

Environmental Factors and Plan

Evidence-Based Practices for Early Interventions to Address Early Serious Mental Illness (ESMI) – 10% set aside

1. Does the state have policies for addressing early serious mental illness (ESMI)?

Yes No

2. Has the state implemented any evidence-based practices (EBPs) for those with ESMI? Yes No

If yes, please list the EBPs and provide a description of the programs that the state currently funds to implement evidence-based practices for those with ESMI.

South Dakota implemented the OnTrackNY model, which is an extension of the Recovery After an Initial Schizophrenia Episode (RAISE) Connection Program. OnTrackNY builds on the RAISE initiative as an innovative, evidence-based team approach to providing recovery-oriented treatment to young people who have recently begun experiencing psychotic symptoms.

Two First Episode Psychosis (FEP) Programs, utilizing the OnTrackNY model, have been established within the State of South Dakota. OnTrackNY provided training to Southeastern Behavioral Health Care (SEBHC), in the eastern part of the state and Behavior Management Systems (BMS), in the western part of the state. SEBHC began serving clients in 2015 and BMS began serving clients in 2017.

3. How does the state promote the use of evidence-based practices for individuals with ESMI and provide comprehensive individualized treatment or integrated mental and physical health services?

The state is utilizing EBPs for those with FEP in the two programs described above. The OnTrackNY model's focus centers around individualized treatment planning through a shared decision making process that includes all aspects of the client's life, including physical health services.

4. Does the state coordinate across public and private sector entities to coordinate treatment and recovery supports for those with ESMI? Yes No

The FEP programs coordinate outreach and recovery efforts across public and private sectors within their identified catchment areas.

5. Does the state collect data specifically related to ESMI? Yes No

The Division of Behavioral Health (DBH) is currently in the process of customizing the standardized Adult Outcome Tool that the Data and Outcomes Work Group (DOWG) finalized in July 2016 in order to capture the necessary performance measures identified for the FEP program. This tool is required for other mental health services within the state such as Individualized Mobile Program of Assertive Community Treatment and

Comprehensive Assistance with Recovery and Empowerment services. It is the expectation to still be able to capture the necessary performance measures identified by the DOWG, but also enhance the tool specific to FEP clients.

6. Does the state provide trainings to increase capacity of providers to deliver interventions related to ESMI? Yes No

At this time, the DBH is not implementing statewide trainings regarding ESMI. The focus has been on the two identified Community Mental Health Centers, which fall within the most populous areas of the state allowing a greater number of individuals the ability to access FEP services.

7. Please provide an updated description of the state's chosen EBPs for the 10 percent set-aside for ESMI.

In late 2015, SEBHC began receiving referrals and providing services. In July of 2016, OnTrack NY returned to SEBHC and provided additional technical assistance and training to ensure proficiency in delivery of services and fidelity to the model.

BMS was chosen to pilot a second program in August 2016 and staff received training through OnTrackNY. BMS began receiving referrals in 2017.

8. Please describe the planned activities for FFY 2018 and FFY 2019 for your state's ESMI programs.

The planned activities for 2018-2019:

Priority Area: First Episode Psychosis

Goal of Priority Area #1: Increase outreach efforts across various groups within the BMS and SEBHC catchment service areas.

Objective: By the end of SFY2019, the DBH will have supported SEBHC and BMS with additional outreach and educational activities to enhance enrollment in services, expand potential referral sources, and provide education and awareness to reduce stigma associated with behavioral health diagnoses and treatment.

Implementation Strategy: The state will coordinate with SEBHC and BMS's FEP teams to determine potential outreach and educational activities to various groups to promote FEP within their catchment areas.

Indicator: The DBH, BMS and SEBHC will identify various groups within their catchment areas that they can provide outreach to in order to expand potential referral sources, expand awareness and reduce stigma associated with behavioral health diagnoses and treatment.

a) **Baseline Measurement:**

Not applicable at this time. Baseline measurement will occur after technical assistance has occurred from OnTrackNY.

- b) **First-year target/outcome measurement:**
By the end of SFY 2018, the SEBHC and BMS FEP teams will have developed a reliable outreach tracking system in which they can monitor and follow-up with potential referral sources through-out the year.
- c) **Second-year target/outcome measurement:** By the end of SFY 2019, the SEBHC and BMS FEP teams will have provided outreach services to at least 10 potential referral sources within their catchment area.

Goal of Priority Area #2: Determine the effectiveness of the programs through the collection of outcome data.

Objective: By the end of SFY 2019, the state will have one year of meaningful outcome data to determine the success of the programs.

Implementation Strategy: The state is currently in the process of customizing the outcomes collected for the FEP program, including the standardized Adult Outcome Tool that the Data and Outcomes Work Group (DOWG) finalized in July of 2016 in order to capture the necessary performance measures identified for the FEP program. This tool is required for other mental health services within the state such as Individualized Mobile Program of Assertive Community Treatment and Comprehensive Assistance with Recovery and Empowerment services. It is the expectation to still be able to capture the necessary performance measures identified by the DOWG, but also enhance outcome measure collection specific to FEP clients.

Indicator: Complete enhancements to the collection of outcome data, including the standardized Behavioral Health Adult Outcome Tool, specific to FEP clients.

- a) **Baseline Measurement:** Not applicable at this time. Baseline measurement will occur after determining need and financial implications.
- b) **First-year target/outcome measurement:**
By the end of SFY 2018, the state will have collected and tracked outcomes utilizing the Adult Outcome Tool and outcomes specific to FEP clients.
- c) **Second-year target/outcome measurement:**
By the end of SFY 2019, the state will have collected and tracked outcomes utilizing the Adult Outcome Tool and outcomes specific to FEP clients.

Budget:

The 10 percent set-aside amount of \$ shall be utilized by September 30, 2018 through additional technical assistance and/or trainings by OnTrackNY and service implementation provided by SEBHC and BMS.

The 10% set-aside amount of \$ shall be utilized by September 30, 2018.	
Total Estimated Costs: \$	
Additional training/technical assistance through OnTrack NY	\$
BMS	\$
SEBHC	\$
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Comment [BS1]: Allocation has not been released by SAMHSA yet.

9. Please explain the state’s provision for collecting and reporting data, demonstrating the impact of the 10 percent set-aside for ESMI.

Once the adult outcome tool and data collection process is finalized for FEP, it is the expectation that the programs will complete the tool and outcomes collection process at the time of enrollment, every six months and at the time of discharge. The FEP programs will submit the completed tools to the DBH, who will assist in tracking overall state FEP outcomes.

10. Please list the diagnostic categories identified in your state’s ESMI programs.

Diagnostic categories identified include:

- Suicidality
- Psychiatric hospitalizations
- Use of emergency rooms
- Prescription adherence and side effects
- Physical health
- Program involvement
- Substance use
- Global functioning
- Employment
- Education/school participation
- Legal involvement
- Living situation
- Social connectedness
- Identification
- Intake
- Enrollment
- Improved Symptoms

This proposal is contingent on the premise that DBH reserves the right to make any necessary changes needed in order to ensure fidelity to the model during implementation of the program.

Please indicate area of technical assistance needed related to this section.