Access to Mental Health Services Study
December 3, 2018

Position Paper on Regionalization of Mental Health Services

Premise: A regionalization approach to mental health services would assure that individuals would be treated promptly and close to home, and that Human Services Center beds would be more appropriately used thus becoming more available for special and high needs patients.

Background

Like most states, South Dakota began its efforts to treat citizens who have mental illness through the creation of a state institution, the South Dakota Human Services Center. Over time, community-based services developed and as a result, more individuals were treated close to home. Some states radically reduced state hospital bed numbers without concurrent expansion of community treatment capacity which resulted in terrible things for people and communities. This is not a scenario we want to occur in our state. At the present time South Dakota is in a unique position. The total bed capacity at HSC nationally ranks in the top couple of states for state hospital beds per capita. However, we know that not all beds are able to be used at this point. Also, South Dakota ranks about 14th in the country for private non-profit inpatient psychiatric beds per capita and yet there is a concern about access to mental health services, including inpatient treatment. Community-based services have expanded considerably over time but service demand continues to increase.

Thankfully, South Dakota has not yet reached the crisis situation of other states in which individuals stay in hospital emergency rooms for days and even weeks waiting for an inpatient psychiatric hospital bed or large numbers of people are left without treatment and suffer the consequences in the community. However, some warning signs are present:

- Concern is increasing about the wait times for access to inpatient psychiatric beds
- There is heightened concern about the utilization of jails to house individuals who have a significant mental illness
- Counties are having to spend more of their limited tax dollars for care of individuals who are mentally ill
- Law enforcement is spending more time transporting individuals who are mentally ill out of the county for treatment which adds to costs and may leave local law enforcement coverage quite thin
- There are challenging delays in access to HSC for individuals who are court ordered for competency restoration and for individuals who are extremely violent and are unable to be served in a lower level of care in the community.

Capacity at the Human Services Center is a significant concern. However, it appears that there are some individuals being admitted to HSC who could be served in the community. These admissions consume a very valuable resource. Some examples include the following:

- Geriatrics who are being terminated from community nursing homes because of disruptive behavior,
- Use of HSC for placement because of cost considerations rather than clinical considerations.
- Placement of individuals at HSC because of the way that facility has been historically used with little exploration of other options.
- Overuse of mental illness holds for placement of individuals at HSC who would be willing to voluntarily seek treatment elsewhere

There is also a shift in patient population at HSC that should be noted. There are increasing numbers of individuals who are admitted because they have committed crimes and are not competent to stand trial. Some of these patients will have a very long hospitalization and may never be competent to stand trial. In addition, there is the population of Competency Restoration patients that tends to have a longer length of hospitalization. As these numbers increase and their length of stay increases, the available beds for new admissions decreases. This results in fewer available beds at HSC.

Recommendation

South Dakota is ideally suited for the development of a regional approach to mental health services. This would create an array of levels of service in each region that could serve many people, and at the same time preserve HSC for the very high intense need patients who cannot or should not be served in the community. The three regions would be West River, Northeast and Southeast. Each of these regions currently has a compliment of community mental health centers and an inpatient private non-profit psychiatric facility. Formalization of these regions would require community outpatient and inpatient services to not only coordinate care but also create new levels of care aimed to increase access to treatment and, as appropriate, minimize the use of the Human Services Center. There would need to be a formal, long-term public-private partnership to accomplish this arrangement. Community resources would need to expand along with the expansion of private inpatient beds. This expansion will probably require state investment in this initiative. People could be treated closer to home and not in a state institution and lessen the patient transportation burden on law enforcement.

Not all individuals can be cared for in the community because of the severity of their mental illness and dangerousness to themselves or others. However, if other individuals are able to be served within these regions, beds at HSC would become more available for the special and high need populations.

HSC is a very valuable resource to the state. It must be a strong component of the mental health service array in South Dakota but it should not be the front line of inpatient treatment as it often is now. It needs to be the safety net for the community and individuals who need very intense services. Staff at that facility want to provide excellent services but they must be given a safe physical environment that appropriately accommodates an increasingly challenging patient population.

We believe South Dakota has a prime opportunity for a major enhancement of its behavioral health services. Many components are already in place. There is a uniqueness about the current time in our state. There is an alignment of many factors including legislative interest, general public desire to have a strong behavioral health service capability, the advancement of technology related to telemedicine and mobile interactive video, a current structure of formal community mental health centers covering each county, private non-profit inpatient programs that are strategically placed and state laws that are conductive to such changes.

We would encourage a thorough review of the potential of regionalization which will make our state's services stronger and more accessible.

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