COLLABORATIVE PLANNING PARTNERS

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<tr>
<th>Behavior Management Systems</th>
<th>Rapid City Police Department</th>
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<td>Catholic Social Services</td>
<td>Rapid City Regional Hospital Behavioral Health Center</td>
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<td>City/County Alcohol Drug</td>
<td>Rapid City Regional Hospital Emergency Department</td>
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<td>Cornerstone Rescue Mission</td>
<td>Regional Health</td>
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<td>Community Health of the Black Hills</td>
<td>Rapid City School District &amp; Prevention Program</td>
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<td>Department of Corrections</td>
<td>South Dakota Advocacy</td>
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<td>Department of Social Services</td>
<td>South Dakota Co-Occurring Disorder Initiative</td>
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<td>Ft. Meade VA</td>
<td>South Dakota School of Mines and Technology</td>
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<td>Front Porch Coalition</td>
<td>South Dakota Voices for Children</td>
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<td>Governors Kids Cabinet</td>
<td>Southern Hills Alcohol and Drug</td>
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<td>John T. Vucurevich Foundation</td>
<td>Teton Coalition</td>
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<td>Juvenile Services Center</td>
<td>Unified Judicial System</td>
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<td>Lifeways</td>
<td>United Way of the Black Hills</td>
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<td>Lutheran Social Services</td>
<td>Volunteers of America</td>
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<td>NAMI</td>
<td>Wellspring</td>
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<td>Northern Hills Alcohol and Drug</td>
<td>Western Prevention Resource Center</td>
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<td>Pennington County Health and Human Services</td>
<td>Youth and Family Services</td>
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<td>Pennington County Juvenile Diversion</td>
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<td>Rapid City, SD City Council</td>
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History and Vision of the Black Hills Mental Health/Substance Abuse Systems Change Collaborative

The Black Hills Mental Health/Substance Abuse Systems Change Collaborative, (the Collaborative) modeled after a project in Larimer County Colorado, was initiated by the John T. Vucurevich Foundation (JTVF). A Black Hills Community Needs Assessment (January 2007) indicated serious gaps in access to mental health and substance abuse services for low and middle-income people and alarming suicide rates as major issues in Butte, Lawrence, Meade and Pennington counties.

These issues were not necessarily new, but they had not historically been addressed in a systematic way. Various, but nascent, systems changes were underway at the South Dakota Department of Human Services, and Rapid City had adopted a National League of Cities Platform, Strengthening Families and Improving Outcomes for Children and Families (Mayor’s Task Force on Strengthening Families), which included mental health and substance abuse provisions. As a result, a number of discrete community initiatives in the Rapid City area were identifying system-wide issues and simultaneously developing their own approaches to fill gaps in services.

Staff from JTVF attended many of these respective meetings and determined that these disparate efforts needed to be coordinated to have the greatest impact on the community. In May 2008, the Board of JTVF authorized a $100,000 planning grant to convene key stakeholders to identify areas for systems change, policy and knowledge development, public engagement and evaluation of the mental health/substance abuse systems in Western South Dakota.

Expectations of the planning grant included:

1. Hire a coordinator who has experience leading multi-partner collaboratives
2. Convene a core group of key stakeholders to analyze and select issues to create a Community Plan
3. Identify partner organizations that possess the qualifications and capacity to take part in design and implementation. Additional funders may be part of this group
4. Present the basic design of the initiative and invite feedback on barriers and opportunities. Have the key decision makers at the table for the broader plan, and then set up work groups for core result areas

The logical starting point for this discussion was Rapid City, the largest city in the Black Hills and the regional hub for healthcare and correctional services in western South Dakota. Modeled after a similar services coordination project in Larimer County, Colorado, JTVF brought together 48 people representing 36 diverse agencies in October 2008 to develop an organized approach (“The Plan”) to improve access to affordable and effective mental health and substance abuse services in the area. Aligned with the Mayor’s Task Force on Strengthening Families, The Plan neither duplicates nor eliminates any ongoing efforts, but corrals the resources and expertise of key leaders to create a more responsive
mental health and substance abuse service delivery system in Western South Dakota. The result of the convening in October 2008 was hundreds of hours invested in the formation of the Collaborative and the establishment of its mission: 

**mission: build a sustainable model in which a broad and diverse range of stakeholders, including funders, take ownership of problems and work collaboratively to influence change.**

Thus, the Collaborative was born, and took shape in the form of four committees with diverse membership: Service Infrastructure, Service Collaboration, Prevention and Family Advocacy.

**THE WORK OF THE COLLABORATIVE**

During 2009, Sandy Diegel, Executive Director of JTVF facilitated the development of a mission and priority areas for the first three committees as part of The Plan, and assisted the Collaborative in various fundraising efforts. The strategic work of the Collaborative gained the attention of the Bush Foundation as they prepared to launch their “Goals for a Decade.” The Bush Foundation was looking for partners to help them achieve one of its new goals – **develop courageous leaders to engage entire communities to solve their own problems.**

The result is a two-year partnership between JTVF and the Bush Foundation with a $248,000 investment from the Bush Foundation to develop the infrastructure of the Collaborative, including resources for leadership and coordination; research and training; data gathering and evaluation; cooperative grant writing for funding for services; and community engagement and education about mental health and substance abuse issues.

To date, the four committees have achieved varying degrees of fundraising, planning and execution activities. Work is underway to formulate the Family Advocacy Committee, as well as begin to implement various initiatives as described in the text of this report. JTVF contracted with Alys Ratigan, who has a Masters Degree in social work and 14 years experience in the Black Hills area as a provider, grant writer and coordinator of special projects to assist with coordination of the Collaborative. JTVF staff will continue to provide strategic leadership to help prioritize issues and coordinate actions, increase and leverage financial resources, and engage existing and new stakeholders to be part of the solution.

The Collaborative is a work in progress and the results of its progress will be monitored and communicated through frequent “Update to the Community” reports such as this one and through other venues. Reports will continuously evolve to record the history, accomplishments, lessons learned and future of the Collaborative.
Service Infrastructure Committee

Mission: Take action to develop a responsive mental health/substance abuse system that will sustain and promote resources for prevention and service collaboration to strengthen and empower individuals and families in Rapid City.

ACTION AREAS

» Funding
» Communication
» Policy
» Needs Assessment

COMMITTEE MEMBERSHIP: Please see page 14 of this report.

BACKGROUND

In 2008, 1,147 of 1,391 (82%) of people held through involuntary commitments were released in less than 24 hours, thus, the “revolving door.” People suffering from these illnesses moved through their crisis in the hospital, jail, and detox or received no care at all.

2009 ACTIVITIES

In response to the overwhelming need for improved access and referrals for mental health/substance abuse services identified through the planning process, the Service Infrastructure Committee applied for a $1,000,000 grant through the Robert Wood Johnson Foundation (RWJF) Local Funding Partners program to support work over three years. This is a matching grants program designed to establish partnerships between the Foundation and local grant makers to fund innovative, community-based projects that improve health and healthcare for underserved and vulnerable populations.

Using these funds, the Collaborative proposed to establish a 24-Hour Mental Health and Substance Abuse Assessment and Crisis Intervention Center (24-Hour Crisis Center) in Rapid City, SD to reduce the “revolving door” health care system that has developed in rural western South Dakota by creating a system of care where a person can enter the system with the right service, at the right time, and at the right price.

The 24-Hour Crisis Center would result in a dramatic increase in access to care and appropriate referrals by coordinating entry into services and referrals for follow up treatment and case management services including medical, financial, social services, housing or transportation issues. Goals and objectives for the Crisis Care Center are:

GOALS:

1. Develop a fully operational 24-Hour Crisis Center
2. Implement community case management
3. Provide intermittent professional care until provider availability
4. Develop integrated demographic and needs assessment with appropriate consents for treatment
5. Conduct regular networking meetings among service providers
6. Implement Community Education Plan

OBJECTIVES:

1. Reduce inappropriate admissions to the hospital, jail and detox
2. Improve access to after-crisis follow-up and mental health and substance abuse treatment
3. Improve service integration and coordination among agencies and providers to help patients better navigate complex systems
4. Improve awareness about and access to services to assist people in entering the healthcare system for mental health and substance abuse services prior to the crisis state

This 24-Hour Crisis Center project follows some of the approaches used in Bexar County, Texas Jail Diversion Program that utilizes the 24-hour crisis concept for addressing mental health issues, reducing recidivism, and improving access to mental healthcare and
treatment. An independent cost analysis for the Bexar County Program indicates that, “crisis care facilities are on the frontline of assessing, diverting, and treating people with mental illness and continue to be recognized as a critical component in any successful diversion program.” In addition to the diversion aspect, the Collaborative also focuses on building pre-crisis interventions along with low-level crisis intervention and aftercare.

It is noted that successful implementation of the various components of a crisis system will be to have a strong network of community resources and services. The Steering Committee and other interested parties investigated three comprehensive service coordination software programs that would greatly improve and streamline access and referral to services through the use of an online, real time scheduling system and directory of resources. One of the programs reviewed was one that Pennington County recently developed. The group decided they liked this program the best and Pennington County will donate their software program to the Collaborative.

2010 ACTIVITIES

Rapid City Regional Hospital hired David Cawley, a consultant who specializes in behavioral health centers, to review the operations of their behavioral health unit. Mr. Cawley presented the results of his findings to the Service Infrastructure Committee in January 2010. The presentation supported the data outlined in the Robert Wood Johnson grant proposal and suggested the solution must be a community solution and not just a Rapid City Regional Hospital problem. The presentation identified the development of a community crisis center to divert patients who require interventions and support, rather than acute care admissions as a potential solution for our community.

A Project Planning/Implementation Team for the 24-Hour Crisis Center project was formed (see membership on page 15 of this report) to discuss the details of initiation and implementation of the Crisis Care Center. A variety of questions and concerns were discussed and Steering Committee members, Sheriff Holloway, Police Chief Allender, Alan Solano and Heather Smith met with representatives of the Bexar County program in San Antonio, TX to learn more about Bexar County policies, procedures, protocols, lessons learned and potential barriers.

The team who visited San Antonio enthusiastically embraced many of the practices of the Bexar County program and provided ideas to the rest of the Collaborative about possibilities for Rapid City. They decided to send staff members to a Crisis Intervention Training in San Antonio and report back to the Collaborative.

Karl Jegeris and Don Hedrick of the Rapid City Police Department; Brian Mueller of the Pennington County Sheriff’s Office; Brenda Boetel of City County Alcohol & Drug; Randy Allen of Behavior Management Systems; Barry Tice and Terry Krebs of Pennington County Health and Human Services; and John Carlson of Rapid City Regional Behavioral Health attended the Crisis Intervention Training International Conference held May 31 – June 3, 2010. The conference was designed to showcase initiatives that promote collaboration between law enforcement, mental health and advocacy systems in serving the mental health population. The meeting featured law enforcement and mental health agencies and provided workshops, presenters, speakers and exhibitors to encourage the spread of the message of Crisis Intervention. The team that participated from South Dakota also emerged with strong support for the implementation of a crisis intervention system in Rapid City.

While Rapid City is vastly smaller than San Antonio, several components of their programs make sense for this program. In addition to the Crisis Care Center plan, a “sobering unit” was considered for placement at the current detox facility with some facility modifications. The sobering unit would be a voluntary, safe and cost effective place for people who are intoxicated but not interested in engaging in treatment or going through detox. The unit would provide additional resources to
FUNDING AND MOVING FORWARD

The $1,000,000 three-year grant sought from the Robert Wood Johnson Foundation required a 50% match with local funds and the match was secured by JTVF as the nominating foundation $500,000, South Dakota Community Foundation $45,000, F.L. Clarkson Family Foundation and Pioneer Bank and Trust $30,000, BHL Capital $15,000, Gwendolyn Stearns Foundation $5,000 and the City of Rapid City $5,000. Pennington County assisted with future sustainability of the program through the authorization of a revolving fund up to $1,000,000 to pay for services when the grant would have expired. $250,000 was funded in 2009 and again in 2010. Additional components for sustainability will be sought through various other public/private systems at various stages of the project.

The applicant agency was Behavior Management Systems (BMS), and in addition to BMS and JTVF, three other members of the Collaborative have been integrally involved in the development of the project; Regional Health, Community Health Center of the Black Hills and Pennington County Health and Human Services. These five organizations, in addition to the Pennington County Sheriff and Rapid City Police Chief, will act as the Steering Committee.

The Collaborative was notified in May 2010 that it would not be funded through the Robert Wood Johnson Foundation grant. Overwhelming support from the members of the Collaborative to find a way to continue to move the process forward inspired the Steering Committee to continue the search for other funders. The Collaborative applied for $500,000 from the Rapid City Vision 2012 program. The Crisis Care Center project received unanimous support from the Citizen’s 2012 Committee, City Council 2012 Committee and finally the full City Council. The Collaborative was praised by all committees for the way it came together for a common goal. All of the funding partners who had committed a match to the Robert Wood Johnson Foundation grant re-committed their funds to match the 2012 funds and Regional Health committed $1.5 million to the project in addition to donating the space at Regional Behavioral Health Center.

law enforcement for the disposition of individuals as an alternative to incarceration or hospitalization. Law enforcement is fully vested in the project. The Sheriff’s Department and Police Department identified individuals to serve as the initial Crisis Intervention Team. Gordon Decker, Don Hedrick, Christopher Hislip, Fred Magnavito and Josh Twedt attended a Crisis Intervention Team Train the Trainer program in Minnesota in October 2010 and agreed to develop a training plan for all police officers and sheriff’s deputies. Part of this training plan will include training on de-escalations and mental health/substance abuse issues so law enforcement can make appropriate referrals. The training will be unique to the needs of the region and will include meeting with families and consumers to gain their perspective as well as site visits with local agencies to learn more about the services they provide.

Also in the fall of 2010, additional individuals were brought into the Crisis Care Center Planning and Implementation Team as sub-committees to brainstorm solutions to implementation details and develop protocols in the areas of Referrals In, Referrals Out and Medical Triage. Those sub-committee members can be found on page 15 of this report.

As part of the process of making decisions on those details, a team again traveled to San Antonio in October to learn more about the services provided through the Bexar County program. Teri Corrigan from BMS was named as the Crisis Care Center Project Manager, so
she, Randy Allen, Dr. Mark Garry, Crisis Care Center Medical Director and Dr. Brent Nelson, Regional Behavioral Health Medical Director, met with a variety of people to better understand how the program works.

In December, a team of physicians from RCRH led by Dr. Jim Gilbert, Director Emergency Department, went to San Antonio to gain more knowledge about the program from a medical standpoint. These groups of physicians also embraced the Bexar County model as appropriate for the Black Hills Region and immediately took action to adjust their emergency room processes to emulate the cooperative approach.

2011 ACTIVITIES

On January 31, 2011, the Crisis Care Center saw its first patient. Discussions have begun with South Dakota Department of Human Services leadership to address funding sustainability and the disposition of patients from Western South Dakota to the State hospital located in Yankton, SD which is 370 miles from Rapid City, a six-hour drive. An obvious outcome of this project would be to allow people to receive care closer to home where they could be near family and a support network. Data will be collected on the savings created by the Crisis Care Center and related outpatient mental health, substance abuse and case management services and shared with the Departments of Human Services and Social Services.

Key decision makers from the Steering Committee, as well as all other relevant providers or agencies, are committed to meet on a regular basis to optimize successful implementation. A Community Engagement Plan will be developed in 2011 to engage other community stakeholders not only about the Crisis Care Center, but in the identity, purpose and success of the Collaborative’s initiatives and intended outcomes.

The planning role of the John T. Vucurevich Foundation has been completed with regards to the Crisis Care Center. Any remaining funds from the Planning Grant will be used to fill interim service gaps during initial implementation. Full implementation will be carried out under the management of Behavior Management Systems with input from the Steering Committee and other relevant parties.

The John T. Vucurevich Foundation will continue to lead the Collaborative in 2011, with the first activity to be a community convening in February of key stakeholders in the area to hear directly from the leaders of the Bexar County program. The second project in 2011 will be to review the Black Hills Community Needs Assessment that was conducted in the fall of 2010 for Pennington, Fall River, Custer, Meade, Butte and Lawrence counties. Information from this Needs Assessment will help the Collaborative prioritize its tasks going forward. In addition to this broad based assessment, detailed feedback from families, consumers and providers will be gathered in 2011 to inform how the Collaborative will address appropriate systems issues.
Black Hills Mental Health and Substance Abuse Systems Change Collaborative

Service Coordination and Systems Change Committee

**Mission:** Ensure collaboration, coordination and integration of sustainable partnerships in providing easily accessible mental health/substance abuse services to empower and strengthen families and individuals in Rapid City to achieve their highest potential.

**ACTION AREAS**

» Evaluate access to services  
» Improve consistency of collaboration and integration between agencies  
» Develop client needs assessment  
» Identify training needs for agencies to implement systems change

**COMMITTEE MEMBERSHIP:** Please see page 16 of this report.

**2009 ACTIVITY**

A 12-hour training course called Mental Health First Aid was held in Rapid City in September for 24 people and was considered an excellent resource. Mental Health First Aid is similar to the CPR model for healthcare, designed to give members of the public key skills to help individuals who are developing a mental health problem or experiencing a mental health crisis. The evidence behind the program indicates it makes people feel more comfortable managing a crisis while developing mental health literacy, thereby helping the public identify, understand and respond to signs of mental illness. This approach is designed to reach a variety of non-mental health professionals and utilizes a train the trainer approach; Rapid City has two trainers.

**2010 ACTIVITIES**

The issue of opiate abuse, addiction and overdose in the community has drastically increased over the last year and was identified as a priority issue by the Service Coordination and Systems Change Committee. City/County Alcohol and Drug Programs (CCADP) is experiencing an alarming increase in numbers presenting with opiate-addictive behaviors in their Social Setting Detox Program. The Collaborative helped sponsor a community collaboration planning meeting in March of 2010 to redefine services and better meet the growing need for opiate detoxification and treatment.

The planning meeting was led by Dr. Ken Minkoff and Dr. Luther Hegland. Dr. Minkoff, a board-certified psychiatrist with a certificate of additional qualifications in addiction psychiatry from Harvard Medical School, is recognized as one of the nation’s leading experts on integrated treatment of individuals with co-occurring psychiatric and substance abuse disorders. Dr. Luther Hegland is a board-certified psychiatrist with a certificate of additional qualifications in addiction psychiatry, certifications from the American Society of Addiction Medicine and American Board of Addiction Medicine and is qualified in the use of Buprenorphine. He is a Clinical Assistant Professor at the USD School of Medicine and is working at the Keystone Treatment Center in Canton, SD.

In early 2010, the Service Collaboration and Systems Change Committee identified the need to begin to research and develop models and templates for programs to serve youth in targeted areas such as schools and corrections systems to be prepared on short notice to apply for relevant grants. For example, Federal grant requests for proposals (RFPs) frequently have a short turnaround time that is difficult to meet through a collaborative process. Using recent Federal RFPs for guidance, the Collaborative can align partners to discuss evidenced-based practices, targeted populations and desired outcomes, and form an outline to move more quickly to pull together programs if an opportunity arises. Because many from this committee were involved in the Planning and Implementation Team for the Crisis Care Center, this task was put on hold in 2010.
Prevention Committee

Mission: Support intentional unified community efforts through a comprehensive and collaborative prevention and wellness framework that empowers and strengthens families in Rapid City: “ONE VOICE” in Prevention.

ACTION AREAS

- Improve knowledge and collaboration of prevention resources and issues among prevention providers, other agencies and the general public
- Identify, prioritize and educate current high need issues and the risk and protective factors to focus prevention and wellness efforts
- Improve screening and early detection of suicide risk factors
- Improve early intervention rates and have crisis options available
- Ensure follow-up processes are established and implemented

COMMITTEE MEMBERSHIP: Please see page 16 of this report.

2009 ACTIVITY

In response to the need for more public knowledge of prevention resources and issues, a letter of inquiry was sent to the Wellmark Foundation by Lifeways, one of the members on the Prevention Committee. The request was to develop a public awareness campaign focused on increasing help-seeking behaviors for people affected by mental health and substance abuse illnesses and to establish a grassroots family advocacy group in Rapid City focused on providing support and advocacy to individuals and families affected by mental health and substance abuse. The Collaborative was not selected for a full application on this grant.

2010 ACTIVITIES

SUICIDE PREVENTION: In response to the high rate of suicide in the area, in January 2010 a grant was written by Front Porch Coalition, the lead agency in this grant, to the South Dakota Community Suicide Prevention program. This grant requires a local collaboration to strengthen the capacity of communities and schools to plan, implement, and sustain evidence-based suicide prevention programs. Rapid City was successfully awarded this grant. Under the leadership of Stephanie Schweitzer Dixon, Executive Director of Front Porch Coalition, this grant will primarily support training and technical assistance for the Suicide Prevention Taskforce consisting of the partners listed on pages 16-17 of this report.

TASKFORCE MISSION: Build a sustainable network of community stakeholders that work to improve mental health and wellness systems through health promotion and risk reduction that support suicide prevention activities while making available services for face to face counseling.

PLAN FOR 2010

1. Assess the community's capacity for mental health services and suicide prevention trainings
2. Develop a community workplan
3. Conduct gatekeeper trainings and suicide intervention trainings to the general public and various community providers and first responders
4. Conduct school-based trainings
5. Work to assess and build upon the community's mental health referral network
PLAN FOR 2011

1. Continue community trainings and begin to certify community members to become suicide intervention trainers.
2. Continue to work on 3-5 from 2010 Plan.

SUBSTANCE ABUSE PREVENTION

The State of South Dakota received a grant in the amount of $11,000,000 over five years to develop a prevention infrastructure and framework in South Dakota SPF-SIG (Strategic Prevention Framework State Incentive Grant). The priority areas for this grant are underage drinking among 12-20 year olds and young adult binge drinking among 18-25 year olds.

This grant requires a community coalition to develop a Community Plan to address local needs. Linda Colhoff Glover and Vonnie Ackerman trained interested parties on how to use the SPF process to develop the Community Plan. A variety of data was collected to determine base line information. Three coalitions were funded through SPF SIG for the Rapid City area, two of which are part of Collaborative. The ASAP Coalition was funded $50,000 to do planning for both target groups and Lifeways was awarded $49,000 for planning for school-based programming for the underage target as a component of the Authentic Youth Civic Engagement Coalition. A variety of other coalitions were also funded throughout Western South Dakota.

Never doubt that a small group of thoughtful committed people can change the world; indeed, that is the only thing that ever has.

~ Margaret Mead
Family Advocacy Committee

Mission: Provide support and education to individuals and families, giving them a voice in the access and delivery of behavioral health services leading to positive outcomes both personally and systemically.

ACTION AREAS:

» Be a resource for individuals and families looking for education, information, services and support
» Increase public awareness of the Parent Support Group and resources available
» Identify and train advocates in specialty areas to assist in a peer support system
» Help families be part of decision making at all levels by being the point of contact for a collective voice and a feedback loop to providers
» Advocate for systemic, legislative and/or funding changes to benefit families

COMMITTEE MEMBERSHIP: Please see page 17 of this report.

2010/2011 ACTIVITY

Alys Ratigan began facilitating the Family Advocacy Committee’s work in their planning process in early 2010. The Committee is working on developing structure to the Parent Support Group through the distribution of a flyer and development of a website. The Committee became a Chapter of Federation of Families, a national support network in early 2011. The group is planning an educational seminar in the fall 2011 for parents.

While the Crisis Care Center is a major cornerstone for the systemic improvements that will take place in the coming months and years, it is truly the collective work of all the members of the Committees in the Collaborative that will determine the success of the Crisis Care Center and make the necessary changes to improve the lives of some of our most vulnerable people in western South Dakota.
Moving Forward in 2011 and Beyond

A Community Engagement Plan will be developed in 2011 to bring other community stakeholders into the work of the Crisis Care Center, and to help hone the identity, purpose and success of the Collaborative’s initiatives and intended outcomes. Stakeholders may include additional representatives from the medical and judicial fields, Indian Health Service, South Dakota Department of Social Services and Human Services, Human Services Center, potential funding partners, county commissioners and city representatives outside of Pennington County and Rapid City, as well as the direct consumers and potential consumers of services.

The level of passion, energy and commitment of the members of the Collaborative is inspiring and they have accomplished much since the first planning meeting in 2008. But there is much left to do. The Collaborative will constantly evolve and change in membership and committee structure as projects are implemented and new projects identified to help build a sustainable model where a broad and diverse range of stakeholders, including funders, take ownership of problems and work collaboratively to influence change.
Committee Members of the Black Hills Mental Health/Substance Abuse Systems Change Collaborative

**SERVICE INFRASTRUCTURE COMMITTEE**

**FACILITATOR:** Sandy Diegel, Executive Director, John T. Vucurevich Foundation

**INITIAL MEMBERS:**

» **Katie Bray**, Assistant Superintendent, Rapid City Schools
» **Kay Ermish**, Coordinator, SD Co-Occurring Initiative
» **Mary Wood Fossen**, Executive Director, Northern Hills Alcohol and Drug
» **Doug Herrmann**, Administrator, Dept. of Corrections – West River
» **Don Holloway**, then Pennington County Sheriff
» **Crystal Jordan**, then CEO, Community Health of the Black Hills
» **Jim Kinyon**, Executive Director, Catholic Social Services
» **Carla LeVeque**, then Administrator, Juvenile Service Center
» **Renee Parker**, Executive Director, United Way of the Black Hills
» **Karen Romey**, Administrator, Pennington County Health and Human Services
» **Alan Solano**, CEO, Behavior Management Systems
» **Heather Smith**, Vice President of Professional Services, Rapid City Regional Hospital
» **Merton Tice**, then Circuit Court Judge
» **Judd Thompson**, Chief Court Service Officer, Unified Judicial System
» **Jay Van Hunnik**, Executive Director, Wellspring
CRISIS CARE CENTER STEERING COMMITTEE:
» Alan Solano, CEO, Behavior Management Systems
» Heather Smith, VP Professional Services, Rapid City Regional Hospital and then Acting CEO of Community Health of the Black Hills
» Karen Romey, Administrator, Pennington County Health and Human Services
» Don Holloway, Pennington County Commissioner
» Steve Allender, Rapid City Police Chief
» Sandy Diegel, Executive Director, JTVF
» Tim Trithart, CEO, Community Health of the Black Hills
» Kevin Thom, Pennington County Sheriff

CRISIS CARE CENTER PLANNING AND IMPLEMENTATION TEAM MEMBERS:
» Lead Agency, Behavior Management Systems
  - Alan Solano, CEO
  - Randy Allen, Clinical Director
  - Teri Corrigan, Project Manager
» Regional Health/Rapid City Regional Hospital
  - Heather Smith, VP Professional Services
  - Dr. Mark Garry, Psychiatrist
  - Dr. Jim Gilbert, Director Emergency Department
  - Janel Brown, Director Regional Behavioral Health
  - John Carlson, Coordinator of Social Services
  - Louie Feterl, Director of Emergency Services
» Pennington County
  - Karen Romey, Administrator, Health and Human Services
  - Don Holloway, County Commissioner
  - Brenda Boetel, Director, City/County Alcohol/Drug
  - Jay Alderman, State’s Attorney
  - Kevin Thom, Sheriff
  - Brian Mueller, Chief Deputy
» Community Health Center of the Black Hills
  - Tim Trithart, CEO
» Rapid City Police Department
  - Steve Allender, Police Chief
  - Karl Jegeris Lieutenant
» MH/SA Providers
  - Alan McCoy, West River Coordinator, LSS
  - Burke Eilers, Director of Counseling Center, YFS
  - Jay Van Hunnik, Executive Director, Wellspring
  - Jim Kinyon, Executive Director, CSS
  - Paulette Cuny, Social Worker, IHS
» Cornerstone Mission
  - Jim Castleberry, Executive Director
  - Andrea Denke, Program Director

Funding Partners (JTVF)
- Sandy Diegel, Executive Director
- Alys Ratigan, Collaborative Coordinator

Referrals In Team: Lead–Dr. Mark Garry, Alan McCoy, Randy Allen, Dr. Robert Phares (Ft. Meade VA), Don Holloway, Steve Allender, Brenda Boetel, Jay Alderman

Referrals Out Team: Lead–Tim Trithart, Alan McCoy, Alan Solano, Brenda Boetel, Jay Van Hunnik, Burke Eilers, Jim Kinyon, Andrea Denke, John Carlson, Karen Romey

Medical Triage Team Members: Lead–Dr. Jim Gilbert, Dr. Mark Garry, Heather Smith, Janel Brown, Louie Feterl, Lisa Field (BMS psychiatric nurse)
SERVICE COORDINATION AND SYSTEMS CHANGE COMMITTEE

FACILITATOR: Sandy Diegel, Executive Director, John T. Vucurevich Foundation

INITIAL MEMBERS:
» Tammi Archbold, Dept. of Corrections
» Doug Austin, Counselor, Southern Hills Alcohol Drug
» Randy Allen, Clinical Director, Behavior Management Systems
» Brenda Boetel, Director, City/County Alcohol/Drug
» John Carlson, Coordinator of Social Services, Regional Behavioral Health
» Kay Ermish, Coordinator of the SD Co-Occurring Initiative
» Crystal Jordan, then CEO, Community Health of the Black Hills
» Eileen Leir, Director of Western Region Services, Volunteers of America
» Carla LeVeque, then Administrator, Juvenile Service Center
» Alan McCoy, West River Coordinator, Lutheran Social Services
» Laurette Pourier, Director SANI-T (Society for Advancement of Native Interests Today)
» Karen Romey, Administrator, Pennington County Health and Human Services
» Jim Ruhe, Family Pathways Director, Behavior Management Systems
» Judd Thompson, Chief Court Service Officer, Unified Judicial System
» Jay Van Hunnik, Executive Director, Wellspring
» LuAnn Van Hunnik, West River Supervisor, Department of Social Services
» Cindy Wald, Social Worker Rapid City School District
» Paula Wilkinson-Smith, Executive Director, Lifeways

PREVENTION COMMITTEE

FACILITATOR: Sandy Diegel, Executive Director, John T. Vucurevich Foundation

INITIAL MEMBERS:
» Vonnie Ackerman, Coordinator for Western Prevention Resource Center at Youth and Family Services
» Rebecca Andrew, then West River Coordinator, SD Voices for Children
» Michelle Brink, Juvenile Diversion
» Harriet Brings, Counselor, Rapid City Schools Indian Education
» Linda Colhoff Glover, Prevention Specialist, City/County Alcohol & Drug
» Stephanie Schweitzer Dixon, Executive Director, Front Porch Coalition
» Nancy Fleming, Counselor, Suicide Awareness Partnership Program
» Gail Gray, Dept. of Health, Governors’ Kids Cabinet
» Jill Krush, Counselor, Lifeways
» Lloyd LaCroix, Rapid City Councilman
» Eileen Leir, Director Western Region Services, Volunteers of America
» Tammy Lunderman, SANI-T
» Jolie McCoy, Counselor, SD School of Mines and Technology
» Helen Merriman, Prevention Specialist, Catholic Social Services
» Crystal Mulloy, Prevention Specialist, Western Prevention Resource Center
» Pam Teaney Thomas, Prevention Specialist for the RC Schools
» Paula Wilkinson-Smith, Executive Director, Lifeways

SUICIDE PREVENTION TASKFORCE:
» Stephanie Schweitzer Dixon, Front Porch Coalition, Facilitator
» Crystal Hatcher, Youth, Front Porch Coalition Volunteer
» Patti Martinson, Black Hills Center for Equality & Suicide Survivor
» Mike Maltaverne, Rapid City Fire Chief
» Lee Sasse, Ellsworth Air Force Base Mental Health Department
» Morgan Hippen and Cheryl Michals, Ft. Meade VA Medical Center Suicide Prevention
» Alan McCoy, Lutheran Social Services
» Tamie McMeeken, Juvenile Intensive Probation Court Services
» Alan Solano, Behavior Management Systems
» Joe and Suzelle Johnston, Sanctuary Ridge Suicide Intervention Training
» Alys Ratigan, John T. Vucurevich Foundation Collaborative Coordinator
» Bill Langston, Douglas High School
» Sean Binder, Pennington County Juvenile Diversion Program
» Jolie McCoy, SD School of Mines and Technology
» Marty Graves, Pennington County Sheriff’s Office
» Kathy Kandt, Angela Himalaya, Roger Blair, Black Hills Center for Equality
» Burke Eilers, YFS Counseling and Western Prevention Resource Center
» Shawna Fullerton and Crystal Greving, SD Division of Mental Health
SUICIDE PREVENTION TASKFORCE,
continued:

» Dr. Fred Magnavito, Psychologist, Pennington County Sheriff’s Office/RC Police Dept.
» Jada Johns, Director Psychological Services, SD National Guard
» Lt. Col. Harvey L. Fitzgerald, SD National Guard
» Dr. Jeff Henderson, Black Hills Center for American Indian Health
» Dr. Mark Garry, Psychiatrist
» Jay Van Hunnik, Wellspring
» Steve Allender, Rapid City Police Chief
» Peggy Schlechter, National American University
» Ted Huffman, Minister, UCC Church of Christ
» Bruce Herrboldt, Minister, South Park UCC Church
» Beth Eilers, Lifeways
» Shawn Hayford, YMCA
» Scott Bader, Club for Boys
» Melissa Lowe, Wellspring
» Dr. Mark Kjellerson, Ellsworth Air Force Base Family Readiness Center
» Cathy Larsen, Catholic Social Services
» Janel Brown, Regional Behavioral Health Center
» Carrie Robley, YFS, Girls Inc.
» Sam Kooiker, Rapid City Councilman
» Jordan Mason, Rapid City Councilman
» Tanya Fritz, Children’s Home Society
» Monique M. Giago, Black Hills Center for American Indian Health

FAMILY ADVOCACY COMMITTEE

FACILITATOR: Alys Ratigan, Collaborative Coordinator, John T. Vucurevich Foundation

INITIAL MEMBERS:

» Martha Anderson, Parent/Advocate
» Dannie Dosch, Parent/Advocate & Catholic Social Services
» Burke Eilers, Youth & Family Services
» Tommie Leenknecht, Parent/Advocate & NAMI
» Dianna Marshall, South Dakota Advocacy
» Tamie McMeeken, Court Services
» Nicole Prairie Chicken, SANI-T
» Stephanie Schweitzer Dixon, Parent/Advocate & Front Porch Coalition
» Monica Sewell, Parent/Advocate
Funding support to establish the Collaborative: John T. Vucurevich Foundation & Bush Foundation

The John T. Vucurevich Foundation honors and builds on the personal legacy of giving of John T. Vucurevich by facilitating solutions to key challenges facing South Dakota and the Black Hills Region in the areas of arts, education and health and human services. JTVF provides funding and human resources to make a greater impact on the community through a collaborative approach that creates a sense of shared responsibility among partners and promotes long-term change.

www.jtvf.org

The Bush Foundation was established in 1953 by 3M executive Archibald Bush and his wife, Edyth. The Foundation strives to be a catalyst to shape vibrant communities in Minnesota, North Dakota, South Dakota and the 23 Native nations that share the same geography, by investing in courageous and effective leadership that significantly strengthens and improves the well-being of people in these areas.

Since 2008, the Bush Foundation has been pursuing its Goals for a Decade-to develop courageous leaders and engage entire communities in solving problems, to increase educational achievement and to support the self-determination of Native nations.

www.bushfoundation.org
“The Crisis Care Center is a great need for Rapid City. The efforts put forth are without a doubt worth it. We all benefited: in its preparation, the creative energy, the networking, and being able to take a look at the universe of the needs in Rapid City in one of the broadest and most collaborative efforts in which it has been my pleasure to be a part. I know the effort is not at an end, but at its beginning. The wealth of talent, ideas and especially the willingness of each to cooperate and to learn from one another is the real benefit of your efforts, which has already, and will in the future be rewarding.”

— MERTON B. TICE, JR., JUDGE (RET.) AND COLLABORATIVE MEMBER