

# MINUTES

## Increase Community Services and Caregiver Supports Task Force



Representative Tim Reed, Chair  
Senator Wayne Steinhauer, Vice Chair

**First Meeting, 2019 Interim  
Friday, July 19, 2019**

**Room 413 – State Capitol  
Pierre, South Dakota**

The first meeting of the SCR 2 Task Force 5, Increase Community Services and Caregiver Supports, established to increase the capacity for transitional housing and residential services in communities to keep individuals closer to home, and develop caregiver supports, was called to order by Representative Tim Reed at 10:00 AM in room 413 of the State Capitol in Pierre. A quorum was determined with the following members answering the roll call: Representative Tina Mulally, Representative Carl Perry, Senator Red Dawn Foster, Jesse Bailey, Colleen Casavan, Wendy Giebink, Amy Iversen-Pollreisz, Anne Kelly (via phone), Brandy Rhead, Pam Vanmeeteren; Senator Wayne Steinhauer, Vice Chair; and Representative Tim Reed, Chair.

Staff members present included Alex Timperley, Legislative Attorney; 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 webcast live. The archived webcast is available at the LRC website at [sdlegislature.gov](http://sdlegislature.gov).*

### **Welcome and Introductions**

Representative Reed welcomed the members of the task force and those in the audience and listening online. Representative Reed presented a draft task force scope document for consideration by the task force members ([Document #1](#)). This is a working document and suggested changes and additions are welcomed. The purpose of the document is to help keep the task force focused on their specific assignment.

Representative Reed explained this is one of five task forces studying mental health during the 2019 interim. These task forces are based on the 2018 interim study, Access to Mental Health, which led to the passage of SCR 2 during the 2019 Legislative Session. More information regarding that study can be found in the 2018 Access to Mental Health Services Study Committee Final Report ([Document #2](#)). One of the documents that was presented to last year's study committee was the inverted pyramid regarding mental health ([Document #3](#)). The pyramid demonstrates how the focus in mental health tends to be at the bottom tip of the pyramid, inpatient psych care, and the focus should be much higher up in the pyramid, early intervention and prevention.

The members of the task force introduced themselves and gave their backgrounds and areas of expertise which led to serving on this task force. Representative Reed said one of the findings from the 2018 mental health study was that it is extremely important to keep individuals with mental health issues close to home when possible for the support structure, which is the reason this task force has been created.

### **Role of Mental Health Centers with Housing**

**Mr. Terrance Dosch, Executive Director, SD Council of Community Behavioral Health, Pierre**, gave a PowerPoint presentation, *SD Community-Based Mental Health Overview* ([Document #4](#)). The organization is made up of 18 agencies that provide behavioral health services, of which 11 are community mental health centers. Mr. Dosch presented a directory of all the members and their contact information ([Document #5](#)).

Mr. Dosch said the agencies serve people with severe mental health issues and addictions. The Community Mental Health Centers (CMHC) are private non-profit agencies that are regulated by government agencies. At one time, the funding was through direct grants from the federal government, but those funds have been put in a block and granted to the state for distribution through block grants. ARSD 67:62 includes the rules that regulate the centers. The centers are accredited by the Department of Social Services.

CMHC core services include 24/7 emergency services, assessment services to determine the best service match, outpatient services, specialized outpatient services for children or youth, and specialized outpatient services for adults. The CMHCs work to assure the service provided is not fractured and meets the needs of an individual from the time they are a youth until they are an adult. Each center is assigned one or more counties to serve, and they cannot promise that every community in the state is properly served but that is the intent. A map of the CMHC service area is included on page 5 of the PowerPoint document.

Mr. Dosch listed the adult mental health services available which are found on page 6 of the PowerPoint. The Comprehensive Assistance with Recovery and Empowerment (CARE) services include the supports an individual needs to live in the community successfully, including dealing with landlords, finding a job, how to shop, and other such life skills. Individuals with even greater needs would receive Individualized Mobile Programs of Assertive Community Treatment (IMPACT) which provides services with a much higher impact level.

The Children or Youth & Family (CYF) services can be found on page 7 of the presentation. The main ingredient of these services is interagency coordination. These services are home-based, and the agency goes out to the child. The main target of these services is the family, not just the child.

Additional services are listed under Special Initiatives and are found on page 8 of the presentation. Health Homes assists the client with all health issues, not just mental health. Suicide prevention services include the crisis centers and crisis beds that can now be found in many communities across the state. Mr. Dosch said the organization is also heavily involved in justice reforms, especially with the juvenile justice initiative. Telehealth is an initiative that is being studied now as it is a way to reach more remote areas of the state.

Mr. Dosch said the CMHCs work closely with the Department of Social Services. The system of care is highly accountable; financially accountable and operationally accountable. There are accreditation reviews. Every single client is evaluated, and the services are accountable as to whether they are doing any good. The agencies want to be sure they are spending the taxpayers' dollars effectively, but more important is that the citizens of South Dakota who are in need are being served. Mr. Dosch encouraged the task force members to visit their local community mental health centers to get a better understanding of the services provided.

Ms. Rhead asked Mr. Dosch where he would put more resources if the money was available. Mr. Dosch said his priority would be to conduct a comprehensive rate review which would allow for an update to the fee structures. Each behavioral service center receives funding via contracts and operates on a fee for service basis. If a review could be done to better allow the centers to fully recover the costs of the services provided, they would be better able to keep the necessary staff. The services they provide can be quite taxing on the staff and the staff works for very little pay. Adequately paying the staff would be of great importance. The other resource Mr. Dosch would like to put more money toward is telehealth. The behavior centers will need to pay the overhead for that service and additional money will be needed.

Representative Reed said the concept of the contracts is important to take into consideration during the study. The centers contract with the Department of Social Services for a certain amount and only receive those dollars when a service is provided. Mr. Dosch said some of the coordination work is not billable. These agencies focus primarily on the most severely mentally ill and rely on the state for funding. About 10% of funding comes from insurance; insurance is very limited for behavior health services.

Dr. Kelly asked Mr. Dosch to talk a little more about telehealth. Mr. Dosch said there is another task force focusing on telehealth. Telehealth can be used to engage individuals and families in areas where experts are not available. One area of expertise that is difficult to obtain throughout most of South Dakota is child psychology, as most South Dakota child psychologists are located in Sioux Falls. Telehealth could be used to connect those experts to almost every area in the state. There are some places in South Dakota that do not have internet connectivity making telehealth services a challenge for those parts of the state, but people are working at that and looking at the schools as a possible connection source.

Senator Foster asked questions about the areas of service. Mr. Dosch said the areas of service are based on population and do not have to fit within certain borders. The funding is distributed based on the services that are provided. There is an interactive map on the South Dakota Council of Mental Health Centers website, [sd-mentalhealth.org](http://sd-mentalhealth.org) that provides detailed information on what services are available where. People can go outside their area for service if they so choose. If someone is uncomfortable going to their own health center, another health center will work with them.

The different types of residential services/supports are listed on slides 10-12 of the PowerPoint presentation. Mr. Dosch went through each of the different types including transitional/group living, assisted living facilities, supported housing, independent living/supports, and day treatment.

The transitional/group living is temporary in nature and facilities can be found in Pierre, Rapid City, and Watertown. Mr. Dosch suggested this is not the type of facility that needs expansion. The best way to build resources is expanding the availability of permanent housing facilities. There are assisted living facilities in Mitchell, Sioux Falls, and Yankton and those clients have profound mental health support needs. This is an area that could be looked at for potential growth. Multi-bed rooms are not used in these situations because of the needs of the afflictions.

Under the supported housing category federal subsidies can help pay for some of the spaces. Some housing units will accept the subsidy voucher. Anyone who has a serious mental health illness (SMI) can qualify for housing assistance. These types of facilities can be found in Rapid City, Sioux Falls, and Yankton.

The independent living/supports category is short on facilities needed. Not every case can find sufficient accommodations. Some of the behavioral health centers have actually purchased apartments and are managing the apartments to help meet the needs of the clients. There are facilities in Huron, Mitchell, and Rapid City.

The final category is day treatment, and these are drop-in centers for adults with mental health illnesses that need care during the day, often because the family caregiver is working. Slide 11 lists where these types of centers are located and the number of clients they see every day.

Representative Reed asked about the housing needs for a client just released from HSC. Mr. Dosch said housing is important for these clients, but the temporary housing piece is less important than the permanent housing needs.

Mr. Dosch said one of the Pierre group living facilities, Betty's Place, is usually not full so they will take referrals from Aberdeen. This facility was originally set up to accept clients from HSC, and those clients now need permanent living options. The need for group living facilities seems to be lessening. Representative Reed suggested inviting someone from Betty's Place to meet with the task force at the next meeting.

Senator Steinhauer asked if there is data on the amount of permanent housing that is needed. Mr. Dosch said one of the issues is there is not a lot of turnover in permanent housing. There is a waiting list in Rapid City of about 35 people who need permanent housing but will need to obtain the data on the need in other areas.

Ms. Rhead asked about the possibility of using peer-to-peer supports. Mr. Dosch said no center here is using professional peer-to-peer services right now, but they are using some informal peer-to-peer care.

Representative Perry asked Mr. Dosch where he sees things going in the future and what needs to be done now. Mr. Dosch said discussions are beginning on co-occurring needs. Another issue is trying to understand what extensive family services can be provided for children who are under care for extreme acting out as they return home. An important service that needs to get going now is telehealth, ways have to be found to overcome the barriers. And money needs to be spent on intervention and prevention rather than on having to grow the jails.

Senator Steinhauer asked for a scope perspective on the term mental health. Does it include organic mental health, chemical mental health, dementia issues? Ms. Iversen-Pollreisz said there is another task force looking into nursing home care and the dementia issues would fall under that scope. This task force is targeting people with serious mental health illnesses like schizophrenia disorder, bi-polar disorder, anxiety disorder, and depression. There are co-occurring issues and DSS works with those providers who have that area of expertise.

Representative Reed distributed two informational documents regarding residential facilities in Yankton. Sir Charles Housing is a 34-unit subsidized apartment building ([Document #6](#)). Cedar Village Assisted Living Facility is designed to support individuals who have become homeless because of severe mental illness ([Document #7](#)).

### **Department of Social Services Overview**

**Ms. Amy Iversen-Pollreisz, Deputy Secretary, Department of Social Services (DSS)**, gave a PowerPoint presentation regarding housing services supported by DSS ([Document #8](#)). The document includes a map listing all the mental health centers DSS contracts with and their locations. Slide 3 of the presentation lists the services supported by the Division of Behavioral Health (DBH). These include the Transition Age Youth Program, Room and Board Services, and the Project for Assistance in Transition from Homelessness (PATH) Services. PATH is funded through a federal grant DSS receives to assist individuals in need of housing.

Ms. Iversen-Pollreisz said the Transition Age Youth Program was developed to ensure the youth who are transitioning into adulthood have the services and supports they need to be successful. This service targets the youth who have been in long term out-of-home placements for a length of time and oftentimes lack family supports or other supports to help them transition into adulthood. These youth are not ready to live independently, they have serious emotional disturbances or serious mental illness. They need not only housing, but they need mental health services including help developing independent living skills so they can eventually live independently. The program is located in Rapid City, Lutheran Social Services provides housing and Behavior Management Systems provides mental health services. In FY19, 36 clients were served through this program.

Ms. Iversen-Pollreisz explained that the Room and Board Services are the transitional housing Mr. Dosch discussed earlier in this meeting. This service is funded through state general funds. This is residential housing for individuals who have a serious mental illness, may have co-occurring substance abuse issues, who due to their mental illness cannot function independently. Over the years we have seen less of a demand for this service, but people tend to stay in it for longer periods of time. In FY19, 76 individuals were served at this level of care.

Ms. Iversen-Pollreisz said PATH is a federal grant intended to reduce homelessness, targeting people with serious mental illnesses and substance abuse disorders who are homeless or risk becoming homeless. Through this federal grant, agencies can provide a variety of different services to help individuals who are either homeless or at risk of becoming homeless. The allocation is determined at the federal level and is a \$300,000 grant for South Dakota and has been that same dollar amount for many years. In FY18, 274 clients were served through the PATH program in South Dakota.

Ms. Iversen-Pollreisz explained that the state does not pay so much with regard to housing but pays for the mental health services and supports people need. It would be nice if there was one answer for housing for people with mental illness, but this is a complex issue and a one size fits all approach will not work. There are many different types of housing available and that is what is needed. The supports a person needs today may not be what is needed tomorrow. Assisted living options need to be expanded so that people can feel independent yet have the assistance available when needed. Mental health providers can bring the services into the facility.

Representative Reed asked what services are available to someone just released from HSC. Ms. Iversen-Pollreisz said it depends on the community as to what options are available. HSC tries to release clients back to their homes when care is available. Often the client was homeless when coming to HSC so will be discharged to a homeless program. Medicaid does not pay for any housing, all of that is state funds.

Ms. Vanmeeteren said they have clients who are co-occurring and finding placement for them can be very difficult. Sometimes the family member is tired and cannot continue to be a caregiver and looking for other options is a challenge. There are times a client has burned out all options in the community or the community may not be a healthy place for them to return. HSC and the Lewis and Clark facility often use Pathways. Finding a safe, secure discharge plan can be challenging.

Mr. Bailey said a discharge plan can be tricky and depends on the client's history. There may be a criminal history and bridges have been burned meaning there is no positive rental reference available. Something can usually be found but oftentimes there is a wait. If the client does not qualify for income based housing then private rentals are contacted and they do not want to accept a felon. Sometimes clients have to stay longer because of the problems with finding a place for them to go. Our facility has a year and a half long waiting list and at times has grown to over a hundred people waiting to come into the shelter.

Representative Mulally asked how people come to be placed in HSC or other such facilities. Ms. Iversen-Pollreisz said people access the system in a variety of ways such as accessing the community health center, they may have had a run-in with the law, or the family may ask for help.

Ms. Giebink said it is important to recognize that people who have stayed in an acute facility for 24 hours to a week may not have anywhere to go. The client may not be stabilized enough to have the ability to find a new place to stay. There are a lot of complex situations for people. We tend to think there is someone to take them in but that is not the reality for a lot of people. There are people who take their own lives because there is no spark of hope – no place for them to go. There are not a lot of options out there for people.

Senator Foster asked about short term emergency care for the people to which Ms. Giebink is referring. Ms. Giebink said there is no emergency care for these people. They may be well served at a transitional type housing but those are difficult to get into – they have waiting lists. There are some day care programs but those are not always a good fit. These people need help with the simplest of things like getting prescriptions filled, dealing with realties. Not everyone fits into this concern, some come out of care with everything they need, but many do not.

Senator Steinhauer asked when the facility begins to plan for discharge and what does that include. Ms. Iversen-Pollreisz said discharge planning begins as soon as the client is admitted. The average stay at HSC is two weeks. The care providers work to find where the client will go when released from the hospital and usually the client goes back home. Work is done to connect them to community resources, so they have the ongoing mental health supports needed when they leave. They also work on finding funding for any medications that will be needed. In response to Senator Steinhauer, Ms. Iversen-Pollreisz said she will check with HSC to see if patients are released with a supply of medications.

Representative Mulally asked about the source of the funding. Ms. Iversen-Pollreisz said 100% of adult housing is state funded, no federal grants are available for that. The total amount of that funding will be provided at the next task force meeting. The transitional juvenile program is funded for the amount of \$530,000 and that is a combination of state and federal dollars. Medicaid does help pay for those medical services. PATH is federally funded, and that grant is \$300,000 per year.

Ms. Rhead asked if respite care is funded through DSS. Ms. Iversen-Pollreisz said South Dakota does not have respite care for mental health. There is no funding for this service at this time and funding would have to be requested from the general fund.

### **Public Testimony**

**Ms. Jennifer Stalley, AARP of SD**, said the AARP requests the task force look more at increased caregiver support. The AARP has been working on finding ways to support the caregivers. Nearly half the caregivers surveyed reported they have to give some type of medical care without any specialized training and the things they need to do to care for their loved one is becoming more and more complex. Across the state of South Dakota, caregivers provide what would cost a billion dollars in care annually. The state needs to acknowledge the services being provided and the importance of the caregivers.

### **Committee Discussion**

Ms. Iversen-Pollreisz responded to committee requests for more information on peer-to-peer supports, which are supports provided to people with mental illness by people who have suffered with mental illness. This is a program that is not currently available in South Dakota. The support providers receive some training. There are times when someone needs some support but prefers not to call a service provider and the peer support can talk to them, it is a way to get some answers without formally entering the system. The support person is paid for their work usually through the community health centers. DSS has not had the time or resources to put towards working on this program but may need to take a look at the possibilities of bringing the program to South Dakota.

Ms. Giebink said these peer supports are not just free floating agents but are attached to a system through which they work. They go through appropriate training provided by the state. One example of a program in South Dakota that uses peer-to-peer support is the VA which offers veteran-to-veteran support.

Ms. Iversen-Pollreisz said she is not an expert on what is needed for peer-to-peer support training and DSS would try to learn from other states on how those states administer this program. The primary piece to bringing in another support system is finding the dollars to provide the service. Ms. Iversen-Pollreisz said she would like to bring some information from other states regarding this program to a future task force meeting.

Ms. Vanmeeteren asked if the peer-to-peer support would just be adding another level to case management services. Ms. Giebink said not everyone qualifies for case management services and the peer service providers could be made available to those individuals.

Representative Reed said they will ask SD Housing to give a presentation at the next meeting. Ms. Vanmeeteren suggested looking at what the results would be if HUD pulled out; how would we keep these facilities afloat without HUD.

Ms. Rhead said one issue with mental illness is people are not given time to fully recover; that people in crisis have things happen that can throw them into another crisis. Someone with a physical injury is allowed time to fully recover, we need to provide additional support while people with a mental illness are recovering.

Representative Reed said it would be good to hear more about the New Start program in Pennington County. Ms. Casavan said when people are released from hospitals this program helps them find temporary housing. Ms. Casavan added that she had heard the funding for this program is going to be discontinued.

Representative Reed said the next task force meeting needs to include more discussion on caregivers. Senator Steinhauer said he would like to learn more about caregiver supports. Perhaps a caregiver support group would be willing to speak to the task force about some of the challenges the caregivers face.

Senator Foster suggested talking to the nine tribes in the state about cooperation and coordination on doing a mental health needs assessment.

Representative Reed said the task force should also examine more closely the number of open beds available in some of the facilities. Steinhauer suggested exploring the possibility of transitioning some of the temporary facilities into permanent facilities.

The second task force meeting will be held on August 29<sup>th</sup> in Pierre and the third task force will be held on September 27<sup>th</sup> in Pierre. The task force will decide at the third meeting if a fourth meeting is needed.

### **Adjourn**

***A motion was made by Representative Mulally, seconded by Senator Steinhauer, that the Increase Community Services and Caregiver Supports Task Force be adjourned. The motion prevailed on a voice vote.***

The Task Force adjourned at 2:45 PM.