Reduce the Overall Use of Acute Mental Health Hospitalizations 2019 Final Report



Study Assignment

Created by Senate Concurrent Resolution 2, the Task Force was required to study, review, and identify how 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.

Summary of Interim

At the first meeting, the Task Force reviewed the 2018 Access to Mental Health Services Study, 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 of different areas of mental health issues. The Task Force received presentations from various agencies in the state that provide crisis stabilization services including from Kris Graham, Southeast Behavioral Health in Sioux Falls; Dennis Pfrimmer, Capital Area Counseling in Pierre; Kari Johnston, Human Service Agency in Watertown; Barry Tice, Pennington County Health & Human Services in Rapid City; Teri Corrigan, Behavior Management Systems in Rapid City; and Jill Franken, Public Health in Sioux Falls. The Task Force identified areas of South Dakota Codified Law that should be considered under this study and agreed to focus on involuntary commitment under SDCL chapter 27A-10 as a significant driver of acute mental health hospitalizations. The Task Force received public testimony from Terry Dosch, South Dakota Council of Community Behavioral Health, and Dan Cross, Community Support Providers of South Dakota.

During its second meeting, the Task Force focused on reviewing chapter 27A-10 Emergency Commitment of Dangerously III Persons and identifying areas within the law that could be modified to reduce the reliance on inpatient hospitalizations. During the meeting, the Task Force reviewed each section of the chapter, beginning with 27A-10.1 through 27A-10-9.1. The primary focus of the discussion was the use of the term "Appropriate Regional Facility." Currently, only three inpatient psychiatric hospitals, located in Sioux Falls, Aberdeen, and Rapid City, are designated as Appropriate Regional Facilities. Expanding the definition to allow for other facilities, such as Crisis Stabilization Centers, to qualify could have a significant impact on the number of people admitted into a mental health hospital. The Task Force agreed to work on redefining this portion of the law as part of its study and assigned a subcommittee to propose appropriate language. The Task Force also received a presentation by Joan King and Jeff Capobianco with the National Council of Community Behavioral Health and Jim Castleberry with Pennington County. They discussed a study conducted for Pennington County to review access to mental health services and the needs in Western South Dakota. Recommendations from this study include a more robust Recovery Oriented System of Care that provides for crisis stabilization units to serve individuals who are going through an involuntary commitment process. The Task Force received public testimony from Dan Cross, Community Support Providers of South Dakota; Staci Ackerman, South Dakota Sheriffs Association; and Terry Dosch, South Dakota Council of Community Behavioral Health.

In its third meeting, the Task Force reviewed the proposed language relating to Appropriate Regional Facilities and agreed that a process to "apply" to become an Appropriate Regional Facility would allow for the most significant ability to expand this service. The Task Force then completed its review of chapter 27A-10, beginning with 27A-10-9.1 through 27A-10-24. Discussion surrounded the dual commitment process of an individual with both mental health and substance abuse issues, outpatient commitment procedures, and the use of the least restrictive environment for treatment. The Task Force received public testimony from Kris Graham, Southeast Behavioral Health, and Terry Dosch, South Dakota Council of Community Behavioral Health.

During its final meeting, the Task Force members recommended changes to the statutes governing the involuntary commitment of severely mentally ill persons, including: providing a process by which the Department of Social

Reduce the Overall Use of Acute Mental Health Hospitalizations Final Report 2019 Interim

Page 2

Services may designate mental health facilities as "appropriate regional facilities" where individuals who are awaiting involuntary commitment hearings may be admitted; requiring follow-up examinations every twenty-four hours of individuals awaiting involuntary commitment hearings; providing for notification to the chair of a county board of mental illness whenever an individual is in violation of an outpatient commitment order; extending civil immunity to qualified mental health professionals at appropriate regional facilities; and allowing qualified mental health professionals at appropriate regional facilities to initiate a 24-hour hold of an individual who needs immediate intervention.

Listing of Legislation Adopted by the Task Force

- Requirements for mental health facilities to be designated as "appropriate regional facilities" by the Department of Social Services
- Requirement for follow-up mental health examinations every twenty-four hours of individuals awaiting involuntary commitment hearings
- Provide for notification of the chair of a county board of mental illness whenever and individual violates an outpatient commitment order
- Extending civil immunity to qualified mental health professionals at appropriate regional facilities
- Allowing qualified mental health professionals at appropriate regional facilities to initiate a 24-hour hold of an individual who needs immediate intervention

Task Force Recommendations

The Department of Social Services works with LRC staff to draft legislation allowing the competency restoration process to be conducted at HSC or other approved facilities.

Summary of Meeting Dates and Places

The Task Force met on July 9, August 22, September 30, and October 21. The Task Force met in Pierre for all meetings.

Listing of Task Force Members

Members of the Task Force are Senator Alan Solano, Chair; Representative Erin Healy, Vice-Chair; Senator Margaret Sutton; Representative Steven Haugaard; and Teri Corrigan, Jill Franken, Amy Iversen-Pollreisz, Jim Kinyon, Steve Lindquist, Dianna Marshall, Tom Stanage, and Barry Tice.

Listing of Staff Members

Staff members for the Task Force are Wenzel J. Cummings, Code Counsel, and Cindy Tryon, Senior Legislative Secretary

