

Redefine Acute Mental Health Hospitalization Task Force 2019 Final Report



Study Assignment

2019 Senate Concurrent Resolution No. 2 directed the Executive Board of the Legislative Research Council to establish five task forces for the purpose of studying and making recommendations regarding the continuum of mental health services available in this state. Task force No. 1 was directed to redefine acute mental health hospitalizations in the areas of short, intermediate, and long-term placement, with an emphasis on keeping individuals needing placement in the community whenever possible.

Summary of Interim

The task force began with a detailed overview of mental health services currently available in the state. From representatives of the 11 Community Mental Health Centers, regional facilities, and the Human Services Center, the committee learned about the challenges of providing screenings, evaluations, outpatient services, and inpatient care, efficiently and cost effectively, to more than 17,000 individuals annually, in urban and rural areas -- individuals whose mental health needs could require the continuum of available services at any time during a 24 hour cycle and any day of the year.

The task force also learned that South Dakota's only public psychiatric hospital, the Human Services Center, admitted 1,377 individuals during FY 2019. Approximately 87 percent of those individuals were admitted under the involuntary commitment process. Twenty percent of the individuals receiving acute care were at the Human Services Center for fewer than five days and 10 percent of the individuals were readmitted within 30 days of their discharge.

Although the task force did not delve into the details of payment responsibility between the various governmental levels, it did recognize that existing responsibility for the costs incurred by individuals in crisis may inadvertently incentivize choices to transport a patient to the Center. Such choices have multiple repercussions. Among those is the fact that if the limited beds available at the Center are being utilized by individuals whose needs could be met elsewhere, the beds may not be available at the time they are needed to accommodate the care requirements of those individuals whose needs are so severe that they truly could not be addressed elsewhere. In addition, there are the attendant costs of utilizing law enforcement personnel to transport individuals across long distances and the social and emotional costs of separating individuals from their families and other supports.

Looking forward, the task force concluded that the regionalization of mental health services was a concept to be embraced. It also noted that the successful implementation of this concept would require not a mere redefinition or even a definition of terms, but rather a deliberate, strategic, and multi-faceted effort by the state.

Recommendations by the Task Force

In order to successfully regionalize the manner in which mental health services are provided to the residents of this state, the task force recommended that the Department of Social Services undertake an in-depth study and comprehensive review of existing and potential delivery models. The task force determined that the regionalization of services would necessitate an expansion of service delivery capacity at various locales throughout the state. The task force recommended that this could be initiated in short order by broadening the definition of an appropriate regional facility so that certain identified services could be provided at additional locations, and by encouraging the utilization of telepsychiatry, particularly in the conduct of examinations by qualified mental health professionals. Increasing the capacity of particular service providers, such as the community mental health centers, would involve more complex and detailed discussions regarding operational commitments, facility restructuring, staffing availability, and financial support.

The task force believed that these aspects of regionalization would become more clearly defined through the department's study. As the task force envisioned the study going forward, it recommended that the ensuing step involve the institution of several pilot projects to enable a better articulation and understanding of the unique needs and challenges that present themselves and would have to be addressed in different portions of the state.

The task force recognized that, at all levels of government in this state, there is a concerted effort to be particularly mindful of expenditures and to utilize tax dollars only in the most efficient and effective ways. The task force also recognized that a reconfiguration of the mental health delivery system into one with a regional focus might entail certain short-term investments in order to recoup long-term cost savings and other benefits.

Ultimately, the task force concluded that if the state rethinks and reconfigures the manner and location in which mental health services are delivered, the state will be able to provide quality care to its residents locally, or at the very least regionally, and in so doing, will ensure the best possible outcomes for those who require the services and for their families.

Listing of Legislation Adopted by the Committee

None.

Summary of Meeting Dates and Places

The task force met in Pierre on October 2, 2019, and October 29, 2019.

Listing of Task Force Members

Members of the task force were Representative Michael Diedrich, Chair; Senator Kris Langer, Vice-Chair; Senator Craig Kennedy; Representative Timothy Johns; Greg Barnier, Terrance Dosch, Amy Iversen-Pollreisz, Jeremy Johnson, Kari Johnston, Gary Marx, Amber Reints, and Katherine Sullivan.

Listing of Staff Members

Staff members for the committee are L. Anita Thomas, Principal Legislative Attorney and Kelly Thompson, Senior Legislative Secretary.

