



In 2006, South Dakota's mental health care system received an F grade. Three years later, the grade remains the same.

South Dakota was the only state in the nation that declined to respond to NAMI's survey on which this report is primarily based. Consumers and family members praise case workers who "work their hearts out," but they see little progress in the system.

The Division of Mental Health (DMH) in the Department of Human Services (DHS) contracts with 11 private, non-profit community mental health centers (CMHCs) that serve the state's 66 counties. Only Minnehaha County (Sioux Falls) can be considered urban—the rest are rural or frontier. DHS also oversees the Human Services Center, the state hospital, located in Yankton. The Division of Medical Services (DMS) runs the state's Medicaid program.

In a collaborative effort with the Governor's Health Care Commission's Subcommittee on Mental Illness and Depression, the South Dakota Council for Mental Health Centers, and the Western Interstate Commission for Higher Education (WICHE) mental health program, DMH received a Wellmark Foundation grant in 2007 to support depression treatment in nine community health centers. The pilot program is intended to improve screening and treatment for people experiencing depression and to better integrate care. In another improvement effort, DMH and the state's four Individualized and Mobile Programs of Assertive Community Treatment (IMPACT) are working to develop recovery-oriented outcome data and to improve fidelity to the national evidence-based ACT model.

Each community mental health center is promoting treatment of co-occurring disorders by using the Comprehensive, Continuous, Integrated System of Care (CCISC) model. A federal incentive grant should give implementation of evidence-based integrated treatment a boost in 2009. DMH is also promoting more recovery-oriented and person-centered care, peer supports, and peer advocacy.

The state has developed a special, higher "rural rate" to reimburse CMHCs for services provided in remote areas. It also includes telemedicine as a Medicaid-reimbursable service to mitigate shortages of mental health professionals. However, many rural communities are still unable to take advantage of telemedicine because they lack the necessary equipment. Training current staff in the CMHCs is also a challenge—both to provide recovery-oriented, inte-

Innovations

- Depression screening and treatment in primary care
- Efforts to improve outcome measurement
- Promotion of co-occurring disorders treatment

Urgent Needs

- Supportive housing
- Supported employment
- Workforce development
- Crisis services and alternatives to hospitalization

Consumer and Family Comments

- *"I have a case manager who comes to my town every other week. Her schedule is rigid and the office appears to be closing permanently. However, her services right now are a major part of my stability. She is my touchstone."*
- *"The case managers are often 22-23 years old with little to no understanding of mental illness. They are poorly trained, underpaid, and transition out of the field within one to two years."*
- *"I would like peer support groups and a drop-in center to be available if I need it. There is no drop-in center in my immediate area. I have to drive an hour to get to it."*

grated care and culturally competent services. The state's diverse communities include nine Native American tribes.

Lack of affordable housing and supported employment are also significant barriers to recovery.

South Dakota's struggle to provide appropriate mental health care is reflected both in the fact that its mental health spending ranks far below the national average and the bulk (63 percent) of its budget is spent on the state hospital. On average, in the rest of the country, state hospitals account for only 27 percent of state mental health spending.

In South Dakota, community-based services are basically starving. Ironically, with a lack of adequate community-based treatment and alternatives to hospitalization, the state hospital is straining to meet demand.

After two consecutive F grades, South Dakota needs to take a hard look at its mental health care system. The state needs a clear, comprehensive plan, and political leaders need to make improvement a priority—which will require investment to build an effective community-based system of care.

Until that happens, the state will continue to fail its citizens.