# Step 1: Assess the strengths and organizational capacity of the service system to address the specific populations.

## Organizational Structure

*(Reference Organizational Chart)*

## State Level

### Department of Social Services

*Mission Statement*

Strengthening and supporting individuals and families by promoting cost effective and comprehensive services in connection with our partners that foster independent and healthy families.

Department of Social Services (DSS) Strategic Plan:
http://dss.sd.gov/StrategicPlan.pdf

The DSS includes the following Divisions: Behavioral Health, Child Care Services, Child Protection Services, Child Support, Economic Assistance, Finance and Management, Legal Services, Medical Services (State Medicaid Authority), and the Human Services Center.

The Division of Behavioral Health (DBH), which currently has 80 positions, including the Prevention Program, Resource Coordination Program, Accreditation Program, Criminal Justice Initiative Program and Juvenile Justice Initiative Program, is the Single State Agency for South Dakota and provides both mental health and substance use disorder treatment services.

Through a network of 33accredited and contracted substance use providers, DBH provides a full continuum of services including prevention, outpatient, intensive outpatient, day treatment, medically monitored intensive inpatient treatment, clinically managed low intensity residential treatment, clinically managed residential detoxification, and specialty programs including, gambling, relapse programs and methamphetamine treatment.

Within South Dakota's community-based mental health delivery system are 11 private, non-profit Community Mental Health Centers. Each agency is governed by a local board of directors and has a specific geographic service area for which it has responsibility. Primary populations include adults with serious mental illness and children with serious emotional disturbances and their families, including those with co-occurring mental health and substance use disorders.

### Behavioral Health Services

*Mission Statement*

Strengthening and supporting children and adults behavioral health needs through

prevention services, community based outpatient services, in-patient chemical dependency and services for offenders incarcerated in state correctional facilities.

## ***Behavioral Health Services Workgroup***

The Division of Behavioral Health utilizes recommendations from the Behavioral Health Services Workgroup's 2012 Final Report to identify current service gaps and critical service needs. The recommendations include:

- Emphasis on services provided in the least restrictive environment appropriate for a person's care and safety.
- Creation of a regional approach to behavioral healthcare to ensure access to essential services.
- Expansion of community crisis intervention services to allow for earlier interventions that can prevent costly out-of-home placements.
- Expansion of supported housing services and supports, particularly for transition-age youth.
- Expansion of care coordination services within substance abuse treatment.
- Streamlining of involuntary commitment laws to allow for better integration and reduction in barriers to treatment.
- Development of community nursing facility capacity to better serve individuals with dementia and challenging behaviors.
- Modification of the intake process at the Human Services Center (HSC) to develop the capacity to allow senior individuals to be admitted directly to a geriatric unit.
- Reduction of inappropriate admissions to HSC by developing the capacity for HSC to provide psychiatric review and consultation services to nursing facilities.
- Emphasis on a broad array of prevention services to support behavioral health and wellness and reduce substance use and mental health disorders.
- Alignment of prevention strategies at the state level and integration of prevention efforts within communities.

Behavioral Health Services Workgroup Final Report:
http://dss.sd.gov/docs/behavioralhealth/docs/behavioralhealthworkgroupreport-final.pdf

## ***Administrative Rules of South Dakota Workgroup***

In 2015, the Division of Behavioral Health (DBH) convened a workgroup of stakeholders and accredited agency representatives to review the Administrative Rules of South Dakota (ARSD) to align Substance Use Disorder (SUD) and Mental Health (MH) programming where possible, remove redundancies in accordance with the Governor's Red Tape Initiative, and update references to current terminology, processes, and practices. At the same time, DBH staff worked closely with the Division of Medical Services to revise a chapter on rules related to Medicaid-funded SUD treatment. The new ARSD for SUD and MH services, as well as Medical Services for SUD treatment funded through Medicaid went into effect December 5, 2016.

## ***Behavioral Health Advisory Council***

The Council's essential leadership role is to advise the Division of Behavioral Health (DBH) with planning, coordination and implementation of the State's behavioral health services plan. Behavioral Health Advisory Council (BHAC) members assist in the development of the Block Grant State Plan by providing input with the establishment of goals. The BHAC monitors and reviews fiscal and program information and the Block Grant State Plan in order to continuously evaluate the adequacy of identified services for individuals with substance use and/or mental health disorders. They also provide essential input as DBH considers potential service and/or funding expansion.

In 2016, a discussion was had regarding the future direction of the BHAC and how to ensure it meets the intended function and requirements, as well as being meaningful and productive for everyone involved. There are several other councils that serve in an advisory role for programs and grants through the Prevention program. Several BHAC members already serve in some capacity on these other councils. Through our discussion, an enhancement was made to streamline all of DBH's councils for various projects and restructure them so that they serve as subcommittees under the umbrella of the BHAC.

Currently, the Prevention program has the following councils: Partnership for Success, Youth Suicide Prevention Project, Screening Brief Intervention Referral to Treatment and State Epidemiological Outcomes Workgroup/Evidence-Based Project Subcommittee. Coordinating the BHAC meetings with the related subcommittees meetings will allow the best use of time and travel as well as streamlining the planning process of the state's behavioral health services plan.

## ***Mental Health Initiative***

In early 2016, Chief Justice David Gilbertson, with the support of Governor Dennis Daugaard, created a Task Force on Community Justice and Mental Illness Early Intervention. The formation of the Task Force also aligned with recommendations from the Behavioral Health Services Workgroup's 2012 Final Report.

The Task Force consisted of representatives from all three branches of government, local government, criminal justice and mental health stakeholder groups. Responsibilities included:

- Studying how individuals with mental illness encounter law enforcement and move through the court system, jails, and probation,
- Researching evidence-based practices successful reforms from other states.
- Developing tailored policy options for South Dakota,
- Simulating the impact of proposed reforms; and
- Exploring possible reallocation of potential savings into strategies that improve public safety and the evaluation/treatment of mental illness.

The Task Force had three goals:

1. Improve public safety and the treatment of people with mental illness in contact with the criminal justice system through appropriate evaluation, intervention, diversion, and supervision.

2. More effectively identify mental illness in people coming into contact with the criminal justice system, through improved training in local criminal justice systems, better use of screening tools and skills, and expanded response and diversion options in communities for law enforcement and the courts, all while holding offenders and government more accountable.
3. Better allocate limited local resources in order to improve early intervention services and preserve limited jail and prison resources for violent, chronic, and career criminals.

The Task Force's Final Report detailed 15 recommendations to be implemented over the next several years. Diverting people with mental illness into services by strengthening early identification and expediting court-ordered evaluations are expected to result in fewer jail bed days for individuals with mental illness and better outcomes when people are linked to mental health services.

The Task Force 2016 Final Report:
https://mentalillnesscommunityjustice.sd.gov/docs/Mental%20Health%20Task%20Force%20Report.pdf

# Service System

## Community Behavioral Health

*Mission Statement*

To ensure comprehensive statewide behavioral health services that foster individual opportunities for independence, productivity, community integration and quality of services.

### ***Fiscal Management***

Mental health services are provided on a fee-for-service basis through Medicaid, Block Grant, and state general funds. Funding utilized for mental health services include direct services to individuals with serious mental illnesses and children with serious emotional disturbances as well as outpatient services, emergency services, and services through the Indigent Medication Program. The Indigent Medication Program assists individuals with serious mental illness and/or substance use disorders in purchasing psychotropic medications, related lab costs and medications for substance use disorders, with temporary funding, until longer term funding can be obtained.

Funding utilized for substance use services include prevention, outpatient, intensive outpatient, day treatment, medically monitored intensive inpatient treatment, clinically managed low intensity residential treatment, clinically managed residential detoxification, and specialty programs including, gambling, relapse programs, methamphetamine treatment.

For both mental health and substance use services, all clients undergo a financial eligibility process. Clients are found financially eligible based on 185 percent of the Federal Poverty Level (FPL). If a client's yearly gross income, minus allowable

deductions, does not exceed 185 percent of the FPL for a family of comparable size, they are considered indigent and are automatically eligible for state funding for mental health and/or substance use services, when there is no other payer available. If a client's yearly gross income, minus allowable deductions, does exceed 185 percent of the FPL for a family of comparable size, they have the option of completing forms requesting a Hardship Consideration. This process takes into account any hardship that the client or family may have that would make paying for services an undue financial burden. The Division of Behavioral Health is responsible for determining eligibility based on hardship considerations defined in provider contract requirements.

In addition, through the Children's Health Insurance Program (CHIP), South Dakota's Medicaid program expanded coverage to all families and children whose incomes are at or below 204% of federal poverty level. Each Community Mental Health Center informs clients and families on the eligibility criteria and application process for CHIP, as well as the overall advantages to being involved in the program.

## Accreditation Program

*Mission Statement*

Strengthening and supporting accredited agencies by promoting accountability using a strength-based review and technical assistance process.

The Division of Behavioral Health's (DBH) Accreditation team conducts onsite reviews of accredited mental health, substance use disorder treatment and prevention programs across the state. The review ensures compliance with provider contract requirements and Administrative Rules of South Dakota, Article 67:42 Mental Health and Article 67:61 Substance Use Disorders. The review encompasses areas of governance, fiscal management, personnel training/qualifications, statistical reporting, client rights, quality assurance, case record content, medication administration and consumer outcome/satisfaction reports.

The accreditation review is conducted by an evaluation of client charts and agency policies and procedures, and through interviews with staff and clients. The accreditation team developed tools to evaluate compliance with case record documentation and other requirements. It is the expectation that case records are strength-based, as unique as the client served, show evidence of client and family involvement and that goals/objectives are written so that both client and staff know when it is reached. The scoring tools are shared with the agency for transparency in the evaluation process and also to provide tangible feedback the agency can use for training and supervision purposes, along with a comprehensive feedback report. Based on the score of the onsite review, and the submission of an acceptable plan of correction when required, a program is granted a two or three-year accreditation period.

During the accreditation certificate period, the DBH may conduct follow-up calls and/or reviews with the agency for monitoring purposes and also provide technical assistance when needed, including a mid-point review for agencies with lower performance to assist

them in evaluating the success of the implementation of their Plan of Correction to address identified areas of noncompliance.

Under South Dakota Codified Law 34-20A-2.1, the DBH recognizes national accreditation (Council on Accreditation, The Joint Commission, or the Commission on Accreditation of Rehabilitation Facilities) and the Indian Health Service's quality assurance review in lieu of state accreditation for substance use disorder treatment agencies who request this recognition.

Additionally, the Department of Social Services, Fiscal Division, conducts audits based on a rotating schedule of state funded accredited programs. The Department of Health (DOH) conducts health and safety onsite reviews of all contracted mental health providers the year of their accreditation visit. Substance use disorder treatment providers who provide residential treatment are inspected annually by the DOH. The DBH also coordinates with the DOH on issues related to Tuberculosis and any concerns related to safety and environmental issues.

In 2016 and 2017, the DBH worked collaboratively with tribal agencies, Indian Health Services (IHS) and the Great Plains Tribal Chairmen's Health Board to inform and educate about opportunities for accreditation.

## Criminal Justice Initiative Program

*Mission Statement*

To promote client change for the criminal justice involved client and reduce recidivism by providing evidence based programming through partnerships with the Unified Judicial System, the Department of Corrections, and the Criminal Justice Initiative Provider Agencies.

During the 2013 Legislative Session, the Department of Social Services was approved funding for the establishment of the Criminal Justice Initiative (CJI) Program with the intention of improving outcomes for individuals with justice involvement.

Staff members for the CJI Program were hired, and providers for substance use services and criminal thinking programming were selected through a Request for Proposal (RFP) process. RFPs were scored by three reviewers from the Western Interstate Commission for Higher Education. In total, 15 providers were selected to provide substance use services and six provides were selected to provide criminal thinking programming. There is a minimum of one substance use provider and one criminal thinking provider in each circuit court district with multiple substance use providers in the larger areas. Provider agencies participated in trainings on Cognitive Behavioral Interventions for Substance Abuse (evidence based practice for substance abuse treatment) and Moral Recognition Therapy (criminal thinking programming).

On-going training and refresher courses were offered to all CJI providers statewide. To enhance skill levels, Motivational Interviewing Training, which is considered a best practice, was offered to CJI providers with the opportunity for each provider to have their

own trainer to allow for internal sustainability. Training on Motivational Incentives was also provided statewide.

During the summer of 2013, a RFP was released for a rural pilot program; however, the Division of Behavioral Health (DBH) was unable to select a provider(s) based on the responses received. As a result, the DBH held meetings with potential providers to discuss expectations of the rural pilot. The RFP was reissued the summer of 2014.

In the fall of 2014, Volunteers of America and Lutheran Social Services were selected through the RFP process for the rural pilot project. The project was 100% generally funded and initially targeted Regions one, five and six, which had been identified by the Behavioral Health Workgroup Final Report as the greatest areas of need.

Due to the success of the CJI Rural Pilot Program, in 2016, the program transitioned into providing substance use disorder treatment and criminal thinking services statewide. Services are being delivered through a technology platform which allows the client to access services through a personal device or a hub location.

CJI staff conduct quality assurance reviews on all services and are expected to meet standards set forth by the CJI program. Outcome measure tools are collected by providers at the time of intake and discharge and CJI staff conduct follow-up surveys six months post completion of treatment. The Public Safety Initiative Oversight Council releases outcomes of the CJI Program annually.

FY16 PSIA Annual Report:
http://psia.sd.gov/PDFs/PSIA%202016%20Annual%20Report%20Document.pdf

CJI Workgroup Final Report:
http://psia.sd.gov/PDFs/CJI%20Report%20Draft%20Nov%202012%20FINAL%2011%2027%2012.pdf

### Care Coordination

The Behavioral Health Services Workgroup final recommendations included the expansion of care coordination within substance use treatment. Care coordination is similar to case management and is currently provided with mental health services. However, this is not available with substance use services. Care coordination services is considered part of the expansion for the Criminal Justice Initiative (CJI), and the division has worked with CJI providers to ensure care coordination is part of the CJI services.

## Juvenile Justice Reinvestment Initiative Program

*Mission Statement*

Promote change for at-risk youth with behavioral health needs by providing evidenced-based programming through partnerships with government and community agencies.

After reviewing the state's criminal justice system in 2013, which led to the creation of the Criminal Justice Initiative Program, Governor Dennis Daugaard and Chief Justice David Gilbertson initiated an assessment of the state's performance in juvenile justice.

At the time, South Dakota's juvenile violent crime arrest rate was one-third the national average, yet South Dakota was the second highest in the nation for incarcerating juveniles. For most juveniles, commitment to the Department of Corrections (DOC) meant some kind of out-of-home placement. Costs associated with an out-of-home placement ranged from $41,000 to $144,000 per year, depending upon the program. Data indicated that 45% of youth released from an out-of-home placement returned to custody within three years of their release.

In 2014, the Juvenile Justice Reinvestment Initiative (JJRI) Workgroup convened to study the juvenile justice system and develop policy recommendations that advanced three goals:

1. Improve public safety by improving outcomes in juvenile cases;
2. Effectively hold juvenile offenders more accountable; and
3. Reduce costs by investing in proven community-based practices, while saving residential facilities for more serious offenders.

Over a period of six months, the workgroup analyzed juvenile arrests, dispositions, probations, out-of-home placements, and aftercare data. The workgroup also reviewed research on effective practices in juvenile justice and what works to reduce delinquency, including empirical, peer-reviewed studies about effective community-based practices and the use of residential treatment.

Meetings were held across the state with more than 200 individuals, including system-involved youth, parents of committed youth, victim advocates, Native American stakeholders, states' attorneys, judges, law enforcement, educators, county commissioners, youth care providers, defense attorneys, court services officers, juvenile corrections agents, and teen court representatives.

The Workgroup's analysis led to a set of key findings that were subsequently used to develop policy recommendations. The Workgroup found the following:

- Pre-court diversion is used inconsistently across the state.
- Most DOC commitments are for misdemeanor offenses, CHINS violations, and probation violations.
- Fewer youth are being committed to DOC, but they are staying longer.
- Admissions to probation are declining but increasingly lower risk.
- Length of probation supervision is increasing.
- Evidence-based interventions for juvenile offenders are not sufficiently available in the community.

Based on the findings above, the workgroup developed 12 recommendations that focused expensive residential placements on youth who are a public safety risk, prevent deeper involvement in the juvenile justice system for youth committing lower level offenses, improve outcomes by expanding access to proven community-based interventions, and ensure quality and sustainability of reforms.

JJRI Final Report:
http://jjri.sd.gov/docs/JJRI%20WG%20Report_Final.pdf

The Division of Behavioral Health has worked closely with the Unified Judicial System and the Department of Corrections to implement what has been determined in statute through the JJRI. A Request for Proposal for Functional Family Therapy services was released and awarded to ten out of the eleven Community Mental Health Centers and Lutheran Social Services. Training was completed and services began in January 2016. Moral Reconation Therapy and Aggression Replacement Training services began in January 2017.

## Resource Coordination Program

*Mission Statement*

Assist offenders with Behavioral Health needs to enhance their ability for a successful transition back to the community.

The Division of Behavioral Health (DBH) has partnered with the Department of Corrections to ensure individuals with behavioral health disorders released from state operated correctional facilities have appropriate referrals to community providers. The DBH collaborates with many community agencies, including mental health and substance use disorder providers to facilitate improved discharge planning for individuals being released from correctional facilities. All agencies work together on discharge plans to ensure individuals being released, receive appropriate mental health and/or substance use services.

## Correctional Behavioral Health

*Mission Statement*

To provide quality mental health and substance use disorder services to offenders committed to the Department of Correction's institutions using evidence-based practices to maximize opportunities for rehabilitation and recovery.

Through state general funds, services are offered at state correctional facilities operated by the Department of Corrections.

At the time of an offender's admission, an integrated behavioral health assessment is conducted, which identifies the level of need for both substance use disorder treatment and mental health services. If eligible, program referrals are made accordingly.

A full evaluation is completed by a master's level therapist for offenders with a serious mental illness. A treatment plan is developed with the offender on coping with the prison environment, mental illness and release planning.

All offenders are able to request mental health services regardless of history. Department of Corrections staff and Department of Health staff may also refer offenders if a need is identified.

Offenders identified as having on-going mental health needs, have treatment plans developed by a master's level therapist. Master level therapists also conduct suicide screenings, crisis intervention services and group therapy sessions.

Substance use disorder treatment is also provided to offenders with an identified need. Evidence based substance abuse curriculum is implemented at all of the facilities identified above. Offenders with co-occurring issues are seen jointly by both mental health and substance use staff.

## Prevention Program

*Mission Statement*

Create and sustain a statewide prevention system promoting behavioral health and preventing mental and substance use disorders through evidence-based programs / promising practices.

The Division of Behavioral Health (DBH) prevention infrastructure covers the entire state of South Dakota (SD) and maintains expenditures of not less than 20% of the Substance Abuse Prevention and Treatment Block Grant.

SD is divided into three main regions that the Prevention Resource Centers (PRCs) serve, ensuring coverage to all 66 counties of the state. The six identified primary prevention strategies are:

1. *Information Dissemination:* PRCs are responsible for providing knowledge and increasing awareness of the nature and extent of substance use, addiction and the effects on individuals, families, and communities. Each PRC has an identified catchment area, which ensures prevention resources are available to all 66 counties.
2. *Education:* Over 26 schools have substance use prevention programs that provide structured learning opportunities for substance use education.
3. *Community Based:* 23 community coalitions across the state provide the following services:
    - Building and sustaining alcohol, tobacco, and other drug coalitions.
    - Assisting with needs assessments and creating a prevention plan for alcohol, tobacco, and other drugs.
    - Providing resources for conducting community events related to alcohol, tobacco, and other drug prevention.
    - Ten of the 23 coalitions promote the Highway Safety campaigns targeted to prevent drunk driving in the state.
4. *Environmental:* Local community task forces provide the following services:
    - Assisting with the development and review of drug policies in schools.
    - Assisting communities to maximize enforcement procedures related to the availability and distribution of drugs.
5. *Alternatives:* DBH supports the development and operation of community sponsored chemical free events for youth through contracts with the 10 community coalitions.

6. *Problem ID and Referral:* DBH contracts with 15 accredited prevention programs to offer structured prevention programming for high risk youth. These programs serve youth 18 and under and 19-20 year olds who are referred by law enforcement or schools due to alcohol and drug related behaviors.

The DBH Prevention Program received a federal grant through the Center for Substance Abuse Prevention that supported the development of a Statewide Strategic Plan. The South Dakota Strategic Prevention Enhancement Grant (SD SPE) focused on expanding and enhancing the capacity to incorporate evidence-based prevention strategies across SD. The SD SPE addressed substance use and mental health issues utilizing the proven Strategic Prevention Framework. The SD SPE utilized epidemiologic approaches to identify high-risk substance use and mental health needs in communities in order to build the infrastructure of local and state response with evidence-based prevention programming. The result was a Comprehensive Strategic Prevention Plan created by a statewide collaborative of key stakeholders that is designed to prioritize and impact prevention indicators for the well-being of all SD citizens. The mission of the Statewide Strategic Plan is to "Create and sustain a statewide prevention system promoting behavioral health and preventing mental and substance use disorders through evidence-based programs/promising practices." The Plan's goals include:

1. Ensure access to a prevention system to support behavioral health and wellness and reduce substance use disorders.
2. Improve behavioral health through evidence-based programs/promising practices as determined by community needs.
3. Foster alignment of prevention strategies at a state level and systems integration at the regional and local levels.
4. Measure behavioral health outcomes of evidence-based programs/promising practices.

Prevention Program Strategic Plan:
http://dss.sd.gov/docs/behavioralhealth/docs/sddsspreventionsp.pdf

South Dakota's Statewide Strategy for Suicide Prevention was created in 2005. The plan was updated in 2013 to reflect populations that have become most at risk for suicide, including youth, Native Americans, and military men/women and their families.

July 2013 South Dakota Strategy for Suicide Prevention:
http://dss.sd.gov/docs/behavioralhealth/community/sdsspfinal.pdf

## Partnership for Success Grant

The Prevention Program received a Notice of Grant Award from the Substance Abuse and Mental Health Services Administration, the Center for Substance Abuse Prevention for the Partnership for Success (PFS) grant. The award is for $1,380,000 per year for five years, beginning September 30, 2014 to September 29, 2019. The focus of the grant is the reduction of underage drinking with the target population being 12 to 20 year olds. There are currently 14 local coalitions in high need counties in the state that are funded to

provide community based and school based programming related underage drinking and binge drinking for the target population.

The goals of the PFS Grant are:

1. Reduce underage drinking by using a data-driven decision-making process (SPF) and implementing evidenced-based prevention programs.
2. To enhance and sustain prevention system capacity to implement EBP to reduce underage drinking.

The objectives of the PFS Grant are:

1. Implement a range of EBPs blending individual and environmental programming;
2. Coordinate with other local authorities (civil and legal) to enact proven prevention policies;
3. Collaborate with state, tribal and community stakeholders to reduce underage drinking;
4. Increase sub-recipient's surveillance capacity to implement a Quality Improvement process in each funded community with the assistance of local evaluators;
5. Maintain and update data infrastructure within the funded communities;
6. Provide training and technical assistance to address gaps in the current substance abuse prevention systems; and
7. Increase the communities' knowledge of culturally sensitive EBP's.

A particular emphasis of the PFS will be to address the gap in prevention programming for minority youth, particularly American Indian and immigrant youth, who are at a higher risk of underage drinking and negative consequences. Besides a dearth of funding for projects to address these populations, there also is a lack of adequate training and culturally knowledgeable staff to implement and support culturally relevant prevention programming.

## Suicide Prevention Grant

The Prevention Program received Notice of Grant Award from the Substance Abuse and Mental Health Services Administration, State/Tribal Youth Suicide Prevention, for South Dakota Youth Suicide Prevention Project (SDYSPP). The award is for $736,000 per year for five years, beginning September 30, 2014 to September 29, 2019. The grant will focus on youth at risk for suicide, with the target population being from 10 to 24 years old.

The project strategies include the following:

1. Partnering with hospitals to provide extended follow-up support services to youths admitted to emergency departments and inpatient psychiatric units for suicide attempts or suicidal ideation.
2. Partnering with three institutions of higher learning to introduce a crisis texting program for students and training staff in identifying, supporting and connecting students at risk.
3. Providing training to clinical service providers on assessing, managing and treating at risk youth.

4. Providing training to youth serving organizations to identify and refer youth at risk.

The objectives of the project include:

1. Improving the continuity of care and follow-up with youth identified at risk for suicide discharged from emergency departments and inpatient units.
2. Increasing the number of staff at juvenile justice programs, colleges, universities, high schools and middle schools that are trained to identify and refer youth at risk for suicide.
3. Increasing the number of clinical service providers (behavioral health providers and health professionals) trained to assess, manage and treat youth at risk for suicide.
4. Increasing the number of behavioral health referrals and the utilization of behavioral health services for youth at risk by improving the system across the state.
5. Increasing the access points for youth at risk to receive assistance through a public awareness campaign, promoting the National Suicide Prevention Lifeline and promoting a crisis texting service.

Currently, follow-up services are being provided at the following Psychiatric Residential Treatment Facilities in the State: Avera Medical Group's Inpatient Psychiatric facilities in Sioux Falls and Aberdeen, the Regional Health Care Center in Rapid City and the State operated Psychiatric Hospital in Yankton.

Crisis Texting programming is currently in place at the following Universities: Augustana, Sioux Falls University, South Dakota State, and Black Hills State University.

Grant funds are also utilized to support a variety of suicide prevention curriculums and 10 Suicide Prevention Coalitions in the State.

## Now is the Time: Youth Mental Health Training Grant

The Division of Behavioral Health also applied for and received a "Now is the Time" Project AWARE-Community Grant through the Substance Abuse Mental Health Services Administration. The South Dakota "Now is the Time" Project Aware Training Initiative will focus on increasing the mental health literacy of adults who interact with 12 to 18 year old adolescents. The grant is for 3 years at $125,000 per year, beginning September 30, 2015 to September 29, 2018. The plan is to train 12 Behavioral Health professionals who are currently Mental Health First Aid (MHFA) Instructors, to also become Youth Mental Health First Aid (YMHFA) instructors.

The goal of the South Dakota "Now is the Time" Project Aware is to raise mental health literacy though enhancing and supporting training of key youth-serving adults who include in the priority Behavioral Health Planning Regions 1, 2 and 5;

- teachers and educators,
- parents,
- law enforcement and emergency responders,

- pastors and other faith leaders, and
- any adults with regular contact with youth.

The project objectives include:

1. Increase the mental health literacy of youth-serving adults.
2. Increase the capability of youth-serving adults to respond to the behavioral health needs of youth in their community.
3. Foster and support referral of youth with behavioral health needs by linking youth to behavioral health support services.
4. Increase the number of collaborative partnerships with youth-serving agencies.

During the first year of the grant, there will be 12 individuals who had previously been trained in Mental Health First Aid were trained in Youth Mental Health First Aid curriculums. Over the 3 years of the grant, there will be 123 training held with 2,946 First Aiders being trained in the state.

**Screening, Brief Intervention and Referral to Treatment Grant (SBIRT)**

The Prevention Program received Notice of Grant Award from the Substance Abuse and Mental Health Services Administration for the South Dakota Screening, Brief Intervention and Referral to Treatment (SBIRT) Grant. The award is for $1,658,375 per year for the next five years, beginning September 30, 2016 to September 29, 2021.

The goals of the grant are:

1. To develop the organizational relationships and infrastructure for integration of SBIRT services into primary care clinics and community behavioral health systems in South Dakota.
2. To develop and implement SBIRT training for primary care, community health, substance use prevention and treatment providers.
3. Implement SBIRT services in primary care and community behavioral health settings in South Dakota.
4. Monitor quality and evaluate SBIRT implementation and programming.

The objectives of the grant are:

Objective 1

1. Enhance organizational readiness and commitment for implementation of SBIRT into community behavioral health systems.
2. Develop SBIRT patient flow processes for primary care and community behavioral health settings.
3. Develop patient flow and referral protocols for referral of patients from primary care settings to behavioral prevention services, treatment services, and/or Medication-Assisted Treatment.
4. Facilitate the establishment of formal referral agreements between SBIRT and partner organizations.

Objective 2

1. Assemble a SBIRT training curriculum for primary care clinics and community behavioral health including substance abuse prevention and treatment providers.
2. Train all staff involved in SBIRT services in primary care clinics and community behavioral health including substance abuse prevention and treatment providers in each partnering community.
3. Provide annual refresher training in SBIRT to behavioral health prevention and treatment provider agencies participating in each community.

Objective 3

1. Integrate screening tools into clinical processes and EHRs.
2. Integrate brief intervention and prevention services into the clinical process
3. Integrate referral to treatment and or MAT.
4. Implement the SBIRT in primary care and community health settings.

Objective 4

1. Develop data collection protocol.
2. Monitor program implementation.
3. Conduct ongoing formative evaluation of SBIRT screening, brief intervention, and referral to treatment and/or MAT.
4. Conduct an impact evaluation of patient outcomes.
5. Participate in national evaluation through collection and reporting of required data elements

**Methamphetamine Awareness Campaign**

In August of 2016, Governor Daaugard rolled out a Methamphetamine (Meth) Awareness Campaign to combat the increase in the use of meth and the subsequent arrest and incarceration of meth users. The campaign was developed by the Department of Social Services, Division of Behavioral Health and consisted of a website that detailed the devastating effects of meth and testimonials from individuals within the state that have struggled with their meth addiction. The website for the meth campaign is located at http://methchangeseverything.com/.

In addition to the website, the project also funded local prevention providers to conduct both school presentations and community town hall meetings on meth. As of January 2017, there have been 106 school presentations with some schools having presentations in multiple classes, and 11 community town hall meetings with 4,919 students and adults attending the school presentations and the town hall meetings.

From August 2016 to August 2017, there have been 11,820 visits to the website.

# Provider System

## Community Mental Health Centers (CMHCs)

Integral to South Dakota's community-based mental health delivery system are eleven private, non-profit Community Mental Health Centers (CMHCs). Each CMHC is

governed by a local board of directors and has a specific catchment area for which it has responsibility.

Funding that supports mental health services for indigent and/or Medicaid eligible individuals are supported through Mental Health Block Grant funding as authorized under US Title 42 Part B. As a requirement of the funding, a full array of services must be provided and include services to priority populations; children with serious emotional disturbance and adults with serious mental illness. To ensure fulfillment of the requirements of US Title 42 Part B, South Dakota's Mental Health Block Grant dollars are allocated to agencies defined in South Dakota Codified Law 27A-1-1(16) and accredited according to Administrative Rules of South Dakota 67:62.

All CMHCs provide Children, Youth and Family (CYF) and Comprehensive Assistance with Recovery and Empowerment (CARE) services. However, there are six CMHCs that also provide Individualized Mobile Program of Assertive Community Treatment (IMPACT) services. In addition, ten out of the eleven CMHCs provide Functional Family Therapy (FFT) services as part of the Juvenile Justice Reinvestment Initiative (JJRI) Program.

Ten out of eleven CMHCs are co-occurring capable and provide a wide array of substance use services. Six CMHCs provide Moral Reconation Therapy (MRT) and four CMHCs provide Aggression Replacement Training (ART) as part of the JJIRI Program. In additional, five CMHCs provide Cognitive Behavioral Interventions for Substance Abuse (CBISA) as part of the Criminal Justice Initiative Program.

1. Behavior Management Systems (BMS), Rapid City- Catchment area: Bennett, Butte, Custer, Fall River, Harding, Jackson, Lawrence, Meade, Pennington, and Oglala Lakota counties. The Pine Ridge Indian Reservation falls within the catchment area as well. Additional mental health services: FFT and IMPACT. BMS established a First Episode Psychosis Program in 2016. Substance use services include early intervention, outpatient services, MRT and ART. Clinically managed low intensity residential treatment and medically monitored intensive inpatient treatment are provided for pregnant women and women with dependent children.

2. Capital Area Counseling Services, Inc. (CACS), Pierre- Catchment area: Buffalo, Haakon, Hughes, Hyde, Jones, Lyman, Stanley and Sully. The Lower Brule and Crow Creek Indian Reservations fall within the catchment area as well. Additional mental health services: FFT and IMPACT. Substance use services: early intervention, outpatient, intensive outpatient, gambling, CBISA, MRT and ART. CACS operates a therapeutic foster care program for children placed in the State foster care system. CACS also oversees Betty's Place, a low-intensity residential setting for adults who have co-occurring mental health and substance use issues.

3. Community Counseling Services, Inc., (CCS), Huron- Catchment area: Beadle, Hand, Jerauld, Kingsbury, Lake, Miner, and Moody. Additional mental health services: FFT and IMPACT. Substance use services: prevention, early intervention, outpatient, intensive outpatient, gambling and CBISA.

4. Dakota Counseling Institute (DCI), Mitchell- Catchment area: Aurora, Brule, Davison, Hanson, and Sanborn. Additional mental health services include FFT. Substance use services: early intervention, outpatient, intensive outpatient, clinically managed low intensity residential, clinically managed residential detoxification, medically monitored intensive inpatient and CBISA.

5. East Central Behavioral Health Center. (ECBH), Brookings- Catchment area: Brookings. Additional mental health services include FFT. Substance use services: prevention, early intervention, outpatient, intensive outpatient and gambling.

6. Human Service Agency (HSA), Watertown- Catchment area: Clark, Codington, Deuel, Grant, Hamlin, and Roberts. The catchment area also includes the Sisseton-Wahpeton Indian Reservation. Additional mental health services include FFT. Substance use services: prevention early intervention, outpatient services, intensive outpatient, clinically managed low intensity residential, clinically managed residential detoxification, gambling, CBISA and MRT. HSA operates Serenity Hills, a low-intensity residential setting for adults who have co-occurring mental health and substance use issues. HSA also provides services to people with developmental disabilities.

7. Lewis and Clark Behavioral Health Services (LCBHS), Yankton- Catchment area: Bon Homme, Charles Mix, Clay, Douglas, Hutchinson, Union, and Yankton. The catchment area also includes the Yankton Sioux Indian Reservation. Additional mental health services: FFT and IMPACT. Substance use services: prevention early intervention, outpatient, intensive outpatient, medically monitored intensive inpatient, CBISA and MRT. Additionally, LCBHS services include an assisted living facility targeted to homeless adults with serious mental illness and complex medical needs.

8. Northeastern Mental Health Center (NEMHC), Aberdeen- Catchment area: Brown, Campbell, Day, Edmunds, Faulk, Marshall, and McPherson, Potter, Spink, and Walworth. Additional mental health services include FFT and IMPACT. Substance use: outpatient, MRT and ART. NEMHC also operates a therapeutic foster care program for children placed in the State foster care system.

9. Southeastern Behavioral HealthCare (SEBHC), Sioux Falls- Catchment area: Lincoln, McCook, Minnehaha, and Turner. Additional mental health services include FFT and IMPACT. SEBHC established a First Episode Psychosis Program in 2015. Substance use services: early intervention, outpatient, MRT and ART. SEBHC services also include an assisted living facility targeted to homeless

adults with serious mental illness. The SEBHC Education and Integration Center also services children with developmental disabilities.

10. Southern Plains Behavioral Health Services (SPBHS), Winner- Catchment area: Gregory, Mellette, Todd, and Tripp. The Rosebud Indian Reservation also falls within the catchment area. Additional mental health services include FFT.

11. Three Rivers Mental Health and Chemical Dependency Center (TRMHCDC), Lemmon- Catchment area: Corson, Dewey, Perkins and Ziebach. The Cheyenne River and Standing Rock Indian Reservations also fall within the catchment area. Substance use services: prevention, early intervention, outpatient and intensive outpatient.

Interactive County Map for Behavioral Health Services:
http://dss.sd.gov/behavioralhealth/agencycounty.aspx

## Adult Mental Health Services

The Division of Behavioral Health (DBH), the Behavioral Health Advisory Council, and the Community Mental Health Centers (CMHC) collaborate with one another to ensure that the community-based mental health system provides services that are comprehensive, culturally responsive, consumer driven, and provide a recovery focus to all individuals with mental health issues, including individuals with co-occurring disorders. Although CMHCs provide mental health services to all adults identified with mental health issues, the highest priority target group is adults with a serious mental illness (SMI).

In order to receive targeted services through CMHCs, a person with SMI is defined within Administrative Rule of South Dakota 67:62:12:01 as a person 18 or older that meets at least one of the following criteria:

- Has undergone psychiatric treatment more intensive than outpatient care more than once in a lifetime.
- Has experienced a single episode of psychiatric hospitalization with an Axis I and/or Axis II diagnosis per the DSM-III-R or DSM-IV.
- Has been maintained with psychotropic medication for at least one year.
- Have frequent crisis contacts with a Community Mental Health Center for more than six months as a result of severe and persistent psychiatric symptomatology.

In addition to meeting at least one of the criteria above, the individual must have impaired functioning as indicated by at least three (3) of the following:

- Is unemployed or has markedly limited job skills and/or poor work history.
- Is unable to perform basic living skills without assistance.
- Exhibits inappropriate social behavior that results in concern by the community and/or request for mental health services by the judicial/legal systems.
- Is unable to procure appropriate public support services without assistance.
- Requires public financial assistance for out of hospital maintenance.

- Lacks social support systems in a natural environment.

## ***CARE***

*Administrative Rule of South Dakota, Chapter 67:62:12*

Comprehensive Assistance with Recovery and Empowerment (CARE) services are intended to be comprehensive, person-centered, relationship and recovery focused, and co-occurring capable. They are provided within an integrated system of care focusing on individually planned treatment, rehabilitation, and support services to clients with a serious mental illness, including those with co-occurring or complex needs (substance use, developmental disabilities, other medical conditions, etc.). CARE teams, available at each Community Mental Health Center, are organized as a mobile group of mental health professionals who merge clinical, medical and rehabilitation staff expertise within one service delivery team. The team is integral to the CARE philosophy and the expectation that services are welcoming, recovery oriented, co-occurring, trauma-informed and culturally sensitive. Services are designed to incorporate identified needs from all life domains, respond to cultural differences and special needs, and the importance of community integration.

The team's highest priority is to provide services according to the unique needs and potential of each client. CARE teams provide outreach services and are available to provide treatment, rehabilitation, and support activities seven days per week, 24 hours per day. CARE teams may provide multiple contacts per week to individuals experiencing severe symptoms and/or significant problems in daily living.

The CARE team is responsible for the following services:

- Case Management
- Crisis assessment and intervention, including telephone and face to face contact available to consumers 24 hours per day, seven days per week.
- Liaison services to coordinate treatment planning with in-patient psychiatric hospitals, local hospitals, residential programs, correctional facilities, and in-patient alcohol/drug treatment programs.
- Symptom assessment and management
- Supportive counseling and psychotherapy
- Medication prescription, administration, monitoring, and education.
- Facilitate access to the basic necessities of daily life, and ensure that consumers can perform basic daily living activities.
- Maintain current assessments and evaluations;
- Participate in the treatment planning process;
- Monitor consumer progress towards identified goals;
- Support in helping consumers find and maintain employment in community-based job sites;
- Provide budgeting and financial management/support, including payee services if applicable;
- Support in locating, financing and maintaining safe, clean affordable housing
- Development of psychosocial skills and/or psychosocial rehabilitation;

- Assist with locating legal advocacy and representation if applicable;
- Collaborate with substance use services, as needed.
- Encourage active participation of family and or supportive social networks by providing education, supportive counseling and conflict intervention and resolution

During the 2014 Legislative Session, additional funding was allocated for the expansion of CARE services. This additional funding was utilized to reduce the waitlist for consumers so they may receive services sooner.

## ***IMPACT***

*Administrative Rule of South Dakota, Chapter 67:62:13*

The Individualized Mobile Programs of Assertive Community Treatment (IMPACT) follows the Assertive Community Treatment (ACT) model and is an evidence-based, comprehensive, person-centered, recovery focused, individualized integrated system of care offering treatment, rehabilitation, and support services to identified consumers with serious mental illness (SMI), including those with co-occurring conditions (substance use, developmental disabilities, etc.), and those who require the most intensive services. All six IMPACT programs within the state are provided within Community Mental Health Centers that also provide Comprehensive Assistance with Recovery and Empowerment (CARE) services for SMI individuals.

In order to receive IMPACT services, a person must be 18 years of age or order and meet the SMI criteria as defined within Administrative Rule of South Dakota (ARSD) 67:62:12:01, and also ARSD 67:62:13:01 as follows:

1. The client has a medical necessity to receive IMPACT services, as determined by a clinical supervisor;
2. The client is approved by the division to receive IMPACT services;
3. The client understands the IMPACT model and voluntarily consents to receive IMPACT services or, is under transfer of commitment from HSC;
4. No other appropriate community-based mental health service is available for the client; and
5. The client meets at least four of the following criteria;
    a. Has a persistent or recurrent difficulty performing daily living tasks except with significant support or assistance from others such as friends, family relatives, or community mental health providers;
    b. Has frequent psychiatric inpatient hospitalizations with the past year;
    c. Has constant cyclical turmoil with family, social, or legal systems or inability to integrate successfully into the community;
    d. Is residing in an inpatient, jail, prison or residential facility and clinically assessed to be able to live in a more independent living situation if intensive services are provided;
    e. Has an imminent threat of losing housing or becoming homeless; or
    f. Is likely to need residential or institutional placement if more intensive community-based services are not provided.

An IMPACT team is organized as a mobile group of mental health professionals who merge clinical, medical and rehabilitation staff expertise within one service delivery system. These services are provided in a location preferred by the consumer. The services are provided at a frequency level to assist consumers with SMI in coping with the symptoms of their illness, minimizing the effects of their illness, or maximizing their capacity for independent living and minimizing periods of psychiatric hospitalizations.

IMPACT services are required to provide the same services as CARE; however, in order to provide a more intense level of care, each program may not exceed a ratio of twelve consumers per one primary therapist. An average of sixteen contacts per month or more, if clinically appropriate, must be provided to consumers. These services are provided with one primary provider but because of a team approach, all clinicians on the treatment team provide backup when necessary.

Per the Behavioral Health Services Workgroup recommendations, the Division of Behavioral Health (DBH) contracts with a consultant to conduct fidelity reviews of existing IMPACT programs to ensure fidelity to the ACT model. Three IMPACT programs were reviewed in Fiscal Year 2016 and the remaining three were reviewed in Fiscal Year 2017. Results reflected a high level of fidelity to the ACT model; however, each program was provided feedback on specific areas that they can continue to improve upon. DBH will continue to review fidelity regularly and work with the consultant to develop trainings to ensure staff have the skills necessary to operate these programs with integrity.

### ***Collaboration of CARE and IMPACT with other agencies***

Comprehensive Assistance with Recovery and Empowerment (CARE) and Individualized Mobile Programs of Assertive Community Treatment (IMPACT) services encompass physical health, mental health, rehabilitation, and case management services including services for individuals with co-occurring disorders. Staff work with individuals through regular referral/contact with agencies such as Vocational Rehabilitation, substance use providers, primary care physicians, and dentists. The CARE/IMPACT teams address needs of consumers on an individual basis and referrals and linkage with other systems are contained within the treatment planning for that individual.

### ***Medical and Dental Service Coordination***

Comprehensive Assistance with Recovery and Empowerment and Individualized Mobile Program of Assertive Community Treatment teams work with individuals and physicians/dentists in order to connect them to necessary primary care and dental services. Providers collaborate with other service systems to ensure individuals are receiving quality healthcare for their mental and physical health needs. The addition of Behavioral Health - Health Homes allows Community Mental Health Centers to do additional work to ensure medical needs are addressed and all care is coordinated.

### ***Transitional Housing***

Residential housing provides room and board for individuals ages 18 and older who have a serious mental illness, including those with co-occurring substance use disorders, and

who, due to their illness, need additional support. Three of the eleven Community Mental Health Centers (Behavior Management Systems, Capital Area Counseling Services, and the Human Service Agency) offer residential housing supports. Individuals living in residential housing are provided a broad range of services available through Comprehensive Assistance with Recovery and Empowerment or Individualized Mobile Programs of Assertive Community Treatment services. Community Mental Health Centers focus on supporting individuals to develop the skills necessary to live independently and transition into their own apartment, if clinically appropriate. In addition to funding provided by the DBH, providers work with local partners to identify additional resources for their clients.

### ***Assisted Living Centers***

South Dakota has two assisted living centers in the state that are designated specifically for individuals with serious mental illnesses. Service needs may be more intense for those who have significant medical issues and/or are homelessness. Licensed through the Department of Social Services, Division of Adult Services and Aging, Cedar Village and Cayman Court are located in the Southeastern part of the State (Yankton and Sioux Falls, respectively). They have approximately a 48 bed capacity between the two of them, and are operated by the Community Mental Health Centers (CMHCs) in those areas. Individuals living in these assisted living centers receive Comprehensive Assistance with Recovery and Empowerment services through the CMHCs.

The Behavioral Health Workgroup Geriatric Subcommittee developed recommendations in regard to the growing trends of dementia-related healthcare needs among the state's senior population, which is leading to an increased need for behavioral health training among healthcare staff and additional capacity for patients with dementia and short-term behavioral health needs.

Behavioral Health Services Workgroup Final Report:
http://dss.sd.gov/docs/behavioralhealth/docs/behavioralhealthworkgroupreport-final.pdf

As a result of the Behavioral Health Workgroups final recommendations, the Human Service Agency (HSC) and the Division of Adult Services and Aging worked with a nursing home in Irene to create a specific unit that will serves 11 individuals who have behavioral health challenges. This allows individuals who are currently residing in the nursing facility units at HSC to transition to a less restrictive community setting.

In addition, nursing facilities or assisted living centers that are struggling with individuals with dementia and/or challenging behaviors are able to request a psychiatric clinical review from HSC. The purpose of the review is to:

- Maintain nursing facility or assisted living residents in the least restrictive environment.
- Provide facilities with resources and interventions which will allow the residents to remain in his/her current setting.
- Support appropriate admissions to HSC.

The nursing facility or assisted living requests a clinical review by completing a Clinical Review form. The Clinical Review form summarizes the patient's medical and psychiatric history along with presenting problems, current mediations and supports. Upon receipt of the Clinical Review form, the Clinical Review Team will contact the facility with recommendations within 48 hours. The Clinical Review Team includes: staff psychiatrists, family practice medical provider, nursing staff, social work staff and therapeutic recreation specialists.

If the Clinical Review is not successful and less restrictive options have failed, residents are transferred directly to the HSC Geriatric Program for a short stay treatment.

The goals of the short stay program in the Geriatric Program are to assess the resident, provide treatment in both medication and non-medication forms, and return the resident to their home community.

### ***Discharge Planning between the Human Services Center and Community***

The implementation of a comprehensive, organized, community-based system of care is a key strategy in reducing psychiatric hospitalizations within South Dakota. The Division of Behavioral Health (DBH) and the Human Services Center (HSC) have collaborated by building a seamless system of care as patients leave inpatient hospitalization and move to community-based services. A discharge planning workgroup comprised of individuals from DBH, HSC, and the Community Mental Health Center system meet as needed to address streamlining the discharge planning process to ensure that all individuals, once discharged from HSC, are aware of and have immediate access to mental health services in the community.

The Behavioral Health Workgroup Geriatric Subcommittee collaborated with the discharge planning workgroup in order to reduce the number of inappropriate admissions by developing a capacity for HSC to provide psychiatric reviews/consultations to nursing facilities to assist with consumers who have challenging behaviors or behavioral health needs. This is also explained in more detail under "Assisted Living Centers (Adult Services)".

### ***Preadmission Screening and Resident Review (PASRR)***

*Administrative Rule of South Dakota, Chapter 67:62:15*

Preadmission Screening and Resident Review (PASRR), is a federal mandate which ensures individuals are not inappropriately placed in nursing homes for long term care. PASRR requires that each resident, regardless of payment source, applying for admission to, or residing in, a Medicaid-certified nursing facility be screened for mental illness and /or intellectual disability.

The PASRR process is made up of a Level I screening completed by the Department of Social Services Medical Review Team. All individuals who screen positive for mental illness are referred for a Level II evaluation and determination completed by the Division of Behavioral Health. A Level II review determines if the mental health needs of the individual can be met in the nursing facility or if the individual requires specialized

services at the State Psychiatric Hospital. This process is consistent with South Dakota's intent to ensure individuals are served in the least restrictive setting.

### ***Programs in Assistance in Transition from Homelessness (PATH)***

Through the Programs in Assistance in Transition from Homelessness (PATH) Formula Grant Program (P.L. 101-645, Title V, Subtitle B), the Division of Behavioral Health (DBH) contracts PATH funds to five accredited Community Mental Health Centers (CMHCs) in order for them to provide PATH services to adults with serious mental illnesses and/or substance use disorders, that are homeless or at imminent risk of homelessness.

The allocation amounts of PATH funds are based on the need for services. The urban areas of Sioux Falls and Rapid City have the largest homeless populations and, therefore, need and receive the highest allocation amounts.

In order to make the best use of PATH funds, DBH has divided funds into two separate categories. Category 1 is for the provision of direct mental health services. Category 2 funds are used for one-time rental assistance and security deposits. Category 1 funds are made available to provide the following services:

- Outreach services
- Screening and diagnostic treatment services
- Habilitation/rehabilitation services
- Community mental health services
- Case management
- Alcohol/drug treatment services
- Referrals for primary health services
- Job training
- Educational services

The PATH Homeless Outreach Coordinator works to engage homeless individuals into PATH services. Once there is an opening within a CMHC's Comprehensive Assistance with Recovery and Empowerment (CARE) or Individualized Mobile Programs of Assertive Community Treatment program, the individual is transferred to one of those programs. Prior to this transfer, individuals in the PATH program are linked to mainstream resources just as they would be in the CARE Program. Referrals are made to mental health, substance use services, community health centers, community housing, vocational rehabilitation, food stamp programs, Temporary Assistance for Needy Families, and energy assistance.

### ***Housing Coordination and Supports***

Five of the 11 Community Mental Health Centers (CMHC) receive Programs for Assistance in Transition from Homelessness (PATH) funds to provide services to individuals with serious mental illness and/or co-occurring substance use disorders, who are homeless or at imminent risk of homelessness. Services include outreach, screening and diagnostic treatment, habilitation and rehabilitation, substance use assessments, case

management, primary health care referrals, job training, education, housing supports and community mental health services such as medication management, supportive counseling and psychotherapy. Other services also provided include technical assistance in applying for housing assistance and financial support including security deposits and one-time rental assistance to prevent eviction.

CMHCs work closely with the South Dakota Housing Development Authority, local housing authorities, and property owners to assist individuals in obtaining and maintaining appropriate housing. Due to the shortage of affordable housing across the state, housing support services through CMHCs are essential components of the community based mental health system. Housing support actively assists clients in obtaining, moving to, or retaining housing of the client's choice. Supports include providing referrals, assistance in applying for housing subsidies, assisting the client in appealing a denial, suspension, reduction, or termination of a housing subsidy and if appropriate, and with the consent of the individual receiving services, providing periodic visits to the client's home to monitor health and safety.

### ***Mental Health Services to Veterans***

The Federal Veteran's Administration (VA) facilities include hospitals in Sioux Falls, Hot Springs, and Sturgis. Individuals accessing services at these facilities are welcomed and encouraged to access state funded community mental health services. Community mental health providers collaborate with the VA to provide needed services to homeless veterans and collaborate with local housing authorities to facilitate access to Section 8 rental assistance vouchers for these individuals. In addition, the Department of Labor and Regulation and the VA also partner with Community Mental Health Centers to provide services that are intended to increase the employability of homeless veterans. Some Community Mental Health Centers work with the VA to identify, count and provide services for homeless individuals and at risk families.

### ***Vocational Coordination***

To assist clients with their employment goals, Community Mental Health Centers (CMHCs) will coordinate services with the Division of Rehabilitation Services (DRS). Several CMHCs have vocational counselors located within their agencies, which allows for increased coordination of services. The DRS funds a program titled "Employment Skills Program." The Employment Skills Program provides individuals the opportunity to try various employment occupations, and develop work skills. This is a paid work experience program for adults diagnosed with mental illness to obtain employment skills in the community. It is a temporary placement of up to 250 hours at a job site. The DRS pays the wages, FICA, and worker's compensation. DRS also purchases services from CMHCs to provide job development and job supports at the employment placement. The placement and services are coordinated with the CMHCs to assure the success of the work experience. DRS will also fund tuition fees for eligible individuals with disabilities to further their education through college/trade school attendance.

## Children's Mental Health Services

As with adult services, the Division of Behavioral Health (DBH), the Behavioral Health Advisory Council, and Community Mental Health Centers (CMHCs) collaborate to ensure the community based mental health system provides services that are comprehensive, culturally responsive, consumer driven, and recovery focused to all children and families with mental health issues, including those with co-occurring disorders. Although CMHCs provide mental health services to all children identified with mental health issues and their families, the highest priority target group is children with serious emotional disturbances (SED).

To be eligible for SED services, Administrative Rules of South Dakota 67:62:11:01 states the clinical record shall contain documentation that includes:

1. At least one child in the family under the age of 18 meets the criteria of SED as defined in South Dakota Codified Law (SDCL) 27A-15-1.1; or
2. At least one youth 18 through 21 years of age who needs a continuation of services started before the age of 18, in order to realize specific goals or assist in the transition to adult services and meets criteria of SED defined in SDCL 27A-15-1.1 (2)(3)(4) and (5).

SDCL 27A-15-1.1 defines an individual with a serious emotional disturbance as an individual who:

1. Is under eighteen years of age;
2. Exhibits behavior resulting in functional impairment which substantially interferes with, or limits the individual's role or functioning in the community, school, family, or peer group;
3. Has a mental disorder specified within the Diagnostic and Statistical Manual of Mental Disorders, fifth edition, 2013, or coding found in the International Classification of Diseases, 10th revision, Clinical Modification, 2015;
4. Has demonstrated a need for one or more special care services, in addition to mental health services; and
5. Has problems with a demonstrated or expected longevity of at least one year or has an impairment of short duration and high severity.

For purposes of this section, intellectual disability, epilepsy, other developmental disability, alcohol or substance abuse, brief period of intoxication, or criminal or delinquent behavior do not, alone, constitute a serious emotional disturbance.

## Children, Youth, and Family Services (CYF)

*Administrative Rule of South Dakota, Chapter 67:62:11*

CYF provides mental health services to children with a serious emotional disturbance and their families via a system of care that is intensive and comprehensive, child-centered, family-focused, community-based, co-occurring capable, individualized, and integrated. CYF offers a comprehensive array of services and supports that address needs identified in each life domain and provide children/youth with individualized services in accordance with the unique needs and potential of each child. Services are provided in the least restrictive, most normative environment that is clinically appropriate, and in a manner that is sensitive and responsive to cultural differences and special needs. The parents, families and surrogate families of children with SED are full participants in the

assessment process, treatment planning, and delivery of services. The goal of these services is to ensure that children with SED are able to live with their families and in their home community, whenever possible.

### ***Vocational Coordination***

Providers support youth with serious emotional disturbances and their families when the youth is seeking employment. Services include assisting the individual in locating, securing and maintaining employment or accessing services through other programs, such as Rehabilitation Services. The State Vocational Rehabilitation (VR) Agencies, Division of Rehabilitation Services and Services to Blind and Visually Impaired fund "Project Skills" to offer students with disabilities an opportunity to gain paid employment experience of up to 250 hours while in high school. Project Skills is a cooperative arrangement between the State VR agencies and schools. The State VR agencies fund the wages, workers compensation, and the Federal Insurance Contributions Act while schools provide job development, job coaching and follow-along for the student at the job site.

### ***Educational Coordination***

The Division of Behavioral Health encourages Community Mental Health Centers (CMHCs) to work closely with school personnel in the identification and early intervention of children with a serious emotional disturbance as defined under the Disabilities Education Act. Many CMHCs already have referral process in place with their perspective school districts.

CMHC staff work with school counselors and teachers to provide early interventions and to develop a system of support for children and youths in their communities. They also work with children, youth, families and Individual Education Plan teams to ensure that needed mental health services are being provided and that the child or youth is receiving appropriate education, despite mental health issues or other learning disabilities.

### ***Medical/Dental Service Coordination***

Children, Youth and Family (CYF) case management services include a holistic approach to maintaining physical and mental health. CYF staff work with individuals through regular referral/contact with agencies such as a child/family's primary health care physician and/or a dentist. CYF case managers and family teams addresses the needs of children/families on an individual basis and referrals and linkage with other systems are contained within the treatment planning for that child/family.

### ***Residential Services***

The Division of Behavioral Health does not currently fund residential services for children. The South Dakota Medical Assistance Program provides funding of services in licensed group and residential treatment facilities for children who have behavioral or emotional problems requiring intensive professional assistance and therapy in a highly structured, self-contained environment.

### ***Out of State Placement***

The Division of Behavioral Health (DBH) does not make out-of-state placements for children. However, division staff members are included in the process for approving youth in out-of-state facilities through participation in the State Review Team (SRT). The SRT consists of representation from the following departments/divisions: DBH, Developmental Disabilities, Special Education, Social Services, Corrections, Human Services Center, and the Developmental Center. All activities are followed by the Department of Social Services, Auxiliary Placement Program. Out-of-state and in-state out-of-home placements are last resort options. The Team reviews each child/youth's information and discusses what level of care is most appropriate, including home-based community services. Out of state placement requests must also include denials from in-state residential treatment facilities.

### ***Child Welfare, Juvenile Services, and Criminal Justice Coordination***

The Unified Judicial System (UJS), Child Protective Services (CPS), the Department of Corrections (DOC), and Community Mental Health Center (CMHC) Directors continue collaborative efforts to improve the referral and service delivery system for children who are referred by UJS or CPS to a CMHC. Memorandums of Understandings (MOUs) are in place that addresses the following:

1. Procedures for transacting standardized referrals for children's mental health services from the courts/CPS to respective Community Mental Health Centers.
2. Practices for minimizing "no shows" among referred children/families.
3. Principles for assuring effective co-management of referred children and families.

In addition, the CPS MOU includes the following:

1. Development of a uniform intake/referral process for mental health services.
2. Development of a uniform referral/follow-up process for child abuse assessments.
3. Adoption of principles for the co-management of referrals.
4. Identification of service gaps. These MOU's are implemented on a local level between CPS/UJS offices and local Community Mental Health Centers.

In June of 2014, Governor Daugaard established the Juvenile Justice Reinvestment Initiative (JJRI) Workgroup. The workgroup established a comprehensive package of reforms. A final report was issued in November 2014.

JJRI Workgroup Final Report: http://jjri.sd.gov/docs/JJRI%20WG%20Report_Final.pdf

In March 2015, Governor Daugaard signed a bill to reform South Dakota's juvenile justice system. Since that time, the Division of Behavioral Health has worked closely with UJS and DOC to implement what has been determined in statute through the JJRI.

## Adult and Children Mental Health Services

### Services for Transition Age Youth Program – New Alternatives

In February 2013, The Division of Behavioral Health (DBH) received technical assistance from the Substance Abuse and Mental Health Services Administration in

regard to the Assertive Community Treatment model and housing supports for youth aging out of placements with no family supports.

During the 2014 Legislative Session, DBH was approved funding for the development of supervised supported housing services for transition-age youth. This was an area of need as identified in the Behavioral Health Services Workgroup final report.

The intensive independent living program serves young adults diagnosed as being seriously emotionally disturbed or seriously mentally ill as they transition into adulthood. The program coordinates housing, mental health services, and support services targeted at assisting the young adult at developing independent living skills. An emphasis on employment, independent living skills and developing a community support system are also a part of this program. These youth have a history of foster home or residential placement and are guided on how to access services and complete or continue their education.

New Alternatives can serve up to 12 young adults at a time, living in six two-bedroom apartments with support to develop and foster the skills needed for independent living. Each apartment will include two bedrooms, a full kitchen, bathroom and living room, including all necessary furnishings, appliances and kitchen items. In order to support the young adults' needs, 24-hour supervision and support is provided.

Additionally, Lutheran Social Services is coordinating with community mental health and substance use providers in the Rapid City area to provide services to these transitioning young adults.

The program's goal is to provide these young adults with community resources and the ability to live independently in any community they choose.

### ***First Episode Psychosis Program***

Two First Episode Psychosis (FEP) Programs, utilizing the OnTrackNY model, have been established within the State of South Dakota. Southeastern Behavioral Health Care (SEBHC), in the eastern part of the state, received training through OnTrackNY and began serving clients in 2015. Behavior Management Systems, in the western part of the state, received training through OnTrackNY in 2016 and are expected to begin serving clients in 2017.

Providers were selected based on the most populous areas of the state, which will allow a greater number of individuals access to FEP.

### ***Health Homes***

Health Homes are a systematic and comprehensive approach to the delivery of primary care or behavioral health care that promises better results than traditional care. The Health Home approach is beneficial as it examines a Health Home recipient as a whole and reduces utilization of high cost services.

In order to be served in a Health Home, recipients must have a chronic condition, which includes a serious mental illness or serious emotional disturbance. Other examples of eligible chronic conditions include substance use, diabetes, heart disease, and hypertension. Designated Health Home providers include providers licensed by the State of South Dakota who practice as a primary care physician, physician assistant, and an advanced practice nurse practitioner working in a Federally Qualified Health Center (FQHC), a Rural Health Clinic, or a mental health professional working in a Community Mental Health Center. The designated provider leads a team to provide services needed by the recipient. The team may consist of a primary care physician, physician assistant, advance practice nurse, behavioral health provider, a health coach/care coordinator, chiropractor, pharmacist, support staff, and other services as appropriate and available.

As of March 2017, Nine Community Mental Health Centers, 25 FQHCs, 11 Indian Health Service Units and 74 other clinics act as Health Homes. The core service expectations that must be provided through the Health Homes include: comprehensive care management, care coordination, health promotion, comprehensive transitional care/follow-up, patient and family support, and referral to community and social supports.

## ***Respite Care***

*Administrative Rule of South Dakota, Chapter 46:11:12*

The Department of Human Services, Division of Developmental Disabilities, operates the Respite Care Program. Any family having a child or adult family member who has a developmental disability, a developmental delay (children only), a serious emotional disturbance, a serious mental illness, a chronic medical condition (children only), a traumatic brain injury, or a child that has been adopted may be considered for respite care services. The family chooses the respite provider and utilizes the required form to purchase respite care services.

Respite care is designed to help families and caregivers of children and adults with special needs. Caregivers and families often face serious problems and stress as a result of balancing the needs of their child or adult with special needs with the needs of other family members. Respite care is temporary relief care designed for families of children or adults with special needs. Respite care can range from a few hours of care provided on a one-time basis to overnight or extended care sessions. Respite care can be utilized on a regular or irregular basis and can be provided by family members, friends, skilled care providers or professionals.

## ***Indigent Medication Program***

The Division of Behavioral Health (DBH) understands the importance of access to psychotropic medications and medications for substance use disorders for individuals who are discharged from the Human Services Center, a correctional facility, and/or who are receiving (or waiting to receive) community mental health services.

The Indigent Medication Program provides temporary funding to assists individuals with a serious mental illness and/or substance use disorder, who have little to no finances, in

purchasing psychotropic medications, related lab costs and medications for substance use disorders, until longer term funding can be obtained.

In addition, the DBH works with Community Mental Health Centers to identify pharmaceutical programs that could provide assistance to individuals in obtaining their medications. Most individuals served through the Indigent Medication Program are adults. However, some are children whose families are not eligible for Medicaid and could otherwise not afford necessary psychotropic medications.

## Substance Use and Prevention Providers

As of March 2017, there are 40 accredited substance use treatment programs in the state. The broad spectrum of services includes:

- Crisis intervention services
- Assessment services
- Counseling services
- Outpatient treatment services
- Detoxification services
- Transitional care and inpatient treatment services
- Services for pregnant women and women with dependent children
- Methamphetamine treatment services

The Division of Behavioral Health no longer includes gambling services as part of the accreditation process as gambling treatment may be provided by any substance use disorder treatment agency at the intensity of programming determined by the assessment.

However, nine accredited/contracted providers receive state funding from lottery and gaming revenue to use specifically for gambling disorder treatment. Individuals seeking treatment for a gambling disorder at an agency that does not receive these specific gambling dollars are able to utilize block grant dollars when they meet indigent funding requirements.

In addition, the substance use and prevention service delivery systems in South Dakota have built solid foundations and infrastructures to include:

- Two specialized community based methamphetamine treatment programs: City/County Alcohol and Drug Program in Rapid City and Keystone Treatment Center in Canton.
- Two specialized community based treatment programs for pregnant women: Behavior Management Systems in Rapid City and Volunteers of America (VOA) in Sioux Falls both serve pregnant adults. VOA also serves pregnant adolescents.
- Individuals with co-occurring disorders.
- A comprehensive behavioral health treatment system in all the adult prisons in the state.

- Five clinically managed residential detoxification treatment programs: Minnehaha Detox, City/County Alcohol and Drug Program, Keystone Treatment Center, Dakota Counseling Institute, and the Human Service Agency.
- A full continuum of care is in place for youth and adolescents, including psychiatric residential facilities providing programming for substance use disorders.

There are 25 prevention programs accredited to provide services to youth and communities across the state. The services provided include:

- Prevention
- Early intervention
- Education on the harm full effects of alcohol and other drugs
- Awareness Campaigns
- Environmental strategies
- Training on Evidenced based Programs
- Implementation on Evidenced based programs

These programs provide community and/or school-based prevention services to youth and young adults in South Dakota. Sixteen of these programs provide school-based prevention programs to over twenty schools in the state, 22 are community coalitions and two programs operate on university campuses in the state. In addition, South Dakota has three Prevention Resource Centers that provide local trainings and are a resource for supporting implementation of evidence-based prevention programming for local communities or schools across the state.

Interactive County Map for Behavioral Health Services:
http://dss.sd.gov/behavioralhealth/agencycounty.aspx

## Adult and Children Substance Use Services

***Specialized Services for Pregnant Women and Women with Dependent Children***

Pregnant women are at highest priority for admission to services. Clients meeting this status must be admitted to the program no later than 14 days from the initial screening. If the program does not have the capacity to admit the client on the date of such request, interim services must be provided no later than 48 hours from the initial screening. The referring provider will ensure the client is provided interim services until an alternative placement can be located.

The Division of Behavioral Health (DBH) complies with Section 1922(c) of the PHS Act and 45 CFR 96.124(e), which requires states to ensure that programs receiving funding for services also provide for or arrange for the provision of primary medical care, prenatal care, child care, primary pediatric care-including immunizations for children, gender specific treatment, therapeutic interventions which addresses relationship issues, sexual and physical abuse, and parenting and child care, sufficient case management and transportation to ensure that women and their children have access to all services listed in this paragraph.

The DBH provides funding to two community based treatment programs for pregnant women and women with dependent children. Behavior Management Systems in Rapid City and Volunteers of America (VOA) in Sioux Falls both serve adult women. VOA also provides services to pregnant adolescents. Both programs accept clients from all 66 counties and provide medically monitored inpatient, low intensity residential (VOA provides as needed), outpatient services, case management, aftercare and interim services.

The DBH modified the State Treatment Activity Reporting System (STARS) to allow the tracking of specific services provided to pregnant women. Also, language was written into each provider's contract to assure state compliance with the federal rules governing the notification of 90% program capacity. The capacity of each program is also tracked through STARS, including interim services. Tracking specific services provided and agency capacity level, allows DBH to monitor utilization rates and to identify those service areas that are greatest in need.

The mission of these programs is to provide a supportive living environment where women and adolescent girls who have completed primary substance use disorder treatment can, along with their dependent children (0-12 years of age), obtain the assistance they need to make a successful transition back into their home community.

***Services to Intravenous Drug Users (IVDU)***

Contracted substance use providers prioritizes and provides outreach and intervention services to individuals identified as needing treatment for intravenous drug use. Clients are placed within 48 hours-14 days after a request for treatment (as per section 1923(a) 92) of the Public Health Services Act and 45 CFR 96.126 (b)). However, if an individual cannot be placed within 48 hours, the referring agency will provide interim services until a placement can be made.

Each provider receiving Block Grant funds complies with the established referral process for this high risk population to facilitate access to services, testing, and the appropriate level of treatment. Language was written into each provider's contract to assure state compliance with the federal rules governing the notification of 90% program capacity. The capacity of each program is tracked through State Treatment Activity Reporting System.

Each contracted provider is required to develop, adopt and implement policies and procedures to ensure that each individual who requests and is in need of treatment for intravenous drug use is admitted to the program no later than 14 days from the initial screening. If the program does not have the capacity to admit the individual on the date of such request, interim services must be provided until an individual is admitted to a substance use treatment program. The purpose of interim services is to reduce the adverse health effects of such use, promote the health of the individual and reduce the risk of transmission of disease. At a minimum, interim services include counseling and education about HIV and tuberculosis (TB), the risks of needle-sharing, the risks of

transmission to sexual partners and infants, and steps that can be taken to ensure that HIV and TB transmission does not occur. Interim services may also include referral for HIV or TB treatment services if necessary. Interim services must be made available to the individual no later than 48 hours from the initial screening.

In compliance with 42 U.S.C. 300x-23(a) (2) (A) (B), DBH provides funding for treatment services for individuals who are unable to pay. All accredited treatment programs are notified on a yearly basis of the existence of this priority population and the process needed to secure the funds from DBH when needed. To ensure compliance with 4.42 U.S.C. 300x-23(b), DBH specifies in contract the requirement to conduct outreach activities for this specific population. DBH monitors compliance through reviewing the data submitted to STARS and through regular on-site accreditation reviews.

## ***Referral & Assessment Process***

Clinicians complete an assessment on clients to determine recommendations for appropriate treatment. In South Dakota, an integrated assessment is used that address co-occurring treatment needs for mental health, substance use disorders, or both. For substance use disorders, recommendations are made for treatment based on the admission criteria from American Society of Addiction Medicine (ASAM) Placement criteria, which forms the basis for eligibility criteria for levels of care in Administrative Rules of South Dakota. The Division of Behavioral Health (DBH) is partnering with Central Rockies Addiction Technology Transfer Center in 2017 to bring 4 2-day ASAM trainings to South Dakota to support workforce development and the application of the ASAM placement criteria in a consistent manner across the state.

Additionally, in 2016, DBH also began partnering more closely with providers of high intensity services that require prior authorization for the utilization of indigent funding. Prior authorization from DBH is required for the following levels of care/programs: Level 3.7 intensive inpatient services for adults and for adolescents, also known as Psychiatric Residential Treatment Facility (PRTF) for substance use disorder treatment, Level 3.7 intensive inpatient services or Level 3.1 clinically-managed low intensity residential treatment for pregnant women and/or women with dependent children, and specialized methamphetamine treatment.

A workgroup of provider representatives was formed in the fall of 2016 to streamline the referral process into high intensity services. The DBH also hosts regular quarterly phone calls which are scheduled with high intensity providers to facilitate open communication. The goal of the workgroup and the regular phone calls is to reduce barriers for clients in accessing needed treatment. All forms for the referral process for high intensity services can be found on the DSS website: http://dss.sd.gov/formsandpubs/.

## ***Hypodermic Needle Program***

The Division of Behavioral Health will continue to prohibit local providers from utilizing block grant funding to provide individuals with hypodermic needles or syringes. This requirement is a component of the provider's yearly contract and adherence to this is monitored during fiscal audits and through onsite accreditation reviews.

# Cultural Diversity and Gender Minorities

### ***Cultural, ethnic, or linguistic minorities***

The Division of Behavioral Health (DBH) supports the training of behavioral health care providers about the Native American culture and its unique values and perspectives regarding treatment and recovery. DBH collaborates with the National American Indian and Alaska Native Addiction Technology Transfer Center through the University of Iowa to provide a 24 module Native American Curriculum training developed by the late Duane Mackey, Dakota, Isanti, Ed.D. Native American instructors provide a cultural competency educational program for non-native professionals working with Native Americans with substance use and mental health issues. Currently, trainings continue to be offered four times yearly to provide additional opportunities for those staff working in community mental health and substance use provider settings to acquire this cultural training.

Additionally, families have their own particular culture and live in the context of a wider community, state, and national culture. For mental health service providers, key questions include: do families feel like their culture is respected and does the service array include appropriate services for particular cultures. The DBH expects Community Mental Health Centers to ensure staff are identifying cultural issues and providing appropriate services according to the individual and/or family desires and needs.

The DBH also encourages agencies to look at cultural trends in their communities and to provide ongoing training as part of workforce development. Also, during accreditation reviews, DBH asks questions of staff and reviews charts with specific emphasis on cultural sensitivity and training to ensure the needs of all clients and families are met.

# Resources, Training and Technical Assistance

### ***Educational Coordination***

The Division of Behavioral Health (DBH) supports professional training opportunities for prevention and treatment professionals across the state and works with providers to determine training needs. In addition, providers are responsible for ensuring their staff receives appropriate training to fulfill their job duties.

Prevention and treatment providers sponsor two annual conferences within the state. Through Addiction Technology Transfer Center support, the DBH collaborates with providers to include topics such as:

- Motivational Interviewing
- Corrective Thinking
- ASAM Criteria
- Updates on statewide initiatives

### ***Central Rockies Addiction Technology Transfer Center***

The Division of Behavioral Health continues to partner with the Central Rockies Addiction Technology Transfer Center (ATTC) to provide a variety of trainings and services to the substance use workforce within South Dakota. These trainings are designed to raise awareness of evidence-based and promising treatment and recovery practices; build skills to prepare the workforce to deliver state of the art services; and to change practice by enhancing services to improve addictions treatment and recovery outcomes.

The Central Rockies ATTC provides training support to South Dakota's substance use disorder workforce through a variety of evidence-based practice initiatives. Training topics included Women and Substance Abuse, The ABC's of CBT for Addiction Recovery, Cultural Competency, Saving Lives: How Substance Abuse Counselors Can Prevent Suicide, Introduction to Motivational Interviewing (MI) – Level One, Promoting Awareness of Motivational Incentives (PAMI), Post-Traumatic Stress Disorder and Traumatic Brain Injury in the Returning Veteran Population, and What Using the ASAM Criteria Really Means: Skill Building and Systems Change.

***South Dakota Advocacy Services***

South Dakota Advocacy Services (SDAS) delivers federal protection and advocacy services for individuals with mental illness. SDAS' mission is "To protect and advocate the rights of South Dakotans with disabilities through legal, administrative, and other remedies." The Division of Behavioral Health partners with SDAS on case consultations and advocacy efforts for individuals and children/families receiving services in the community behavioral health system. SDAS has four offices across the state, allowing regional ease of access to advocacy support services.

***Council of Mental Health Centers & Council of Substance Abuse Directors***

Community Mental Health Center executive directors and executive directors of accredited substance use providers are members of the Council of Mental Health Centers, the Council of Substance Abuse Directors, or both. These organizations meet regularly and employ one individual that is the executive director for both Councils. The Councils, through their committee structures, and in close collaboration with the Division of Behavioral Health, provide review and system improvement feedback on transformational activities associated with the development of recovery-oriented, integrated systems of care for adults, children and families. Although this is an important stakeholder group in South Dakota, these Councils do not fully represent substance use providers across the state.

***National Alliance for the Mentally Ill-South Dakota (NAMI-South Dakota)***

http://namisouthdakota.org/

The National Alliance for the Mentally Ill (NAMI) South Dakota is a public nonprofit organization, founded in 1987 and managed by a Board of Directors and an Executive Director. One third of the memberships of the Board of Directors are persons who are living with a mental illness and one half consists of family members of someone who has a serious mental illness. The mission of this organization is to provide education and

support for individuals and families impacted by brain-based (mental illnesses), advocate for the development of a comprehensive system of services, and lessen the stigma in the general public.

NAMI-South Dakota has nine affiliates across the state, an active Statewide Consumer Council and works diligently to reach consumers across the state to bring their ideas and concerns to the NAMI Board of Directors for consideration and action. NAMI-South Dakota also offers local and state support in the following areas:

- *Connection* is a recovery-focused support group led by trained mental health consumers for adults living with a mental illness.
- *Family to Family,* recognized as an evidence-based practice, is NAMI's psycho-education program led by trained family members for family members of adults with mental illness.
- *In Our Own Voice* is NAMI's unique public education program in which two trained adult speakers share compelling personal stories about living with mental illness and achieving recovery. An *In Our Own Voice* presentation is given during quarterly trainings at the Statewide Law Enforcement Training Center for new officers entering the field across the state.
- Customized trainings for law enforcement agencies utilizing a core curriculum on Crisis Intervention Training.
- Annual educational conference in which NAMI partners with the Division of Behavioral Health (DBH) to provide scholarships to individuals who have limited financial resources for attendance. DBH also provides speakers to keep attendees updated on transformation activities at the state level.

Also, NAMI South Dakota:

- Collaborates with the Statewide Prevention Network. The Network is the result of combining several task forces that had similar and at times overlapping goals.
- Is a partner on the Rural Sioux Empire Coalition for Youth dedicated to helping students in the region live healthier lives. The emphasis of this group is similar to the Statewide Prevention Network and some of the partners are part of both coalitions.
- Is a member of the Sioux Area Metro marketing committee. NAMI SD is a voice for individuals who rely on the public transportation system in Sioux Falls to be able to access their mental health appointments and other social activities.
- Is a member of the statewide Children's Mental Health Task force which is charged with addressing the needs of children and adolescents who live with mental health issues.
- Is a member of the Southeast SD System of Care Collaboration working to help agencies in improving services to families who have children utilizing multiple agencies.
- Was an instrumental partner in the development of Crisis Intervention Teams and Crisis Response Teams in Sioux Falls and Rapid City. NAMI SD provides technical assistance to other communities in developing programs such as this.
- Is represented on the Sioux Falls Veterans Administration Consumer and Family Council, assisting in improving ways of providing services. NAMI South Dakota

worked with the Ft. Meade Veterans Administration to bring the Family to Family education program to their campus.

- Collaborates with the eleven Community Mental Health Centers to provide support and education to their clients and family members.
- Works collaboratively with the Avera Family Education program to help family members understand community resources better.
- Is part of the Sioux Empire Homeless Coalition working to eliminate homelessness in Sioux Falls.
- Is part of the Sioux Empire Community Organizations Active in Disaster to actively plan for when a disaster hits the Sioux Falls region.
- Is a collaborative partner with SD Parent Connection in addressing the mental health needs of children and adolescents.

### ***South Dakota Association of Addiction and Prevention Professionals***

The South Dakota Association of Addiction and Prevention Professional's (SDAAPP's) mission is to promote professional leadership and excellence in prevention and treatment of addictions. Membership in SDAAP includes membership in The Association for Addiction Professionals.

SDAAPP holds bi-annual conferences with continuing educational opportunity. The association provides advocacy for counselors and prevention professionals, and offers peer assistance. The organization provides information for legislators, law enforcement, schools, and other professionals and the public about addictions treatment and prevention needs and issues.

### ***Development of Community Crisis Services***

Behavior Management Systems in Rapid City coordinates the operations of a Crisis Care Center, which was created in 2011. The facility provides access to immediate care for adults (18 years of age and older) with critical mental health episodes or need of substance use stabilization in the Black Hills area. The Center is open 24 hours per day, 7 days per week and is staffed with one Qualified Mental Health Professional and two Emergency Medical Technicians at all times. Services focus on personalized recovery through a stabilization plan that is established collaboratively with the client and their assigned Qualified Mental Health Professional. The plan provides a framework for the client to move forward and prevent future crisis. Individuals are admitted to the Crisis Care Center for up to 24 hours, and then referred to community agencies or service providers for continued care.

The Crisis Center contracts with the county for on-site and community case management, and with the Rapid City Regional Hospital's Emergency Department for telephone back up. The Crisis Center is currently focused on receiving referrals from local law enforcement and the emergency department, although walk-ins still occur and are not turned away.

Behavior Management Systems Crisis Care Center:
http://www.bmscares.org/services/crisis-care-center

Southeastern Behavioral Health Care coordinated efforts with Minnehaha and Lincoln Counties to create a Mobile Crisis Team consisting of a counselor and a licensed psychological nurse who are on call 24 hours a day to meet with people in their moments of crisis. The mission of the Mobile Crisis Team is to expedite mental health professionals to people in crisis so they can coordinate resources, assess problems and eliminate unnecessary psychiatric placements.

When law enforcement responds to an emergency call, they assess the situation, make contact with the individual in crisis and ensure their environment is safe. Law enforcement will then determine if the Mobile Crisis Team is appropriate to contact. Once the Mobile Crisis Team arrives, they make the determination whether to have law enforcement present or if they can be released to go back to work. The Mobile Crisis Team works to assist the individual through their crisis; encourage services and develop a safety plan if necessary.

Additionally, law enforcement and the judicial system receive mental health training to enhance their skills in addressing the needs of individuals with behavioral health crises, reducing the need for transport to emergency facilities.

### ***SOAR (SSI/SSDI Outreach, Access, and Recovery)Training***

The Division of Behavioral Health supports SOAR efforts in South Dakota and encourages substance use and mental health providers in having SOAR trained staff available to better assist those who are homeless or at risk of homelessness apply for benefits. At any time, staff can access the SOAR Online Training and complete it at their leisure as it takes approximately 20 hours to complete.

SOAR in Your State:
https://soarworks.prainc.com/states/south-dakota

### ***Qualified Mental Health Professional Training***

*Administrative Rule of South Dakota, Chapter 67:62:14*

To ensure the involuntary commitment process is implemented appropriately, the Division of Behavioral Health provides training to individuals who perform mental health status examinations in accordance with involuntary commitment laws. Licensed Social Workers, Marriage and Family Therapists, Licensed Professional Counselors, Psychologists, Advanced Practice Nurses/Certified Nurse Practitioners, and Physician Assistants qualify for certification as Qualified Mental Health Professionals (QMHPs). The QMHP training, which became available online May 2015, includes information on the following:

- Involuntary Commitment Process
- Mental Health Status Examination
- South Dakota Laws relative to inpatient hospitalization
- Hearing Procedures for QMHP's in the commitment process of an individual
- Overview of medical capabilities of psychiatric hospital

## ***Mental Health First Aid Training***

South Dakota continues to support the training of behavioral health professionals in Adult and Youth Mental Health First Aid. Currently, adult Mental Health First Aid trainings are funded through the Garrett Lee Smith Suicide Prevention Grant and Youth Mental Health First Aid Trainings are funded through the "Now is the Time" Youth Mental Health Training Grant.

Mental Health First Aid training helps individuals who do not have clinical training assist a person experiencing a mental health crisis. Specifically, participants learn:

- The potential risk factors and warning signs for a range of mental health issues, including depression, anxiety/trauma, psychosis and psychotic disorders, substance use disorders, and self-injury.
- An understanding of the prevalence of various mental health disorders in the United States and the need for reduced stigma in their communities
- A 5-step action plan encompassing the skills, resources, and knowledge to assess the situation, to select and implement appropriate interventions, and to help an individual in crisis connect with appropriate professional care.
- The evidence-based professional, peer, social, and self-help resources available to help someone with a mental health issue.

Targeted audiences for Mental Health First Aid include key professions, such as law enforcement, nursing home staff, ministerial associations, school administration, and the general public. The continued expansion of this training assists efforts towards reducing stigma in the community by providing education about the needs of individuals with mental health issues and the role of community mental health services in support them.

## ***Housing for the Homeless Consortium***

The goal of the South Dakota Homeless Consortium is to empower homeless individuals and families to regain self-sufficiency to the maximum extent possible. Activities include:

- Facilitation of coordination among concerned organizations and individuals
- Facilitation of statewide discussion and awareness of homelessness in South Dakota
- Coordination of projects and grant writing activities, including the Statewide Continuum of Care Application
- Assessment of the assets and gaps in services/programs to ensure that statewide needs are met (This includes an annual count of homelessness in the state to identify gaps and establish priorities to address those gaps).

The Consortium was formed in January 2001. Involved in the Consortium are private businesses, disability service organizations, local cities/towns, public housing authorities, landlords, formerly homeless individuals, housing developers, regional community action agencies and state agencies, which include the Division of Behavioral Health. The Consortium meets quarterly to provide opportunities for networking with other providers across the state, problem solve difficult situations, share ideas about "what works," share

resource information, and to gain knowledge of new funding opportunities. In addition, the Consortium gives South Dakota a mechanism to apply for federal homeless assistance funds from the U.S. Department of Housing and Urban Development. Several projects have been funded over the years. These include vocational programs, transitional housing programs, Shelter Plus Care Programs, Emergency Shelter Programs, two assisted living programs (specifically for individuals with mental illness and chronic medical issues), and many others.

Housing for the Homeless Consortium: http://www.housingforthehomeless.org/

## ***Independent Peer Reviews***

The Division of Behavioral Health (DBH) supports peer reviews of accredited substance use treatment programs which are conducted under contractual agreement with Mountain Plains Evaluation, LLC. DBH randomly selects a 5% sample of providers who receive Block Grant funds. The reviews are conducted on site with meetings with the Clinical Director. The provider's substance use policies and procedures manual along with a random sample of client files are reviewed following the criteria below.

Criteria 1**:** An organized program for alcoholism and other drug dependencies provides ASAM admission criteria and intake process. The expectation of this standard is that the program is organized in such a way that it provides ASAM admission criteria specific to the program and an intake process that would provide for an appropriate treatment referral based on the client's needs.

Criteria 2: An organized program for alcoholism and other drug dependencies provides written assessment criteria. The expectation of this standard is that the program has a written procedure for obtaining a client assessment and history and establishing a diagnostic impression.

Criteria 3: An organized program for alcoholism and other dependencies provides for treatment plan development for each client admitted to the program. The expectation of this standard is that the program has a written procedure to ensure that a treatment plan is developed on each client in the program.

Criteria 4: An organized program for alcoholism and other drug dependencies provides for the documentation of the implementation of treatment services. The expectation of this standard is that the program has a written procedure to ensure that documentation of treatment services is completed in a timely manner.

Criteria 5: An organized program for alcoholism and other dependencies provides discharge and continued care criteria for each client. The expectation of this standard is that the program is organized in such a way that it provides discharge and continued care criteria specific to each client, which includes the client's reason for admission, the client's problems, treatment and response to treatment, the reason for discharge and the continued care planned and referrals made.