

Mr. Pfrimmer said that Pierre, like most other communities, was having too many petitions and needed to do something better. The goal is to reduce the number of petitions and work at not filing a petition until more information has been collected. The number of risk assessments is decreasing as is the number of people needing hospitalization. Ms. Iversen-Pollreisz said there were only 20 hospitalizations in Hughes County in 2018. Mr. Pfrimmer agreed saying the number of trips to the HSC in Yankton has been cut in half. Licensed mental health staff do the evaluations and if a full risk assessment is needed staff I available to provide that. About 45% of the people seen by the mobile crisis team in the Pierre area are minors.

There are 6-8 qualified part-time professionals on call for the mobile crisis team and there is a real drain on them. It is difficult to go out on call at night and then go to work at another job the next morning. The team sees a lot of first time clients. Many situations are just brief tough times and the person may be back to his or her life in a few days. The team is allowed to do four follow up contacts that will be paid for by the county but those are very seldom needed. If the follow up needs to be completed by another professional, they can do that. The follow up does not have to be conducted by one of the team members.

Mr. Tice asked about communities and counties outside the Pierre/Fort Pierre area using the mobile crisis team. Mr. Pfrimmer said the mobile crisis team serves up to 3 miles outside of Pierre/Fort Pierre. Other counties do bring people to Pierre. They can bring them to the office or to the emergency room. The mobile crisis team members do have emergency room privileges.

Mr. Lindquist asked Mr. Pfrimmer for recommendations to other communities that may want to replicate what is being done in the Pierre area. Mr. Pfrimmer said the system can be replicated. The mobile crisis response team is just a piece to the area fighting the large number of suicides that were happening. Most of the staff are female and there are safety issues that had to be addressed. The police officers are very protective of the staff. It is hard work, it is expensive, it is tiring, but making it run is not that difficult. Services have to be available for the client to be transferred and that does not work in the very small communities. The schools and hospital can access the crisis team without going through the police. The focus is to have fewer petitions and the team has succeeded with that. The only time a petition is needed is if the person has a mental illness and is having a psychotic break, the staff cannot treat that person as an outpatient. Other than those instances, the staff can usually come up with a safe at home plan. The team does go to the jail if the prisoner is talking suicide. If the person is drunk when talking suicide, the team waits until the person is sober before doing the risk assessment.

Mr. Pfrimmer said another challenge they face is the turn over of medical staff and police officers. There is constant training of any new staff or officers as to how to work with the crisis team.

Senator Solano thanked Mr. Pfrimmer for taking the time to meet with the task force.

Ms. Kari Johnston, CEO, Human Service Agency, Watertown, addressed the task force via phone. Ms. Johnston said the agency serves six counties and has 24/7 crisis response. The agency has a fifteen bed halfway house and a four bed detox in one facility called Serenity Hills. There is also a safe room in that facility set up with only the bare basics so there is nothing in the room to use for committing suicide. In the past these people were detained in jail for mental health holds. This safe room allows some cool down time which reduces the number of hospitalizations. The person cannot be held for more than 24 hours. There were 380 calls on the crisis line number in 2018 and 370 calls in 2017. Evaluations are also performed in the hospital, the ER, and some in the detention center. Serenity Hills receives $30,000 a year from the hospital. The facility also receives money from the counties.

In response to questions from Mr. Lindquist, Ms. Johnston said the safe room is in Serenity Hills as that facility was already set up with 24 hour staffing. Law enforcement does read the 24-hour mental health hold law to anyone being placed in the safe room. Those who come in voluntarily can leave when they want, those brought in by law enforcement cannot leave until their time is up. If the person becomes aggressive or violent, they are sent to the detention center.

In response to questions from Ms. Corrigan, Ms. Johnston said there were 110 admissions to the safe room in 2018; of those, 5 were voluntarily hospitalized, 13 were involuntarily committed, and 92 were released with an outpatient plan. Oftentimes, if people just get out of their crisis and some hopefulness is installed, things can really turn around without needing to do an involuntary commitment.

Senator Solano asked Ms. Johnston if there is any data available from before the opening of the safe room, as far as the number of people going under petition and commitments to the Human Services Center. Ms. Johnston does not have that information but said she would contact the Sheriff's office to obtain that data and share it with the task force. Senator Solano said that type of data would best demonstrate just how effective these programs are and the gains that have made.

Senator Solano asked about the referrals. Ms. Johnston said the majority of referrals are from law enforcement. The remaining referrals might be clients that are familiar to the staff and are having some type of crisis. They can come stay in the saferoom and receive counseling and some TLC.

Senator Solano asked if there are times that more than 24 hours is needed for the stay. Ms. Johnston said there have been times but most of those are weather related. There have been times the stay is longer because HSC has not gotten back to the facility to let them know if they can take the client, but that does not happen very often.

Ms. Marshall asked about the staff. Ms. Johnston said they have 6 QMHPs and one of those just turned in his resignation so will be down to 5. There is oversight of some staff that are licensed but not quite QMHPs who can go out and do the evaluation and then call a QMHP if needed.

Senator Solano thanked Ms. Johnston for her testimony.

Mr. Barry Tice, Director, Pennington County Health and Human Services, Rapid City, presented information on the Care Campus in Rapid City. Mr. Tice said there are four primary partners involved in the Care Campus, Health and Human Services, Pennington County Sheriffs Office, Behavioral Systems, and the Rapid City Police Department. The Care Campus was an old college campus that was purchased in 2015 by Pennington County. The county invested $14 million, over $2 million was raised in donations, the McArthur Foundation provided funding for additional staff, and Regional Health provided one time funding for the facility. A lot of the Care Campus is based on the Haven for Hope in San Antonio. There is a lot to be learned from other facilities across the nation.

There are seven primary programs and partnerships within the facility: the crisis care center, detox, safe solutions, health and human services, the Rapid City Police Department quality of life unit, outpatient treatment, and 64 residential treatment beds. The facility is a main tool for the law enforcement, especially the Rapid City Police Department. The goal of the center is to provide the right service at the right time.

It is one to three minutes for law enforcement to drop somebody off at the facility and conduct the intake process, unless there is a line of drops offs waiting. It is a very busy facility. Health and human services provides case management services for re-entry programs. They can provide economic assistance such as rent or utilities as do other counties across the state, as well as housing vouchers, veterans services, medical and Medicaid assistance.

The detox unit has 28 beds for males and 16 beds for females and provides 24/7 monitoring while detoxing. These are overseen by the Pennington County Sheriffs Office.

Safe Solutions is a 30 male and 16 female mats on the floor area providing a safe place for intoxicated individuals to sleep. During that time, they connect people with services to help facilitate sobriety. This winter the Sheriff expanded the use of Safe Solutions to give the homeless a warm place to sleep.

Outpatient treatment services are provided within the facility, with about 200 participants in various programs. These are people being treated for substance abuse. Residential treatment will open in October and will include 64 beds for substance abuse disorders. This will be for both males and females.

There have been over 17,000 admissions into this facility since September 26. About 9,000 of those admissions are for Safe Solutions and 80% of those admissions are self-referrals. Citizens coming in on their own leads us to believe that they are not getting as intoxicated and not passing out in the parks and becoming a danger to themselves and others.

Ms. Teri Corrigan, Pennington County Assessment Officer, Rapid City, presented information on the Crisis Care Center which is located in the Care Campus. Ms. Corrigan started with the Crisis Care when, in 2010, she was asked to write the program and get people hired and trained. The doors opened in 2011 with the purpose of providing crisis stabilization. At that time the center was seeing about 1800 petitions a year for Pennington County and 50-60% of those were being dropped within the first 24 hours. The center worked with law enforcement, the hospital, many service providers, and there were a lot of cooperative teams. The center has moved three times since 2011. Every time there is a move there is a dip in the number of people being served. Last fall the Crisis Care Center moved into the Care Campus.

The center provides care to the people who do not need hospitalization and assists them in finding a different stabilization plan. The center is designed to take any adult and does not see children. The person can be intoxicated or sober, a potential danger to themselves or others and has stated intent to harm themselves or others. The center does not take people who are incredibly violent, are pregnant, or entering into a medical crisis. They do not see nursing home patients as they feel short term mental health services are not appropriate for someone in a nursing home setting. Clients stay at the center for up to 24 hours.

In 2018, the center saw 2,179 people at the crisis care center which was then located on campus the majority of that year. Of those, 600 were referred to ongoing case management, 1,298 received assessment services, most of the remainder were seen under shelter care, and 68 people were referred to the Emergency Room for petition for behavioral health admission.

In 2018, 107 clients were referred by a CIT trained officer, 1,278 were self-referred or walk-ins, 228 brought in by the police department, 232 from the hospital emergency room, and about 20 referred by Ellsworth Air Force Base.

When the Crisis Center first began, almost every partnering service provider held at least one hour a week open for any referrals from the center, so every single day we had access to getting someone into a service that could help them. Now they can get on the phone to any of those partners and the partner gets people in fairly quickly.

About 130 people came into crisis care in the month of May, with the average length of stay being 8.5 hours. Of those, 6 were referred to the emergency department for a behavioral health/mental illness referral (petition).

Mr. Tice commented that having all these services in one facility allows people to easily access the needed services: right services at the right time. This type of facility also reduces the need for transport.

Mr. Kinyon said those involved in these areas in Rapid City said they didn't care who did this but that things had to be done better to serve the people in our community. The Care Campus really brought us together in understanding the dynamics and eliminating the concerns about turf. This hasn't resolved the mental health crisis in our community but there is a changing dynamic in the whole state. Even with excellent providers and excellent services, they are still flooded with the number of people who need care.

Senator Solano pointed out that reports show the average length of stay is 8 to 9 hours and asked if the 24-hour time limit for a stay is an issue. Ms. Corrigan said the Rapid City Crisis Care Center is completely voluntary and there are other facilities in the state that allow 3-5 day stays.

Mr. Stanage suggested the task force may want to establish a definition for regional holding facilities and Senator Solano agreed that the current definition in statute needs to be reviewed.

Ms. Jill Franken, Public Health Director for the City of Sioux Falls, presented information on the Sioux Falls plans for a triage center. Ms. Franken said she is part of the team working on developing the concept for a center and taking the concept to implementation. This started with a McArthur grant Minnehaha County received several years ago. There were two groups with one assigned to work on policy and the other to work on operations for the center. Data was gathered based on 2016 services and that data was digested by the groups to assist in deciding the needs of the community. The groups did visit several triage centers around the country to help in developing the concept.

The group has determined they are ready to take that next step toward implementation. The implementation is being addressed through a partnership with Avera, Sanford, Minnehaha County, and the City of Sioux Falls. They are now working with attorneys to determine what the entity should look like. They are also developing the plans and have developed a budget. Looking at what has been done in Pennington County and their scope, Sioux Falls is starting out much smaller.

Sioux Falls will start with what is known in the space of detox and sobering services, opioid early intervention, and crisis intervention for psychiatric urgent care. They expect to get referrals from law enforcement and from mobile crisis, but are really designing this for people walking in. The hope is to reduce the impact to law enforcement in managing these instances and treating this like other chronic disease. Mental health issues are the biggest, most cavernous unknown for families who want to support their loved ones when they are having issues.

The facility will be about 7,500 square feet and located next to city hall and nicely located to other services. There will be an opportunity to grow within the location, so it could house other referral services that fit within the triage plan. The goal is that the triage center will be open by next summer (2020). They think it will cost around a million dollars to renovate the space. The operating budget is estimated to be $1.6 million.

The data shows there will probably be about 11 daily census, with less psych urgent care now but that will be a growing population. The center will not be doing involuntary holds, the hospitals feel they should continue providing that service.

Ms. Iversen-Pollreisz asked if the current sobering and detox services will be moving into this new location. Ms. Franken said those services will move to the new location, and the county and city will continue financially supporting these services. This also means the people served will not have to be seen by the emergency departments in the hospitals. Ms. Franken said they anticipate the need for beds in the sobering center will continue to grow. The new center will be a place where people can feel comfortable bringing their family members.

Ms. Corrigan asked for information on the staffing plans. Ms. Franken said the plan is to hire a Nurse Practitioner, a clinical manager, addiction counselors, mental health counselors, RN staff, medical or nursing assistant level staff who will be cross-trained in security measures, and they will make up the staffing plan to meet the basic needs of the center.

Senator Solano asked if the triage center will just serve Minnehaha County or will it be a regional center. Ms. Franken said there has been some discussion around regionalization, but at this time it is Sioux Falls and Minnehaha County that are involved in the planning, but the group is in discussions with Lincoln County so may be expanding to include them. As far as regionalization, they wouldn't want to say that they are not interested but more studies would have be done to see how the partnerships would work and make sure ways are found to fund the resources that are needed.

Senator Solano asked if the Care Campus in Rapid City is a regional center. Ms. Corrigan said Crisis Care does partner with some of the surrounding counties such as Lawrence County. People from other areas have learned about the Crisis Care Center and bring people in but they have not looked at leveraging this as far as additional support. Mr. Tice said the sheriff does have arrangements with surrounding counties as far as the detox center. They also work closely with the tribal partners. The Care Campus is focused on how best to keep community members in their community.

Ms. Franken said as Sioux Falls looks beyond the first three years and collects the necessary data, and is able to see where clients are living, then perhaps they can come up with a per day rate that can be charged back to the client's county. This could be a way to come up with a method to serve more people on a regional basis.

Mr. Kinyon said regionalization presents one of the challenging realities of trying to allocate mental health services because there are so many transient populations, limited services, and varying competencies in terms of dealing with mental health issues on tribal lands. This causes problems in trying to figure out who to bill and how to bill for services. Everyone is trying to find more effective ways to work with one another. There is nothing in South Dakota about racial demographics, they just pretend it doesn't exist.

Mr. Stanage added that to reduce inpatient utilization especially as far as HSC, they need to reduce the number of petitions and the number of mental illness holds. The task force needs to focus on that. Is there any statewide information by county as far as the number of petitions that are being filed? Having that information would help focus a little bit on the population on which we're trying to focus.

Senator Solano asked if the task force can get a list of the county mental health boards and the last three years of data from each regarding petitions.

Representative Haugaard pointed out that many of the smaller counties will send clients on to the larger counties so it is mostly the larger counties where the petitions will have been filed. Solano asked if the data could show the county of residence for the person with the petition. Mr. Stanage said it is important to have this information as a baseline and we can then tell if the steps we take are having an impact.

Senator Solano requested a list be put together of each county of residence for any client with a petition. He would also be interested in seeing if data can be obtained from the four inpatient psychiatric hospitals, HSC, Avera, Regional Behavioral Health, and St. Lukes, to learn about their number of admissions, how many are voluntary and maybe average length of stay. Representative Haugaard said to not overlook the VA system.

Ms. Corrigan said it would also be interesting to know who is initiating the petitions, such as how many are law enforcement, how many are private citizens, and how many are ER physicians.

Mr. Kinyon said the southwest tribes' assessments all go through Rapid City Regional Hospital. Mr. Kinyon added that to get a complete picture there may be some bordering hospitals to which we need to talk.

Ms. Iversen-Pollreisz said the DSS will not have any data on the out-of-state facilities that are used. Senator Solano said we could ask the county boards if any of the referrals were to facilities located outside the state.

Ms. Franken suggested this data be put in per capita comparison. The numbers may be low in rural counties but when based on population we may be surprised. Then to also have a comparison, could we also get this information from surrounding states?

Senator Solano said it is tough to do comparisons between states as most states have eliminated their state hospitals.

Ms. Iversen-Pollreisz also pointed out that Minnesota tried regionalizing hospitals and it did not work there. One of the reasons was the lack of staffing. This task force also needs to be cognizant of the fact there are staffing challenges here, also. Senator Solano added that building another psychiatric hospital would take a lot of staff and the task force should keep an open mind as to how facilities can be developed that don't need in-patient care. It may need some legislative action to create the support mechanisms to do this. We also need to keep in mind the time context of any information we receive on systems in other states. Things have changed dramatically in the last ten years medically, especially with the advent of telehealth.

Public Testimony

Mr. Terrance Dosch, Executive Director, SD Council of Community Behavioral Health, said the organization represents 18 behavioral health and treatment agencies across the state. Mr. Dosch offered the council as a resource for the task force. The members of the council support the task forces' discussion on crisis support services as a viable alternative to reducing the dependency on inappropriate patient care in our state. It is best to look at investing in crisis support services rather than incarcerating people in jails and prisons. Mr. Dosch added that he believes the community based competency restoration makes a great deal of sense.

Mr. Dan Cross, Community Support Providers of South Dakota, said there are 19 members in the organization, and they work with people with developmental disabilities and it is important the task force remember that the developmentally disabled also have mental health issues. Mr. Cross offered his organization as a resource for the task force.

Areas of Codified Law within Scope of Task Force

Ms. Iversen-Pollreisz said the task force may want to define "appropriate regional facilities," and how these facilities are used during the process of people being identified as having potential mental health issues, being placed on a 24-hour hold, then a 5-day hold, and eventually those that are involuntarily committed. Really looking within that population there are lots of opportunities to offer different levels of services and supports within the community. Defining appropriate regional facilities is a good place to start. We also need to look at when someone is on a 5-day hold do those people always have to go to HSC, as that is what normally happens. Some of those people need the longer term care, but many may be released before the 5-day hearing. If more of those people can be served locally we will reduce the need for acute psychiatric hospitalizations.

Senator Solano asked if current practices are being used as a result of statute or a result of practice. Ms. Iversen-Pollreisz said there is some of both. There are issues with people who are trying to prevent the petition from being filed but deciding how long they can hold people.

Representative Haugaard agreed with Ms. Iversen-Pollreisz that it is both statute and practice. He said it can be frustrating when someone is committed to HSC even though they will never go to the facility because there is no bed available. The forms and practices need to be less restrictive; oftentimes it's either in or out. The preference would be to allow a commitment to be made to outpatient treatment. We just need the right services available to make that happen.

Mr. Stanage said there is a need to define a service level that the outpatient provider can use to make sure someone is kept safe. We need the definition of regional holding facility.

Senator Solano said the task force needs to keep in mind that some of this may be done through the rule-making process rather than through statute. Representative Haugaard said that from the standpoint of civil liberties it should probably be in statute rather than a rule, adding that it would be great if we could expand our statutes enough so that we have some latitude in the commitment process. Representative Haugaard suggested it might be helpful to compile a list of services available in Sioux Falls, Rapid City, Aberdeen, and other cities.

Mr. Lindquist listed several areas he believes the task force should look at more closely. The outpatient commitment should be discussed further, including the liability risks that would go along with that. Day hospital services are not paid for by Medicaid. Some clients who are deemed incompetent make themselves incompetent by not taking their medications, so they should actually be considered deliberate voluntary incompetence. People come bouncing back for help because of that.

Mr. Lindquist asked what is the impact from how the state has structured payment for these services. There needs to be a balance with that. The counties cannot afford to pay the fees, but the state does not want the counties to become dependent on using the state hospital because they do not have to pay for it. It would be good to know how much counties pay right now for involuntary services at HSC or elsewhere. Mr. Lindquist said he appreciates looking at the front end of the services and trying to keep people at home.

Mr. Stanage said the whole funding issue is a very complicated area right now because counties are responsible for precommitment hearing costs, the state has some skin in the game because of the costs at HSC, as well as many other costs that have to be funded from somewhere. There is a dispute right now as to how much the counties actually do owe. From the provider point of view, it is great what Pennington County is doing and what Minnehaha County is doing, but that can’t happen in other counties because, although there is a need, there is no money available. We need to look at the possibility of a partnership between the state and the counties to make regional holding facilities fundable.

Senator Solano said the task force needs to also look not just at preventing inpatient care but finding a way to allow the discharge to come back to the home community in a more expedient manner.

Mr. Kinyon said we tend to look only at the existing systems. Perhaps we should look at other facilities that can provide 24-hour care that might be available to provide safe beds, looking outside the established network. There may be some cost savings by doing that. He encouraged the task force members to look outside the normal funding parameters.

Ms. Franken said she also encourages the task force to look outside the box perhaps looking at supportive housing or transitional housing as we know that is a huge impact on people with chronic disease. The biggest part of the pyramid is prevention and early intervention and we need to look at how we reduce the need for inpatient care.

Representative Haugaard said Minnesota did a study in December of 2015 and the first ten pages or so has a lot of the same analysis for looking at regional centers. Representative Haugaard will share the study for the members to read.

Senator Solano said we need to better clarify in statute the “least restrictive” definition. The task force should also look at other states to see if others have developed a definition around things that are more like 24 to 72 hour observation and early intervention. Senator Solano said he is also interested in exploring what other states have done on ways a patient ends up in outpatient care and should we create statute regarding commitment and the ability to go from in-patient to out-patient care.

Ms. Iversen-Pollreisz said there is concern with liability issues when a facility moves a patient from in-patient to out-patient care. Representative Haugaard said liability issues is an area that needs to be addressed and get people off the idea that they have to be so fearful of it. If we need to protect them from liability, we may need to modify that statute.

Representative Haugaard said some states, Vermont in particular, that have a drift in drift out facility where patients can come and go as they choose for help without being committed. That may be something the task force should look at.

Senator Solano asked the task force members to keep in mind competency restoration.

Ms. Corrigan suggested looking at peer services and people going into facilities that are run by peer counselors. The legislative piece needs to look at what is the oversight and expectations of the boards of mental health in each county, maybe there needs to be more consistency.

Representative Haugaard said there is not consistency amongst the different counties' boards of mental health, and we could perhaps have some of the chairs of these boards come together and discuss how they are handling different areas of mental health processes. This would include really pouring through the statutes to see what we could use and why aren't we using it.

Mr. Lindquist said he is very impressed with what Hughes County has done; what they are doing is not in statute. Is there a way to put in statute that someone comes in and looks at the situation before a petition is filed?

Representative Haugaard pointed out that the decision to file a petition often varies from one QMHP to another.

Mr. Stanage said when he thinks of triage centers the advantage is being able to connect with outpatient services because people are more likely to connect to the next step if they can come in the next day to continue the service.

Representative Haugaard said the task force needs to look at making things flow a little more logically such as drug/alcohol commitments and going to the board and then to court. We need to modify some of the low level drug/alcohol issues to see if they can be funneled into a different category.

Stanage said that in a community like Yankton a triage center must deal with detox and mental health and other things as they don't have the luxury or ability to be able to deal with different facilities for different services. Senator Solano said the more you can take like services to work at the same facility that will assist with staffing.

Other Business

Senator Solano set the next meeting date for August 22 in Pierre starting at 10 AM in room 362 of the State Capitol.

Adjourn

A motion was made by Representative Steven Haugaard, seconded by Jill Franken, that the Reduce the Overall Use of Acute Mental Health Hospitalizations Task Force be adjourned. The motion prevailed on a voice vote.

The Task Force adjourned at 3:10 pm.