



# Governor's Behavioral Health Services Work Group

# Behavioral Health Services Work Group

---

- Established in 2011 by Governor Daugaard
- Created to guide the long-term vision of the behavioral health system
- Led by Lt. Governor Michels
- Members included:
  - Legislators
  - Community mental health and substance use disorder providers
  - Tribal providers
  - Inpatient behavioral health providers
  - Advocacy groups
  - County mental illness board representatives
  - Department of Social Services

# Behavioral Health Services Work Group

---

## Work Group Goals

- Increase access to services throughout the state
- Build the capacity of local communities to support behavioral health services
- Develop a strategic statewide prevention plan
- Consider the role of the Human Services Center

*For more information, visit*

<http://dss.sd.gov/behavioralhealth/workgroup.aspx>

# Behavioral Health Services Work Group

---

- Subcommittees
  - Commitment Laws
  - Prevention Services
  - Geriatric Services
  - Essential Services

# Commitment Laws

---

- Commitment Laws Subcommittee
  - Changes focused on:
    - Increased access to services and remove unnecessary barriers to treatment
    - Eliminate statutes that are outdated and no longer reflect current practice or the current state of behavioral health
    - Streamline processes and ensure people receive treatment as soon as possible
  - Resulted in two behavioral health statute packages (2012 & 2013)
    - Modified outpatient commitment statutes to eliminate barriers to its use and effectiveness
    - Created an integrated commitment process for medication/treatment and co-occurring disorders
    - Permitted involuntary treatment within jails

# Prevention Services

---

- Prevention Services Subcommittee
  - Developed a strategic plan for prevention services
    - Ensure access to prevention services
    - Improve behavioral health through evidence-based prevention services
    - Foster alignment of prevention strategies
  - Identified essential prevention services
    - Primary Prevention
    - Early Intervention
    - Recovery Supports

# Geriatric Services

---

- Geriatric Services Subcommittee Recommendations
  - Reduce inappropriate admissions by developing the capacity for the Human Services Center to provide psychiatric review/consultation to nursing facilities to assist them with challenging behaviors/behavioral health issues
  - Modify the intake process at HSC and develop the capacity to allow senior individuals to be admitted directly to a geriatric unit, possible having a designated geriatric admission unit
  - Similar to the state's adolescent placement review, develop a referral process/application for long-term placements at HSC, and ensure the purpose of HSC is acute/emergency care
  - Coordinate with the Department of Health and others to provide education/training for nursing facilities
  - Develop the capacity to better serve individuals with dementia and challenging behaviors in community nursing homes.
  - Recognize assessment as an essential service
  - Consider statute change allowing HSC to establish capacity limits to avoid geriatric overflow into the general admission units and eliminate HSC's financial responsibility if capacity is not available at HSC

# Geriatric Services

---

## • Geriatric Services Subcommittee Progress

- May 2014 – established Clinical Review Team at HSC to provide recommendations to community nursing facilities to assist them with challenging behaviors/behavioral health issues
- May 2014 – expanded additional community nursing facility options for individuals with challenging behaviors
- Development of a referral process/application for long term placement at HSC was not implemented due to the prioritization of the other recommendations
- In coordination with the DOH, HSC provided education and training focused on a variety of topics including non-pharmacological interventions and approaches to behaviors related to dementia. HSC continues to work with community nursing facilities to provide education/training and support
- June 2014 – Avera Sunshine Terrace in Irene began serving individuals with challenging behaviors/behavioral health needs
- Integrated assessment process was developed and implemented in 2013
- 2012 – Commitment Law Subcommittee considered a statute change regarding establishing capacity limits at HSC but determined that they would not proceed with statutory changes in this area



# Essential Services

---

- Essential Services Recommendations
  - Primary Prevention
  - Early Intervention
  - Recovery Supports
  - Assessment and Referral
  - Community Crisis Intervention
  - Supported Living Services
  - Inpatient Specialty Services
  - Outpatient Specialty Services
  - Family Support

# Essential Services

---

- Primary Prevention Recommendations
  - Prioritize the expansion of primary prevention services to those evidence-based programs/promising practices that are effective in SD
  - Support the development of community coalitions
- Primary Prevention Progress
  - Evidence-Based Practice (EBP) Workgroup was created to review and select prevention EBPs for use in South Dakota
  - EBP prevention services are currently being implemented across the state
  - Evidence-based trainings relevant to suicide prevention  
<http://sdsuicideprevention.org/about-suicide/trainings/>

# Essential Services

---

- Primary Prevention Progress (cont.)
  - EBP Workgroup developed a fidelity review process to ensure the integrity of the EBPs were maintained
  - Support eleven suicide prevention community coalitions
  - FY 17- supported the implementation of Zero Suicide across the state
  - Suicide prevention website and development of community toolkits
    - <http://sdsuicideprevention.org/>
  - Public Awareness Campaigns

# Prevention- Public Awareness Campaigns

---

- “Meth Changes Everything”
  - Educate high school students and community members on the dangers of methamphetamine use
  - Prevention providers presenting videos and information at various high schools and conducting community town hall meetings
    - 164 school presentations; 21 community meetings
    - Over 6,500 participants
  - Website
    - <http://methchangeseverything.com/>
    - 2,565 individuals have take the pledge; 15,226 visits with over 26,000 page views
  - Social Media Campaign
    - 6,137 Facebook Likes
    - 169,573 video views for the high school video
    - 5,905 video views for the community video

# Prevention- Public Awareness Campaigns

---

- “AvoidOpioidSD”
  - Educates South Dakotan’s about the harmful effects of opiates and prevention of opioid abuse and misuse
    - Promote Centers for Disease Control and Prevention (CDC) public service announcements
    - Develop website and social media content specific to South Dakota
    - <https://www.avoidopioidsd.com/>
  - Native American Opioid Abuse and Misuse Educational Campaign
    - Develop and deliver culturally connected health and wellness education directed towards Native American children, youth, and young adults specific to opioid misuse/abuse prevention and awareness
  - Other Activities:
    - Distribution of Narcan (naloxone) – 651 persons have been trained; 1,159 doses of Naloxone distributed within the state
    - Addiction counselors and other professions regarding opioid use disorder and medication assisted treatment
    - Community Presentations

# Prevention- Public Awareness Campaigns

---

- “Bethe1SD”
  - Informs about actions to:
    - Prevent suicide
    - Reduce the stigma surrounding mental health
    - Promote the National Suicide Prevention Lifeline (1-800-273-TALK)
  - School and community presentations
  - Website and Social Media Campaign
    - [www.bethe1sd.com](http://www.bethe1sd.com)
    - Instagram: bethe1SD

# Essential Services

---

- Early Intervention Recommendations
  - Encourage community partnerships between schools, early childhood providers, and substance use and mental health providers to begin creating the framework for school-based screening, risk assessment, and early intervention
- Early Intervention Progress
  - Support an array of early intervention services, such as screenings and risk assessments
  - College crisis texting programs
  - Follow up program for youth and young adults discharging from a hospital following a suicidal crisis
  - Youth Mental Health First Aid trainings to ensure at-risk youth are referred to mental health services

# Essential Services

---

- Early Intervention Prevention Progress (cont.)
  - Support the integration of screenings for depression and substance misuse/abuse in primary health care settings
  - Mental health services and support within schools through the community mental health system, including telepsychiatry
  - Division of Behavioral Health, in partnership with the Department of Education, community mental health centers, and educational cooperatives submitted a grant application to build a trauma-informed interconnected system framework in support of children and their mental health



# Essential Services

---

- Recovery Supports Recommendations
  - Develop mechanisms to assist people in identifying the recovery supports currently available
- Recovery Supports Progress
  - Strengthen collaborative partnerships with National Alliance on Mental Illness (NAMI)-SD to support the work they do in providing resources for peer support and advocacy services

# Essential Services

---

- **Assessment and Referral Recommendations**
  - Support creation of an integrated assessment process for state-funded services at accredited community mental health centers and accredited substance abuse providers
- **Assessment and Referral Progress**
  - 2013 - implemented criteria-based integrated assessment that reviews all major life areas, including mental health and substance use issues, to ensure a comprehensive treatment plan is developed

# Essential Services

---

- Community Crisis Intervention Recommendations
  - Support the development of state-county partnerships to sustain existing services and provide crisis intervention services
  - Expand behavioral health crisis intervention in Region 4 (see map)
  - Expand Crisis Intervention Training (CIT) for law enforcement in Regions 2, 3, and 4 (see map)
  - Provide mental health first-aid training to attendees of the state law enforcement training academy
  - Consider additional services needed in regions to ensure effective use of community crisis intervention services

# Essential Services

---

- Community Crisis Intervention Progress
  - Crisis Intervention Trainings (CIT) for law enforcement and modification of law enforcement training for new officers to include elements of Mental Health First Aid and crisis de-escalation
  - Additional training for first responders in assisting individuals in a mental health crisis, including officers within jails
  - Partner with local communities on crisis services development

# Essential Services

---

- Supported Living Services Recommendations
  - Develop supervised supported housing services for transition-age youth
  - Review current environmental and personal care support services
  - Determine how to expand these services to ensure housing stability and personal safety
- Supported Living Services Progress
  - FY15 budget –Transition Age Youth Program
    - Provide mental health and housing support services to young adults transitioning out of children’s long-term treatment programs.
    - Ensure a successful transition to community living

# Essential Services

---

- Supported Living Services Progress (cont.)
  - Mental health services/supports through community mental health centers include working with local housing authorities to support the housing needs of individuals with serious mental illness
  - Projects for the Assistance In Homeless (PATH) – provides services such as outreach, case management, and housing assistance to adults with serious mental illness or co-occurring serious mental illnesses and substance use disorders

# Essential Services

---

- Inpatient Specialty Services Recommendations
  - No additional investment of state funding into inpatient specialty services for increased capacity
  - Continue analysis of current beds and modify their use in response to needs
- Inpatient Specialty Services Progress
  - Inpatient psychiatric bed capacity is analyzed related to referrals to the Human Services Center – most recent analysis consisted of a review of admissions from West River counties
  - Closure of adolescent inpatient substance use disorder unit at HSC

# Essential Services

---

- Outpatient Specialty Services Recommendations
  - Ensure existing assertive community treatment services are effective and meet fidelity measures
  - Develop assertive community treatment in Region 2 and Region 3 (see map) and develop specific tribal/IHS assertive community treatment
  - Increase accountability by using existing data sets to develop core outcome measures that can inform service delivery by region



# Essential Services

---

- **Outpatient Specialty Services Progress**
  - Expanded Individualized Mobile Programs of Assertive Community Treatment (IMPACT) programs in Region 2 and 3 (see map)
  - Implemented fidelity reviews for IMPACT programs
  - Expansion of telehealth services to support access to treatment for those who live in remote areas or have other barriers to accessing treatment
  - FY16 – implemented Dialectical Behavior Therapy (DBT), an evidence-based treatment model used to treat suicidal and other self-destructive behaviors, at the Human Services Center, Department of Corrections institutions, and community mental health centers
  - FY 15 – Outcome Workgroup developed to identify core outcome measures across accredited behavioral health providers

# Essential Services

---

- **Family Support Recommendations**
  - Establish a work group to look at the development of family support coordinator services as part of children's behavioral health services.
  - Ensure the assessment process includes the identification of resources within the family
- **Family Support Progress**
  - **FY15 – Family Support Program**
    - Support children, youth and their families to improve their overall mental well-being, decrease risk of involvement in the juvenile justice system and risk of out of home placement
  - **FY 18 – Systems of Care (SOC) services**
    - Assist youth and their families to identify comprehensive needs that may be impacting the youth's mental health and work to establish a plan of action to address the identified needs



# Criminal Justice Reforms



# Criminal Justice Initiative

---

- Criminal Justice Initiative (CJI) – 2013 Legislative Session
  - CJI Purpose
    - Improve public safety by investing in programs, practices, and policies that have been shown to improve rehabilitation and reduce repeat offenders
    - Hold offender more accountable by strengthening community supervision
    - Reduce corrections spending and focus on prison space and violent, chronic, and career criminals
  - CJI Goals
    - Determine intervention needs based upon analysis of the assessed criminogenic needs and responsivity factors of the probationer and parolee populations and identify community-based interventions proven to reduce recidivism
    - Expand capacity for access to community-based interventions aimed at recidivism reduction
  - Oversight Council established to monitor progress and outcomes

# Juvenile Justice Reinvestment Initiative

---

- Juvenile Justice Reinvestment Initiative (JJRI) – 2015 Legislative Session
  - JJRI Purpose
    - Improve public safety by improving outcomes in juvenile cases
    - Effectively hold juvenile offenders more accountable
    - Reduce costs by investing in proven community-based practices, while saving residential facilities for more serious offender
  - JJRI Goals
    - Develop an array of effective behavioral health interventions for youth with justice system involvement
    - Employ multiple strategies, such as the development of a different rate structure for identified rural and/or frontier areas and the piloting of a telehealth model, to improve access to interventions for youth in rural areas of the state
  - Oversight Council established to monitor progress and outcomes

# Juvenile Justice Reinvestment Initiative

---

- JJRI Progress
  - Jan. 2016 – Functional Family Therapy (FFT) services developed
  - Feb. 2017 – Moral Reconciliation Therapy (MRT) services developed
  - March 2017 – Aggression Replacement Training (ART) services developed
  - FY18 – Systems of Care services developed to support youth and family access to evidence-based services in rural/frontier areas
- FY17 Clients Served:
  - FFT: 755
  - ART: 29
  - MRT: 75

# Juvenile Justice Reinvestment Initiative

---

## Impact of JJRI Services (FY17)

- 63% or 346 youth successfully completed FFT services
- 97% of youth had no legal violations resulting in placement
- According to therapists, an average of 92% of families who completed FFT demonstrated a positive general change
- An average of 86% of adolescents reported a positive general change in their family upon completion of FFT
- An average of 88% of parents/families reported a positive general change in their family upon completion of FFT



# Improving Criminal Justice Responses for Persons with Mental Illness





# Improving Criminal Justice Responses for Persons with Mental Illness

---

In 2016, Chief Justice Gilberston and Governor Daugaard formed a task force in order to examine the issues surrounding people with mental illness entering the criminal justice system

- Purpose
  - To improve public safety and the treatment of people with mental illness in contact with the criminal justice system through appropriate evaluation, intervention, diversion, and supervision
  - To more effectively identify mental illness in people coming into contact with the criminal justice system, through improved training in local criminal justice systems, better use of screening tools and skills, and expanded response and diversion options in communities for law enforcement and the courts, all while holding offenders and government more accountable
  - To better allocate limited local resources in order to improve early intervention services and preserve limited jail and prison resources for violent, chronic, and career criminals
- Oversight Council established to monitor progress and outcomes

# Improving Criminal Justice Responses for Persons with Mental Illness

---

- Task Force Recommendation
  - Require the use of a standardized mental health screen at jail intake and establish a process for mental health assessment following positive screens
- Progress
  - Jail mental health screening – pilot program
  - Process for referrals to services
  - Use of sequential intercept model within local communities
    - Identifies points of interception at which an intervention can be made to prevent further involvement in criminal justice system

# Improving Criminal Justice Responses for Persons with Mental Illness

---

- Task Force Recommendation
  - Expand the availability of crisis services statewide
- Progress
  - DSS appropriated one-time funds to establish a crisis services grant program
    - Encourage establishment of new crisis services or expansion of existing crisis services
      - Behavior Management Services – Crisis Care Center
      - Lewis & Clark Behavioral Health Services – telehealth delivery of evaluations and training at Charles Mix county jail
      - Minnehaha County – develop comprehensive crisis response infrastructure

# Improving Criminal Justice Responses for Persons with Mental Illness

---

- Task Force Recommendation
  - Require mental health training and information for system stakeholders
- Progress
  - State's attorneys and deputy state's attorneys
  - Court appointed attorneys
  - Officers within state prison system
  - Officers within jails
  - Court service officers
  - Magistrate and circuit court judges

# Improving Criminal Justice Responses for Persons with Mental Illness

---

- Task Force Recommendation
  - Pilot a mental health court in Pennington County and evaluate its effectiveness
- Progress
  - Mental health court pilot included in FY 19 budget
  - Operational in January 2019

# Improving Criminal Justice Responses for Persons with Mental Illness

---

- Task Force Recommendation
  - Expedite the completion of court-ordered competency evaluations
- Progress
  - Association of County Commissioners created a fund to assist counties with costs of court ordered competency evaluations
  - Expanded professionals able to conduct court ordered competency evaluations
    - Developed training for completing and scoring competency evaluations

# Improving Criminal Justice Responses for Persons with Mental Illness

---

- Task Force Recommendation
  - Strengthen ability of law enforcement to identify mental illness, safely address crisis situations, and understand diversion options
- Progress
  - Mental Health First Aid for Public Safety Officers
  - Crisis intervention training for law enforcement
  - Crisis intervention training coordinator

# Major Achievements

---

- Increased access to evidence-based prevention services
- Increased access to early intervention services
- Increased access to crisis support services and referrals to community-based treatment
- Increased access to evidence-based behavioral health treatment
- Increased telehealth options to ensure access in rural areas
- Use of community-based services over institutional services



# Behavioral Health Services Region Map

---

