"We are empowering local communities to come together to see how they can make the Crisis Now model work where health professionals are in short supply and internet coverage is lacking – ideas like embedding behavioral health professionals in EMT teams."

–Tiffany Wolfgang, DBH Director

NASMHPD

TTI 2021 STATE BED REGISTRY PROFILE:

SOUTH DAKOTA

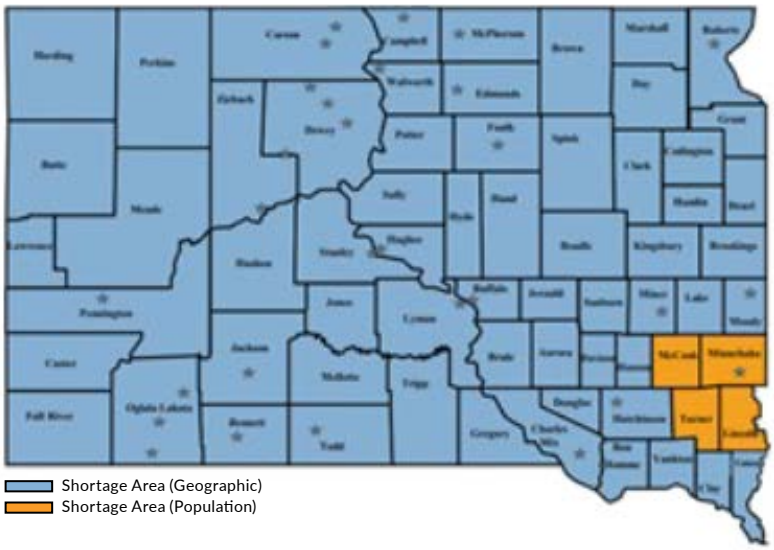
Current Approach and Need for Change

Designing a comprehensive crisis system for a state that is large (75 thousand square miles), sparsely populated (900,000 population), mostly rural (65 of its 66 counties are either frontier or rural), and short on mental health professionals (See Figure 1. Map of South Dakota Mental Healthcare Shortage Areas) pose a number of significant challenges. In rural and tribal areas, law enforcement are often the first responders to behavioral health crisis, crisis stabilization centers are mainly in more densely populated areas and inpatient hospital units are few and far between. In designing a comprehensive crisis care system, South Dakota Division of Behavioral Health (DBH) wanted to explore if and how a registry of crisis services might help. DBH envisioned a registry that might include real time availability of residential crisis services, inpatient beds, mobile crisis services, outpatient mental health and substance use disorder treatment, mental health and substance use residential settings, and supported and recovery housing. Using TTI funds, DBH engaged a Health Management Associates (HMA) to analyze the state's registry needs, find options to meet those needs, and support DBH in identifying the best solution to meet its goals. The analysis included a review of the current landscape of electronic BH registries including those used in several other states; interviews with registry platform vendors and their users; and interviews with South Dakota stakeholders about what they want from a registry. The current landscape of crisis behavioral health resources included:

- Four main providers of inpatient behavioral services mainly in more populated areas of the state;
- 11 Community Mental Health Centers (CMHCs)
- 33 SUD Treatment Providers

(continued) ▶

FIGURE 1: MAP OF SOUTH DAKOTA MENTAL HEALTHCARE SHORTAGE AREAS



- 21 Prevention Treatment Providers
- The certified Lifeline call center in the state also operates the 211-information line and will assume responsibilities for 988.
- Expanded behavioral health services, including inpatient bed capacity, in all areas of the State.
- DBH is in the process of awarding Appropriate Regional Facilities (crisis stabilization units) to support serving adults who have been placed on a five-day hold under the emergency commitment process.

In rural areas of the state, there are few beds available for crisis care and those that are open may be hours away by car. With few options, a single phone call to the nearest facility is all that is necessary to determine availability in most of the state. Although a standardized, centralized registry for monitoring inpatient behavioral health bed capacity in South Dakota would be useful, there have not been widespread issues with connecting residents with open beds. While appealing to both stakeholders and DBH, they concluded that it would be premature to launch a web-based registry before establishing a more comprehensive crisis care system with multiple options for response. DBH supports its CMHCs to engage with communities to innovate solutions that can deliver crisis care when and where people need it most. The remainder of this report describes the type of registry stakeholders would like to someday employ based on the report by Health Management Associates.

Planning Partners

HMA conducted 15 stakeholder interviews to gather feedback on and requirements for an electronic BH bed registry. Stakeholders included crisis centers, county or regional mobile crisis service providers/oversight entities, providers of crisis respite/stabilization services, peer support service providers, emergency room providers, inpatient substance use disorder (SUD) providers, tribal leaders, and providers of publicly funded outpatient BH services. The report was also vetted by the state's 988 oversight committee. The process was designed to obtain information from those organizations with capacity and those seeking capacity to gauge their interest in a system, their understand of the value it would provide, and what capabilities they would like it to have.

Type of Bed Registry

Stakeholders expressed a strong interest in building a web-based system to update and share information on system capacity.

Crisis System Beds to Be Included in the Registry

In addition to information on psychiatric inpatient services, many stakeholders expressed a strong interest in a system that would support capacity information for crisis beds and substance use disorder services. DBH is interested in establishing a registry that would include all behavioral health services that are needed to support people in the community to resolve and recover from behavioral health crises.

Registry Development Vendor

DBH intends to build a modest registry at some future date using in-house state platforms.

Access to the Registry

Stakeholders envision the registry with access limited to authorized users rather than the general public.

Refresh Rate and Entry Process

A refresh rate and entry process were not determined.

Meaningful Metrics

Metrics have not been determined.

Impact of the Covid-19 Pandemic on the Bed Registry

Efforts to expand the capacity of crisis services across the state were limited because staff availability was reduced during the pandemic.

System Oversight

Division Director, Division of Behavioral Health Services, Department of Social Services.

For more information on this project contact Nicholas Oyen at nick@sageprojectconsultants.com.

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