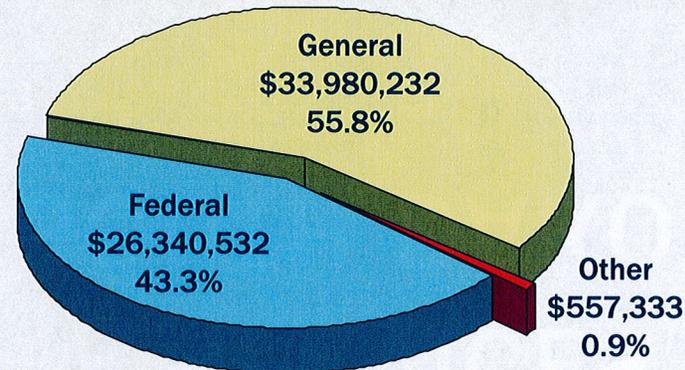


# OVERVIEW OF BEHAVIORAL HEALTH SERVICES IN SOUTH DAKOTA

South Dakota  
Department of  
Social  
Services

# COMMUNITY BEHAVIORAL HEALTH

## FY15 Operating Budget



Total: \$60,878,097 and 19.0 FTE

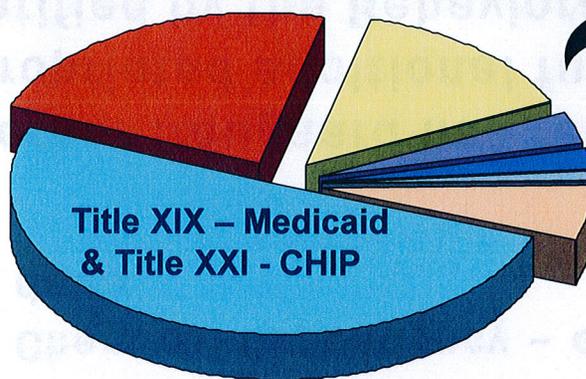
### FY15 Major Budget Areas:

	FTE	General	Federal	Other	Total
Community Behavioral Health Administration and Field Staff	19.0	\$1,320,865	\$605,302	\$170,417	\$2,096,584
Serious Emotional Disturbance (SED) - Mental Health	0.0	\$4,779,320	\$5,422,189	\$0	\$10,201,509
Comprehensive Assistance with Recovery and Empowerment (CARE) - Mental Health	0.0	\$9,331,985	\$2,992,157	\$0	\$12,324,142
Outpatient and Emergency Services -Mental Health	0.0	\$1,652,621	\$742,977	\$0	\$2,395,598
Projects for Assistance in Transition from Homelessness (PATH) - Mental Health	0.0	\$0	\$288,000	\$0	\$288,000
Individualized Mobile Programs of Assertive Community Treatment (IMPACT) - Mental H	0.0	\$3,477,731	\$1,517,072	\$0	\$4,994,803
All Others - Mental Health	0.0	\$622,917	\$425,192	\$0	\$1,048,109
Treatment Services -Substance Abuse	0.0	\$7,441,485	\$4,653,392	\$275,281	\$12,370,158
Title XIX Services - Substance Abuse	0.0	\$2,654,733	\$3,010,224	\$0	\$5,664,957
Criminal Justice Initiative (CJI) - Substance Abuse	0.0	\$2,698,575	\$0	\$0	\$2,698,575
Prevention	0.0	\$0	\$6,684,027	\$111,635	\$6,795,662
<b>Total Community Behavioral Health</b>	<b>19.0</b>	<b>\$33,980,232</b>	<b>\$26,340,532</b>	<b>\$557,333</b>	<b>\$60,878,097</b>
Personal Services	19.0	\$882,540	\$452,861	\$4,402	\$1,339,803
Operating Expense	0.0	\$33,097,692	\$25,887,671	\$552,931	\$59,538,294
<b>Total Community Behavioral Health</b>	<b>19.0</b>	<b>\$33,980,232</b>	<b>\$26,340,532</b>	<b>\$557,333</b>	<b>\$60,878,097</b>

# COMMUNITY BEHAVIORAL HEALTH

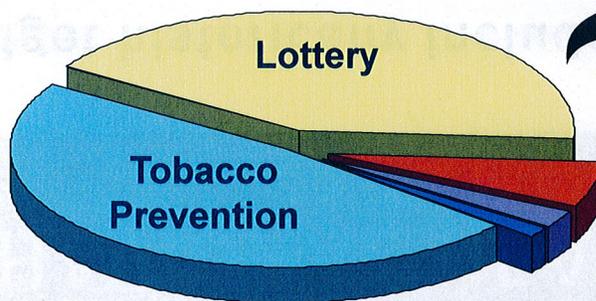
## FY15 Funding Sources

### Federal Fund Sources – Total \$26,340,532



Medicaid & CHIP	50.53%
Substance Abuse Prevention & Treatment	22.71%
Strategic Prevention Framework	14.36%
Community Mental Health Block Grant	3.36%
TANF	2.03%
Projects for Assistance in Transition from Homelessness (PATH)	1.12%
Other Fund Sources	5.89%

### Other Fund Sources – Total \$557,333



Tobacco Prevention	47.71%
Lottery	42.17%
Deadwood Gaming	6.28%
Alcohol & Drug Other	2.58%
QMHP Fees	1.26%

# BEHAVIORAL HEALTH APPROPRIATIONS

- **Budget historically includes:**
  - ❖ **Provider discretionary inflation**
  - ❖ **Funding to support unmet needs**
    - **Mental health CARE (adults) and SED (children)**
    - **Chemical dependency – outpatient treatment, counseling, and detox**
  
- **Governor Daugaard has recommended and the legislature appropriated additional funding aligned with the priorities identified by the Behavioral Health Workgroup**

# BEHAVIORAL HEALTH WORKGROUP

- Established in 2011 by Governor Daugaard after reorganization of behavioral health services
- Created to guide the long-term vision of the behavioral health system
- Workgroup Subcommittees
  - ❖ Commitment Laws
  - ❖ Essential Services
  - ❖ Geriatric Services
  - ❖ Prevention Services

For more information, visit

<http://dss.sd.gov/behavioralhealthservices/index.asp>

# BEHAVIORAL HEALTH WORKGROUP

## ■ **Commitment Laws Subcommittee**

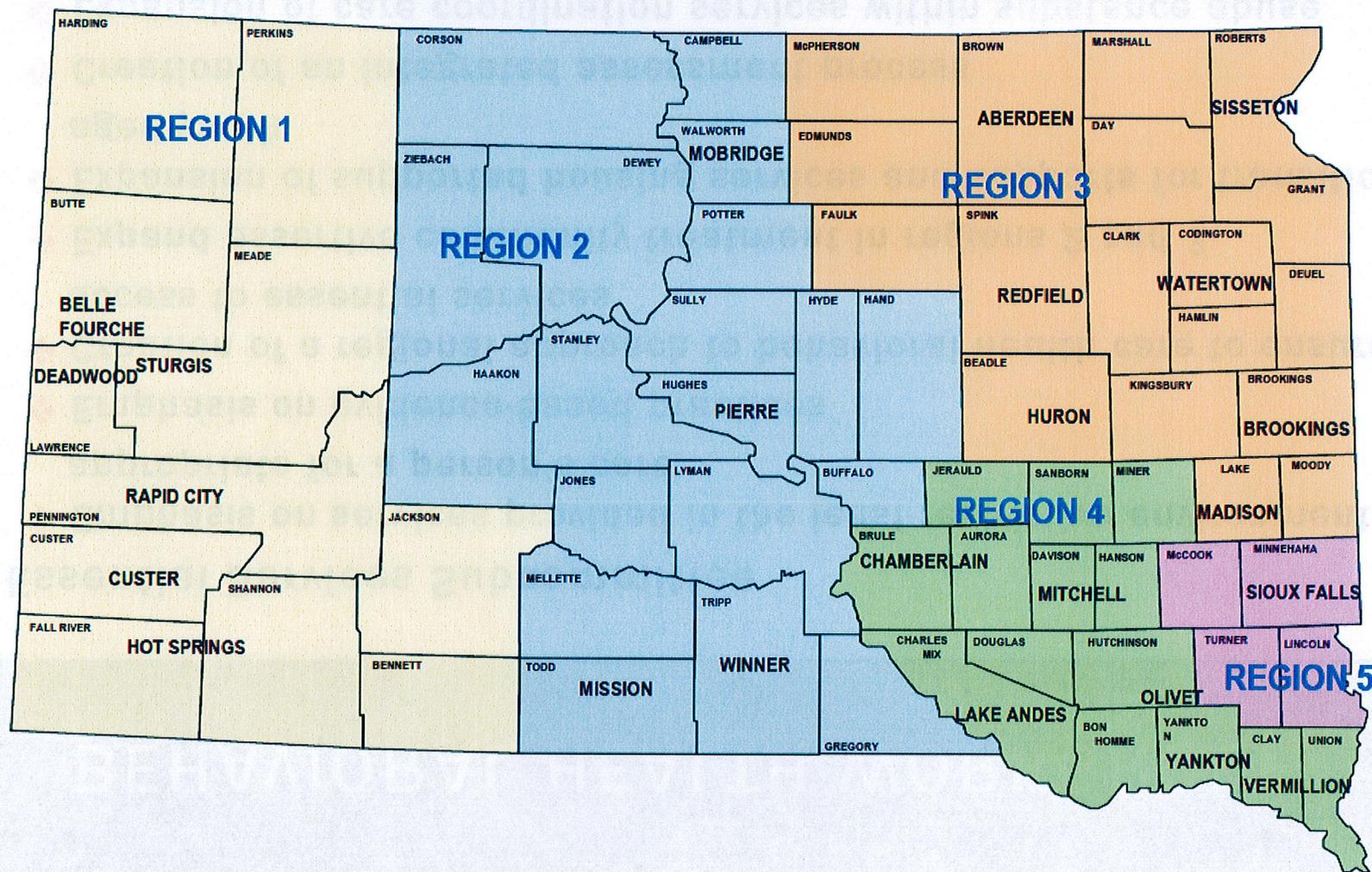
- ❖ **Group's recommendations resulted in legislation in 2012 and 2013**
- ❖ **Changes focused on:**
  - **Increasing access to services and removing unnecessary barriers to treatment**
  - **Eliminating statutes that are outdated and no longer reflect current practice or the current state of behavioral health treatment**
  - **Streamlining processes to ensure people receive treatment as soon as possible, including outpatient commitment and integrated treatment for co-occurring conditions**
  - **Creating the capacity for involuntary treatment within jails**
  - **Expanding the group of professionals eligible to conduct involuntary commitment assessments (QMHPs)**

# BEHAVIORAL HEALTH WORKGROUP

## ■ Essential Services Subcommittee

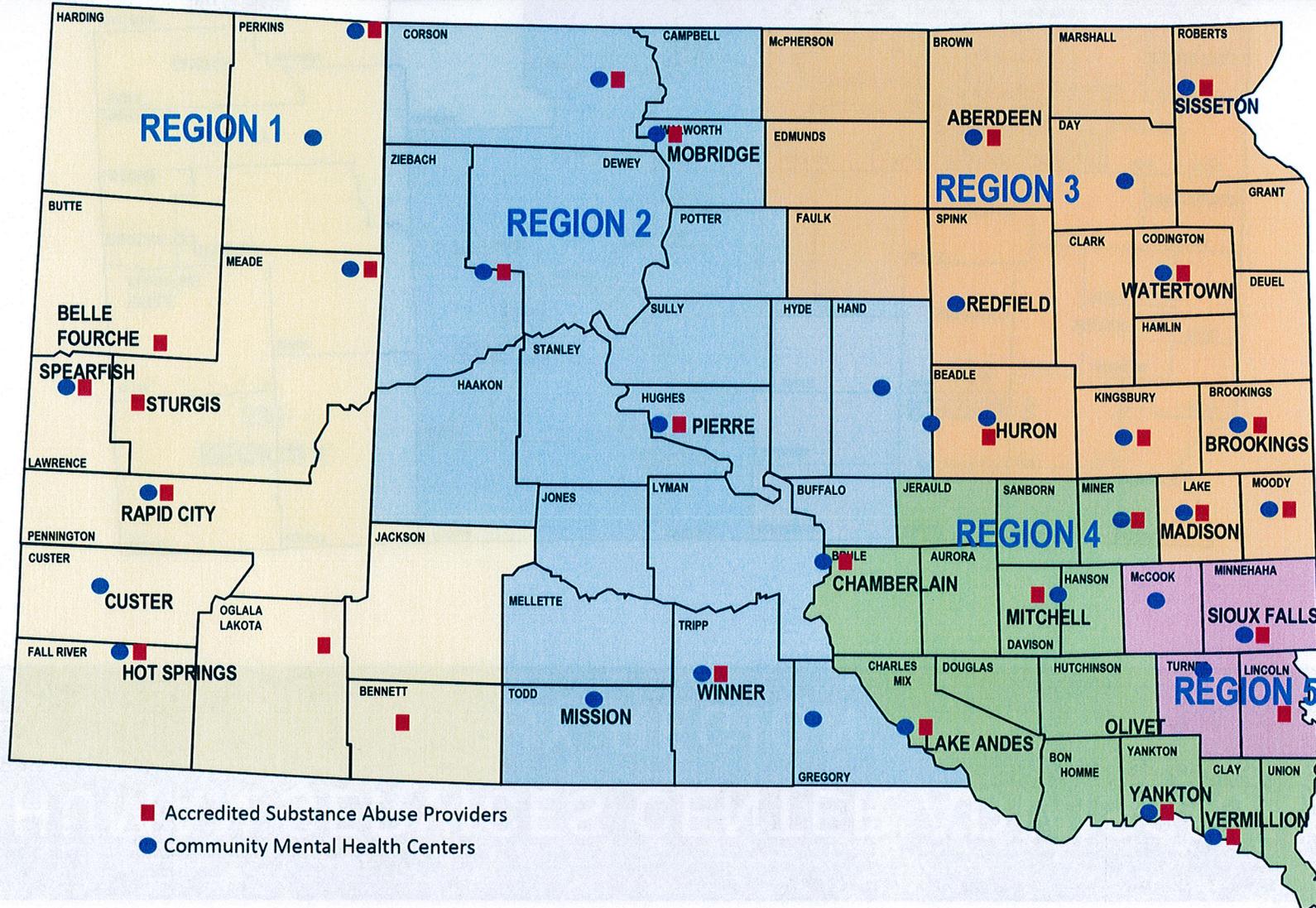
- ❖ **Emphasis on services provided in the least-restrictive environment appropriate for a person's care**
- ❖ **Emphasis on evidence-based practices**
- ❖ **Creation of a regional approach to behavioral health care to ensure access to essential services**
- ❖ **Expand assertive community treatment in regions 2 and 3**
- ❖ **Expansion of supported housing services and supports for transition aged youth**
- ❖ **Creation of an integrated assessment process**
- ❖ **Expansion of care coordination services within substance abuse treatment**

# BEHAVIORAL HEALTH REGIONS





# COMMUNITY BEHAVIORAL HEALTH PROVIDERS



# BEHAVIORAL HEALTH WORKGROUP

## ■ Geriatric Services Subcommittee

- ❖ Develop capacity for HSC to provide psychiatric review/consultation to community nursing facilities
- ❖ Modify the intake process at HSC to develop capacity for geriatric admissions unit
- ❖ Provide education/training to community nursing facilities regarding appropriate responses to challenging behaviors and behavioral health issues
- ❖ Develop the capacity to better serve individuals with behavioral challenges in community nursing facilities

## ■ Prevention Services Subcommittee

- ❖ Create and sustain a statewide prevention system promoting behavioral health and preventing mental and substance use disorders through evidence-based practices

# BEHAVIORAL HEALTH WORKGROUP

## ■ Progress and Next Steps

- ❖ Worked with community nursing facilities to develop the capacity to serve individuals with challenging behaviors
- ❖ Created HSC consulting team to provide review/consultation services to community nursing facilities
- ❖ Provided training to community nursing facilities
- ❖ Developed evidence-based substance abuse services and criminal thinking programming for adults involved in the criminal justice system
- ❖ Expanded evidence-based Assertive Community Treatment for adults with serious mental illness
- ❖ Developed a transition program for young adults with serious mental illness who are aging out of out-of-home placements
- ❖ Evidence-based Functional Family Therapy pilot program for youth at risk of out-of-home placement and development of community based services for youth involved in the criminal justice system

# BEHAVIORAL HEALTH APPROPRIATIONS

## Expansion Funding

### FY14

- Residential Detox Services - \$44,453 (general)
- Criminal Justice Initiative - \$3,012,367 (general)

### FY15

- IMPACT - \$1,666,734 total funds (\$1,145,513 general)
- Youth Transitions - \$545,165 total funds (\$391,621 general)

### FY16

- Juvenile Justice Initiative - \$2,930,540 (general) - Jan. 2016
- Halfway House Expansion - \$490,228 (general)

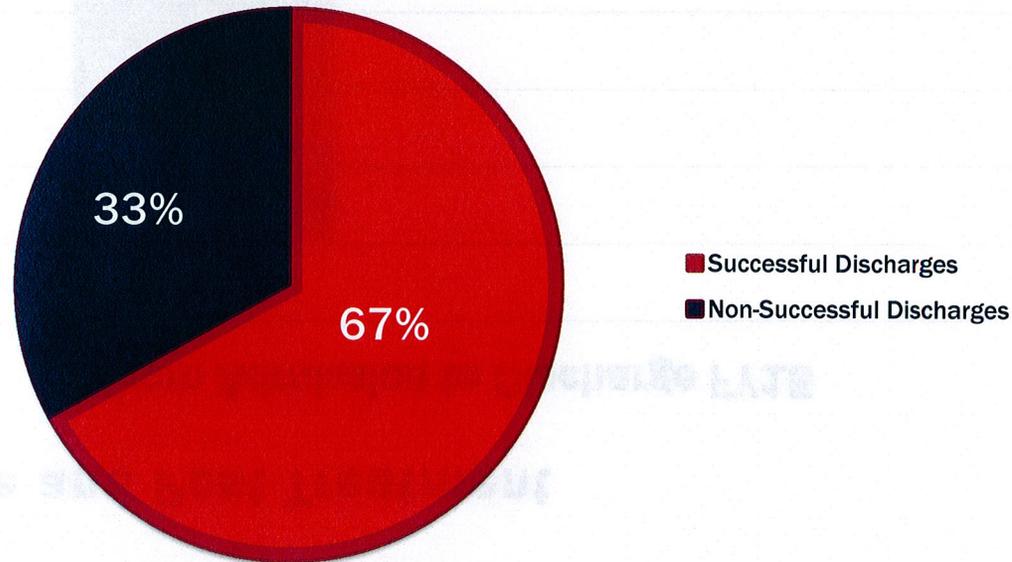
# SUBSTANCE ABUSE EXPANSION

- **Behavioral Health Services Workgroup recommended expansion of Detox Services to ensure adequate crisis support**
  - ❖ **Without these services, individuals need higher levels of care such as inpatient treatment and hospitalization**
- **Rate adjustment and expansion funds for unmet need for Halfway House Services**
  - ❖ **Halfway House Services allow residents to maintain employment and community supports while residing in a sober living environment**
  - ❖ **Without these services, individuals would need higher levels of care such as inpatient substance abuse treatment**
  - ❖ **Services assist the resident as they transition into their own sober living environment**
  - ❖ **Additional outcomes to be measured**
    - **Employment after discharge**
    - **Need for inpatient services after discharge**

# SUBSTANCE ABUSE SERVICES OUTCOMES

## Discharge Outcomes

FY 15 Successful Discharges

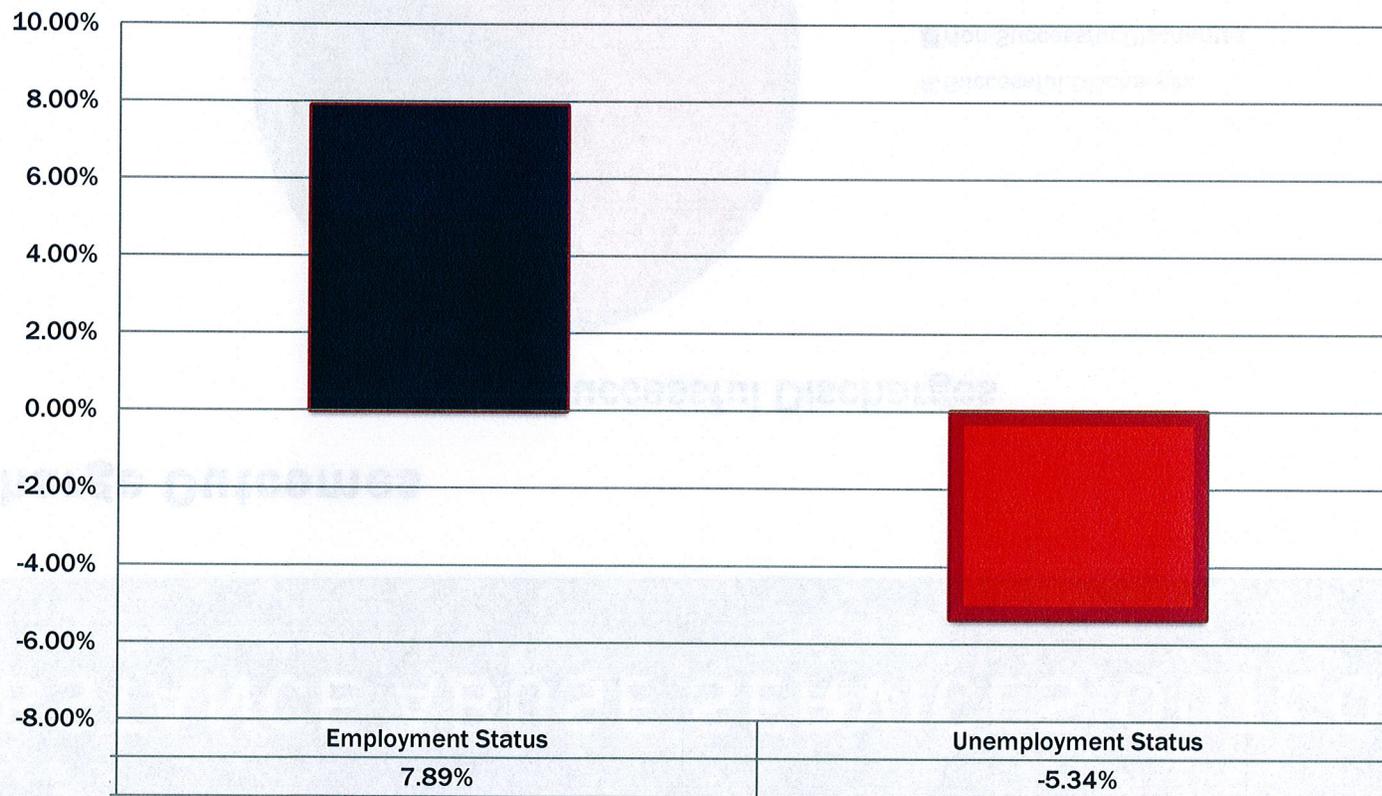


- The national average is 54%
- FY14: 91% of clients were not readmitted to services after their discharge

# SUBSTANCE ABUSE SERVICES OUTCOMES

## Outcomes: Pre and Post Treatment

### From Admission to Discharge FY15



# CRIMINAL JUSTICE INITIATIVE

- **Criminal Justice Initiative – provides evidence based services to justice involved clients**
  - ❖ **Referrals based on a validated risk instrument tool to determine needs for substance abuse and criminal thinking services**
  - ❖ **Services available in every judicial circuit**
    - **15 community providers - substance abuse curriculum**
    - **4 community providers - criminal thinking curriculum**
  - ❖ **Rural Pilot Program – provides substance abuse services in rural areas in the Fifth and Sixth Judicial Circuits via technology**
    - **First Rural Pilot group is scheduled to graduate in June, 2015**

# CRIMINAL JUSTICE INITIATIVE

## CJI Referrals

- Of the FY15 CJI referrals received to date, 99% were able to be served in the community:
  - ❖ 652 referrals for criminal thinking services
  - ❖ 942 referrals for substance abuse services
  - ❖ 293 referrals for aftercare substance abuse services
  - ❖ 61 referrals for rural pilot substance abuse services
- 72% of substance abuse treatment referrals are currently receiving services or have successfully completed treatment
- 71% of criminal thinking referrals are currently receiving services or have successfully completed treatment

# CRIMINAL JUSTICE INITIATIVE

## Measuring Program Effectiveness & Outcomes – Quality Assurance/Fidelity Monitoring

- **Conducted by DSS staff**

- ❖ **The University of Cincinnati and Correctional Counseling trained DSS staff to provide quality assurance and fidelity monitoring**
- ❖ **DSS staff conduct observations of facilitators as they conduct substance abuse and criminal thinking programming**
- ❖ **Initial feedback provided to the facilitator and clinical supervisor**
- ❖ **Areas of success are highlight and areas of improvement are identified**

# CRIMINAL JUSTICE INITIATIVE

## Quality Assurance/Fidelity Monitoring

### Standardized Observation Form to Measure Skill Items:

- Group Structure
- Facilitator Knowledge/Modeling
- Teaching Skills
- Behavior Management
- Communication
- Interpersonal Characteristics

# CRIMINAL JUSTICE INITIATIVE

## Measuring Program Effectiveness & Outcomes – Client Evaluation

- Client evaluation taken prior to the program and upon completion of the program
  - ❖ 94% of clients who completed substance abuse services rated it as positive
  - ❖ 96% of clients who completed criminal thinking services rated it as positive

# CRIMINAL JUSTICE INITIATIVE

## Measuring Program Effectiveness & Outcomes – Post Treatment

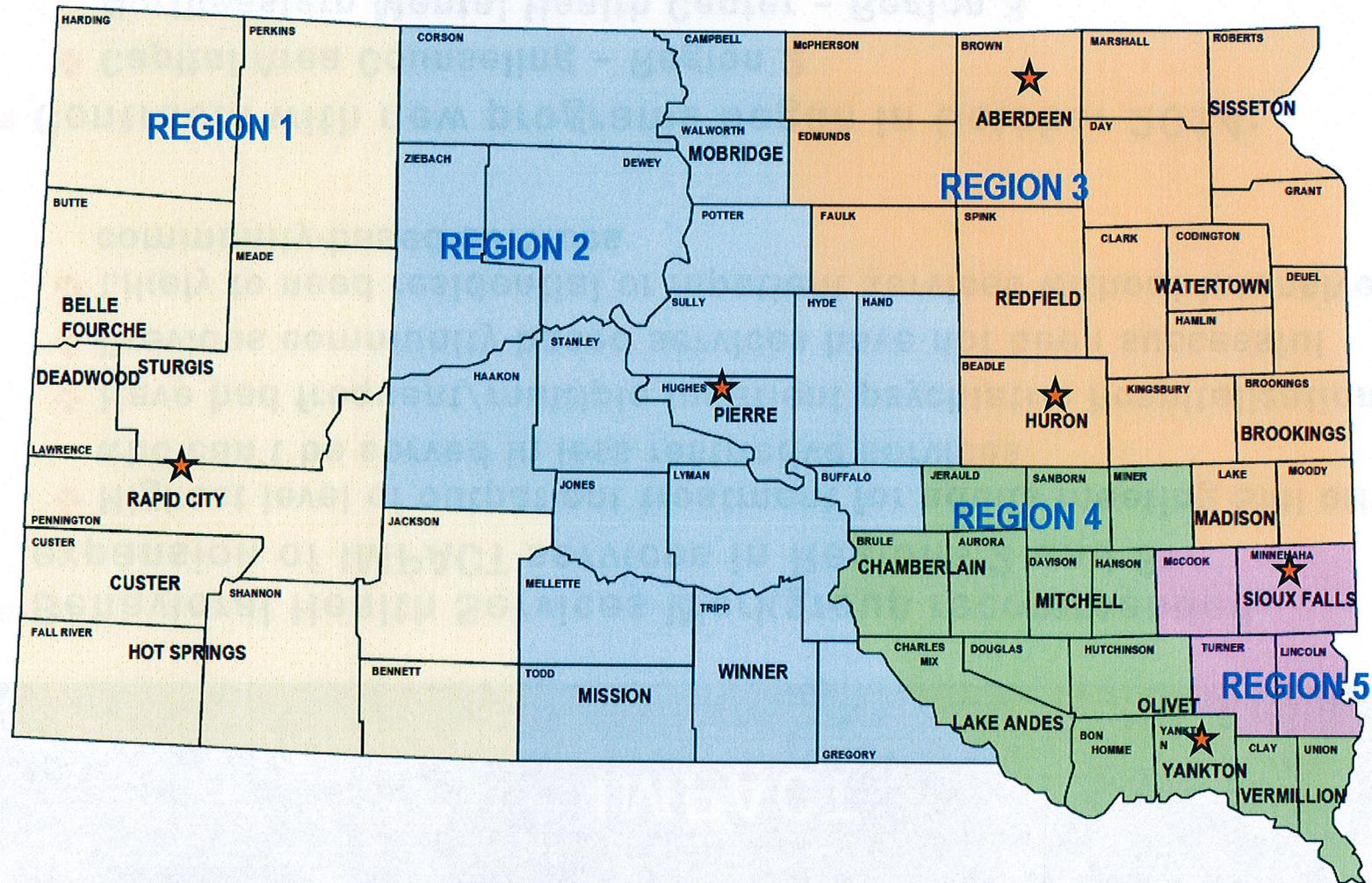
- Developed a process for collecting data six months after client completion of CJI services
  - ❖ Percentage of decrease of homelessness from intake compared to 6 months following completion of services
  - ❖ Percentage of decrease of hospitalization from intake compared to 6 months following completion of services
  - ❖ Percentage of decrease of emergency room use from intake compared to 6 months following completion of services
  - ❖ Percentage of increase with offender motivation to not use drug or alcohol from intake data compared to 6 month follow-up data of services
  - ❖ Percentage of increase with offender ability to control use 6 months following completion of services

# IMPACT

- **Behavioral Health Services Workgroup recommended expansion of IMPACT services in Regions 2 and 3**
  - ❖ **Highest level of outpatient treatment for adults meeting SMI criteria who can't be served in less restrictive services**
  - ❖ **Have had frequent/multiple inpatient psychiatric hospitalizations**
  - ❖ **Previous community-based services have not been successful**
  - ❖ **Likely to need residential or inpatient services without intensive community-based services**
  
- **Contracts with new programs began in October 2014:**
  - ❖ **Capital Area Counseling – Region 2**
  - ❖ **Northeastern Mental Health Center – Region 3**
  
  - ❖ **Capital Area Counseling Services served 25 clients**
  - ❖ **Northeastern Mental Health Center served 32 clients**

# COMMUNITY BEHAVIORAL HEALTH

## Current IMPACT Program Locations



# MENTAL HEALTH SERVICES OUTCOMES

## ER Visit Outcomes

- Number of clients reporting Emergency Room Visits in the past 90 days for psychiatric or emotional problems
  - ❖ 3.6% fewer clients reporting ER visits
- 40% reduction in number of ER visits and cost avoidance of 335.5 ER claims
  - Average paid ER claim = \$5,566

# MENTAL HEALTH SERVICES OUTCOMES

## Hospitalization Outcomes

- Number of clients reporting hospitalizations past 90 days
  - ❖ 5.35% fewer clients reporting hospitalizations
- 65% decrease in number of hospital days and cost avoidance of 1,290 nights
  - Average hospital claim \$1,066 day

# MENTAL HEALTH SERVICES OUTCOMES

## Adult Outcomes Survey

- **Number of clients reporting nights homeless in the past 90 days**
  - ❖ **Most recent survey reflects 2.5% reduction**
  
- **Number of clients reporting nights in detoxification, inpatient or residential substance abuse treatment in the last 90 days**
  - ❖ **Most recent survey reflects 1.1% reduction**

# MENTAL HEALTH SERVICES OUTCOMES

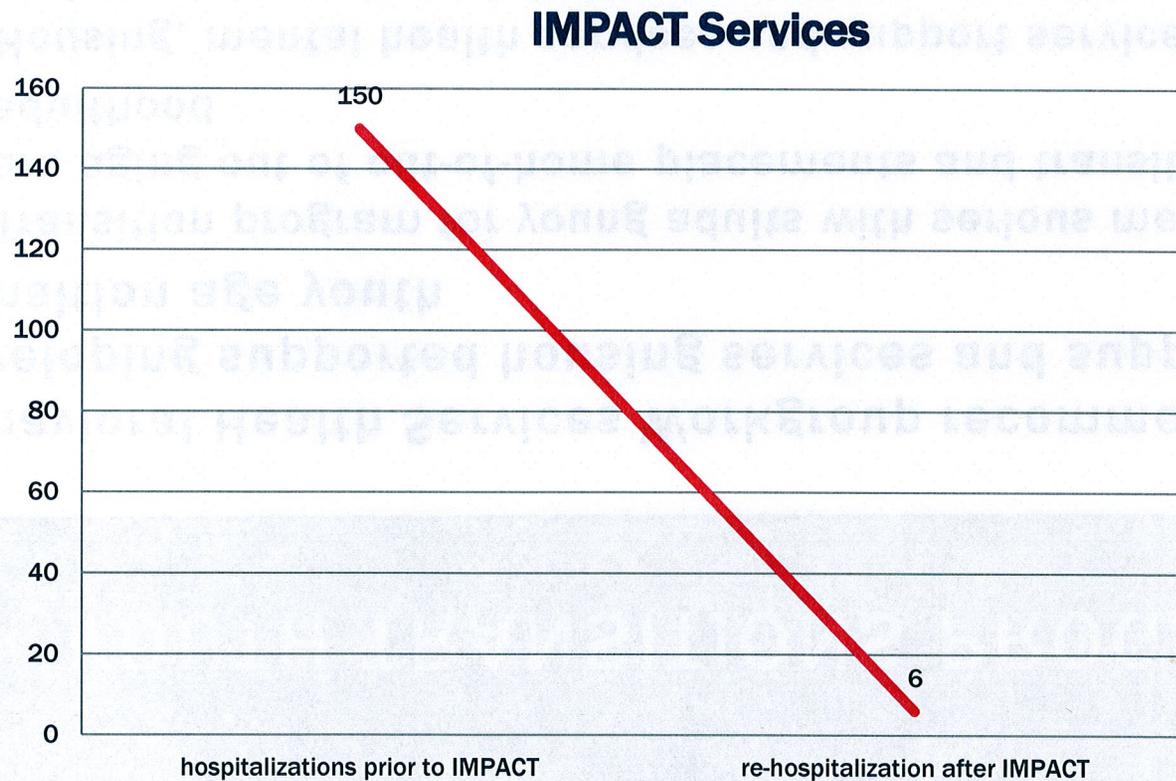
## Adult Outcomes Survey

- Number of clients reporting arrest in the past 30 days
  - ❖ Most recent survey reflects 1.5% reduction
- Number of clients reporting nights in Correctional Facility Including Jail or Prison in the past 90 days
  - ❖ Most recent survey reflects 2.1% reduction

# MENTAL HEALTH SERVICES OUTCOMES

## IMPACT Service Outcomes

- 17 individuals were discharged from HSC into an IMPACT program in FY15



# YOUTH TRANSITIONS PROGRAM

- **Behavioral Health Services Workgroup recommended developing supported housing services and supports for transition age youth**
  - ❖ **Transition program for young adults with serious mental illness who are aging out of out-of-home placements and transitioning into adulthood**
  - ❖ **Housing, mental health services and support services targeted to assisting the young adult develop independent living skills**
  - ❖ **Includes an emphasis on employment, independent living skills, and developing community support system**
  - ❖ **Lack parental or other natural supports**
  - ❖ **Often need higher levels of care without this support – hospitalization, legal system, DOC**

# YOUTH TRANSITIONS PROGRAM

- **Lutheran Social Services – New Alternatives Program**

- ❖ Located in Rapid City
- ❖ 6 young adults currently in the program

- **Outcomes to be measured:**

- ❖ Employment/Education
- ❖ Emergency Room visits
- ❖ Overnight stays in in hospitals/mental health centers
- ❖ Arrests
- ❖ Substance Use Treatment
- ❖ Transitioning to their own residence

# JUVENILE JUSTICE INITIATIVE

- **SB 73 Juvenile Justice Reinvestment Initiative**
  - ❖ **Funding to create evidence-based services in the community for youth involved in the criminal justice system**
  - ❖ **Intent is to serve these youth in the community and prevent costly out-of-home placements**
  - ❖ **Will include a standardized referral process based upon youth/family needs and a quality assurance/fidelity process conducted by DSS staff**
  - ❖ **Similar to adult CJI, an Oversight Council will monitor outcomes**
- **Services available by January 2016**

# FORENSICS

## ■ Forensic Evaluations

- ❖ Evaluations performed to assist the court in determining competency to stand trial or criminal responsibility of a defendant charged with a crime
- ❖ Defendant may be in jail awaiting trial
- ❖ By law counties are responsible for any necessary forensic evaluations on defendants charged with a crime
- ❖ Not a responsibility of the state or the Human Services Center, but as a courtesy to counties to help defray their costs, HSC performs three (3) forensic evaluations per month
- ❖ Conducted by HSC psychiatrists and take a substantial amount of time and staff resources
- ❖ Counties are charged the \$600 admission fee, but do not pay the daily rate. This \$600 does not cover the costs for patient care nor the state's costs to conduct the evaluation. (Psychiatrists spend on average 15 hours per evaluation and on average defendants stay six (6) days)
- ❖ The State had a meeting on June 25<sup>th</sup> with various stakeholders from Minnehaha county to discuss this issue and ways to facilitate more evaluations in the community