Leverage Telehealth and Telemedicine, Task Force 3
2019 Final Report

SOUTH DAKOTA LEGISLATURE
LEGISLATIVE RESEARCH COUNCIL

Study Assignment

The Task Force was charged with the task of studying, reviewing, and analyzing how to leverage telehealth and telemedicine to the full appropriate extent, with focus on the areas of acute assessment and crisis supports, along with mental health assessments and counseling.

The Task Force was the result of the adoption of Senate Concurrent Resolution 2 in 2019.

Summary of Interim

At the first meeting, the Task Force focused on existing telemental health access and structures. The group began by examining the statewide virtual capacity and where gaps in coverage exist. Next, the task force looked at the current availability of virtual mental health services and any available grant funding for those services. Tiffany Wolfgang from the SD Department of Social Services explained that the telehealth services eligible to be provided through the publicly funded behavioral health system include substance use services and mental health services. Rebecca Kiesow-Knudsen with Lutheran Social Services reported that her organization provides telehealth services through Microsoft Zoom, an audio and video conferencing application. Brian Erickson of Avera eCARE informed the members that his organization provides telehealth services to nearly 500 locations in 30 states. Through a grant from the Helmsley Charitable Trust, Avera eCARE was able to institute a pilot program in Brookings County to provide mobile crisis resources for emergency providers. A demonstration was provided to the Task Force. Lastly, Susan Kornder with the Northeastern Mental Health Center reported that community mental health centers currently use telehealth to support clinical services for telepsychiatry, substance use disorders, and mental health in 24 counties in the state.

Sydne Enlund, Policy Specialist at the National Conference of State Legislatures, kicked off the second meeting by presenting an in-depth summary on the use of telehealth for mental and behavioral health services in other states. J.R. LaPlante, Director of Tribal Relations at Avera Health, shared information on the development of the Pine Ridge Children's Telehealth Network. The group received some follow-up information including outcome data on the use of telehealth for mental health services from both Lutheran Social Services and Avera eCARE. Greg Dean with the SD Telecommunications Association and Julie Darrington with Vantage Point Solutions discussed the work that is being done to expand connectivity to the areas that are currently underserved or unserved, and the funding that is helping to pay for it. Mr. Scott Peters, an attorney from Sioux Falls, presented the group with some proposed statutory changes that he said would eliminate barriers to providing mobile crisis services remotely. Erin Srstka, a Grant Specialist from USD, provided information on the Area Health Education Centers supplemental grant that was received last year from the Health Resources and Services Administration. The grant will be used to implement telemental health for first responders. Ms. Jacque Larson from the SD Department of Education shared information on Project AWARE, a project funded through federal grants that provides for increased and improved access to mental health services for school-aged youth. Lastly, the Task Force focused on statewide shortages that exist among psychiatrists, counselors, and marriage and family therapists.

At the third meeting, Tiffany Wolfgang and Terry Dosch, Director of the SD Council of Mental Health Centers, Inc., discussed current staffing levels at the community mental health centers and the shortages that exist. Suzanne Starr with the Unified Judicial System provided an overview of the judicial system's video conferencing system and discussed how it is currently being used by the courts. The task force then worked as a group to define markers of success and what they would like to accomplish. The group divided into two groups, one focused on the continuum

of care and the other focused on the statutory changes that may be needed for further development in the area of telemental health.

The Task Force, at the fourth meeting, began formulating their final recommendations. They reviewed and discussed two bill drafts that were put together based on the recommendations from Scott Peters. They learned about possible funding options for the expansion of telehealth services in South Dakota. Senator Soholt told the members about a $4.3 million grant that Avera eCARE received from the Helmsley Charitable Trust to launch a national telehealth certification program. Lastly, the group requested that a bill be drafted to require the Department of Social Services to support all counties in developing and maintaining a statewide centralized resource information system.

The work of the Task Force concluded with the fifth meeting, which was conducted by video conference. The members finalized their recommendations, and reviewed and discussed the three bill drafts, which were adopted by the committee.

Listing of Legislation Adopted by the Committee

1. An Act to revise certain provisions regarding the use of telehealth technologies.
2. An Act to provide for the use of electronic communication in the involuntary commitment process and to declare an emergency.
3. An Act to require the Department of Social Services to fully support a statewide centralized resource information system.

Committee Recommendations

Access to the full spectrum of behavioral health services through telehealth can be supported statewide including: prevention, early intervention, crisis supports and outpatient services.

Recommendations are based on the following Task Force Conclusions:

That:

- Based on research, virtual behavioral health services are as effective as face-to-face.
- Access to behavioral health services statewide in South Dakota can be significantly improved by leveraging telehealth strategies.
- Most of South Dakota's current behavioral health access impediments, particularly in rural areas, can be solved with virtual strategies.
- Virtual strategies can be used to address gaps in prevention, early intervention, crisis supports, and outpatient services to improve outcomes in a cost-effective manner.
- Virtual strategies remove time and geographic barriers in accessing benchmark quality behavioral health care for all citizens.
- Leveraging statewide behavioral health access via telehealth would offer greater options for South Dakota citizens.
- Expansion of virtual behavioral health crisis teams must be a priority to support law enforcement and first-responders in accessing mental health expertise when responding to individuals in a mental health crisis in any location.
- Virtual access to Qualified Mental Health Professionals (QMHP's) is a priority to expand access to critical behavioral health services across the state.
- County 211 lines are key in creating a seamless mental health continuum and referral to local behavioral health services.
- Transforming the infrastructure of behavioral health access to include virtual in all settings will require public/private partnerships in planning, development, and funding.
- Within five years, almost all South Dakota citizens will have access to reliable broadband networks.

Recommendations

1. **Aggressively move forward in development of broadband access for all SD citizens that is reliable.**

2. **Provide virtual behavioral health delivery with:**
    a. Secure connectivity that is HIPAA compliant; and
    b. Common hardware/software platforms as much as possible, or efficient interface between systems for ease of use.

3. **Prioritize development of a statewide virtual behavioral health crisis response network in all settings, to include a person's home.**
    a. Direct the Department of Social Services to submit a report regarding progress toward meeting this priority to the members of this task force, the Joint Committee on Appropriations, and the Executive Board by the end of fiscal year 2020.

4. **Prioritize establishment of 211 in every county in South Dakota.**

5. **Ensure access to behavioral health crisis intervention and ongoing behavioral health services in all geographic areas and settings to include:**
    a. Health care, acute and ambulatory;
    b. Community-based behavioral health providers;
    c. All public, private and tribal K-12 schools;
    d. Senior centers and nursing homes; and
    e. Correctional facilities.

6. **Recognize that shortages exist among mental health professionals, especially in certain geographic areas.**
    a. Leverage virtual provider expertise in every aspect of service delivery.
    b. Establish statewide Qualified Mental Health Provider (QMHP's) infrastructure.
    c. Expand development of interdisciplinary teams.
    d. Keep moving forward with multi-state licensure for all behavioral health professionals.
    e. Create an environment for ease of licensure for workforce to enter South Dakota.

7. **Ensure that providers of telehealth pursue training and/or certification to provide quality virtual behavioral health services.**
    a. Promote training for providers on best practice use for telehealth services.
    b. Support professionals and paraprofessionals practicing at full scope of practice.
    c. Require that institutions of higher learning integrate telehealth service delivery into curriculum.
    d. Provide training for current professionals to become proficient with telehealth care delivery.

8. **Recognize that virtual behavioral health systems development will require creative funding solutions both for capital investment and ongoing reimbursement.**
    a. Ensure parity in reimbursement for all telehealth services, including crisis supports.
    b. Ensure a sustainable payment model through private and public funding sources.
    c. Develop business modeling that includes cost avoidance projections.

9. **Recognize need to create standardized metrics to identify and track success**
    a. Assure outcomes are the same regardless of person, place or delivery system

10. **Create an awareness campaign for the public on components of virtual behavioral health systems and how to access.**

Summary of Meeting Dates and Places

The committee met at the State Capitol in Pierre, SD on the following dates: July 17, August 27, September 24, and October 23, 2019. The committee met by video conference on November 6, 2019.

Listing of Committee Members

Members of the committee are: Senators Deb Soholt (Chair) and Jim Stalzer; Representatives Linda Duba, Herman Otten (Vice Chair) and Tamara St. John; and Public Members Brian Erickson, Amy Hartman, Rebecca Kiesow-Knudsen, Susan Kornder, Dr. Melita Rank, Kelly Serr, and Tiffany Wolfgang.

Listing of Staff Members

Staff members for the committee are: Clare Charlson, Principal Research Analyst; Rachael Person, Senior Legislative Secretary; and Kelly Thompson, Senior Legislative Secretary.