

## **Step 2: Identify the unmet service needs and critical gaps within the current system.**

The Division of Behavioral Health (DBH) continues to work towards a data driven decision-making process when assessing prevention and treatment needs for behavioral health services in South Dakota. The following details South Dakota's data sources used to identify unmet service needs and critical gaps, and how South Dakota plans to meet those needs and gaps.

### **Identification of Data Sources used to Identify Needs and Gaps**

#### **State Treatment Activity Reporting System (STARS)**

South Dakota utilizes treatment data collected from an internal source to identify needs and gaps. In 2005, the DBH developed the State Treatment Activity Reporting System (STARS) which collects, stores, and reports behavioral health data and billing information for publically funded individuals receiving behavioral health services. The STARS data is used to help determine emerging trends and needs for programs and services throughout the state. The data is collected at admission and discharge, allowing data to be updated regularly for individuals receiving publically funded services. The STARS assists the DBH in monitoring waitlist information for priority populations such as pregnant women, intravenous drug users, and others in need of high intensity substance use services. In conjunction with providers, the DBH has enhanced STARS to report treatment data and outcome data at a state level. Having this ability will support the DBH's desire to compare national and state data.

To support this effort, in 2016, the DBH expanded the STARS system to collect perception of treatment outcomes through a web-based survey for adults. In an effort to continue to increase our data reporting capabilities, the STARS will be expanded once more to collect web-based treatment outcome surveys for adolescents receiving publically funded behavioral health services during State Fiscal Year (SFY) 2017. The addition of web-based outcome tools will allow the DBH to ensure publically funded services are held to a higher standard of quality and efficacy.

#### **State Epidemiological and Outcomes Work Group (SEOW)**

In addition to the STARS, South Dakota utilizes the State Epidemiological Outcomes Work Group (SEOW) to identify, analyze, and communicate key substance use and related behavioral health data to stakeholders and the DBH. Administered by the DBH, Prevention Program, the SEOW has built a broad representation of diverse community members including:

- South Dakota Department of Social Services (State Prevention Coordinator)
- South Dakota Department of Social Services (Division of Behavioral Health)
- Western Prevention Resource Center Coordinator
- South Dakota Council of Mental Health Center Directors and Council of Substance Abuse Directors
- Partnership For Success State Evaluation Team
- South Dakota Department of Education
- South Dakota Department of Public Safety
- South Dakota Department of Health

- South Dakota Department of Corrections
- South Dakota Unified Justice System
- University of South Dakota, Department of Addiction Studies
- Community Coalitions

The SEOW's role is to maintain and enhance data collection and analysis procedures that provide accurate and comprehensive assessments of the substance use and mental health issues in South Dakota. To achieve this, the SEOW generates epidemiological state and regional profiles annually by utilizing data from many national and state-level sources. These profiles examine the magnitude of substance use and its consequences in South Dakota. The latest epidemiological profiles: *The South Dakota Substance Abuse Epidemiological Profile 2016*, and the *South Dakota Regional Profile of Substance Abuse Consequences and Consumption 2016 (draft)* were produced in the fall of 2016.

In April 2017, the DBH shifted the SEOW to focus beyond prevention related topics to include all behavioral health services. The goal is to expand the role of the SEOW to make data informed decisions for behavioral health needs in South Dakota.

### **Other Sources**

In addition, the DBH utilizes external resources including the National Survey on Drug Use and Health (NSDUH), the Treatment Episode Data Set (TEDS), the Uniform Reporting System (URS), and the Behavioral Health Barometer for South Dakota. South Dakota has used these data sources to monitor and inform decision making for budget purposes and treatment services. National data sources are often used as benchmarks for behavioral health services. South Dakota monitors completion of services, employment, and perception of services.

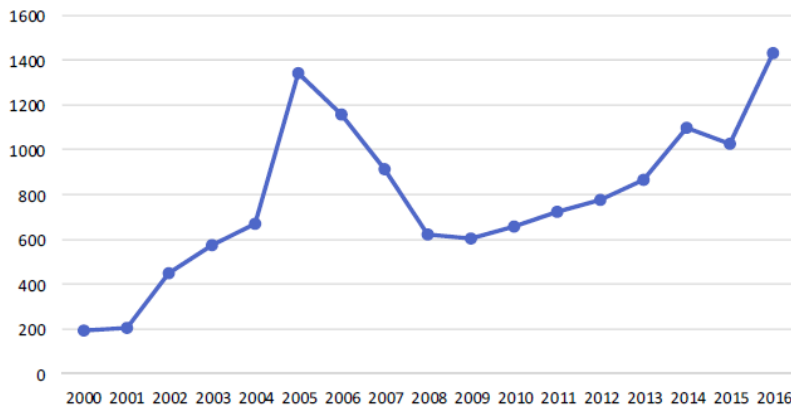
### **Next Steps in Addressing Unmet Service Needs and Critical Gaps**

Through a comprehensive review of data sources and reports, followed by discussions with advisory groups and other key stakeholders, the DBH has identified four priority areas based on unmet service needs and critical gaps within the current delivery system. Each identified priority has been determined as an area to improve treatment and recovery needs of South Dakotans.

### **Methamphetamine (Meth) Epidemic**

Over the past several years, South Dakota has seen a rise in the use of meth. In South Dakota, 4.2 percent of high school students have tried meth according to the 2015 Youth Risk Behavior Surveillance System (YRBSS). That is slightly higher than the national average of 3.2 percent. Furthermore, approximately 15,000 (2.2%) South Dakotans, age 12 and up, were dependent on or abused illicit drugs in 2015, including meth, according to the National Surveys of Drug Use and Health (NSDUH). Treatment data also show a similar trend of increased admissions for meth use. The number of individuals entering treatment for meth use has been on the rise each year since 2010.

### South Dakota Methamphetamine Treatment Admissions



Sources: SAMSHA Treatment Episode Data Set; 2015 and 2016 methamphetamine treatment admissions provided by DSS.

In May 2016, the DBH requested technical assistance from the Substance Abuse and Mental Health Services Administration (SAMHSA) to develop or recommend a current training regarding evidence-based practices (EBPs) for meth treatment and either provide or recommend a trainer to lead the training to the DBH and specialized meth treatment providers.

In June 2016, technical assistance was approved and in September 2016, DBH staff, SAMHSA, and JBS International participated in a teleconference laying out the objectives of the project. In December 2016, two consultants were chosen and a teleconference took place. The consultants traveled to South Dakota in March 2017 to tour each program and meet with agency staff. The consultants will prepare information to present back to the DBH on specific EBPs for the target population in May 2017.

During the 2017 legislative session, Senate Bill 43 was passed to expand intensive methamphetamine treatment services within South Dakota and to declare an emergency. The DBH will be using recommendations from the technical assistance report to develop treatment requirements for the treatment program.

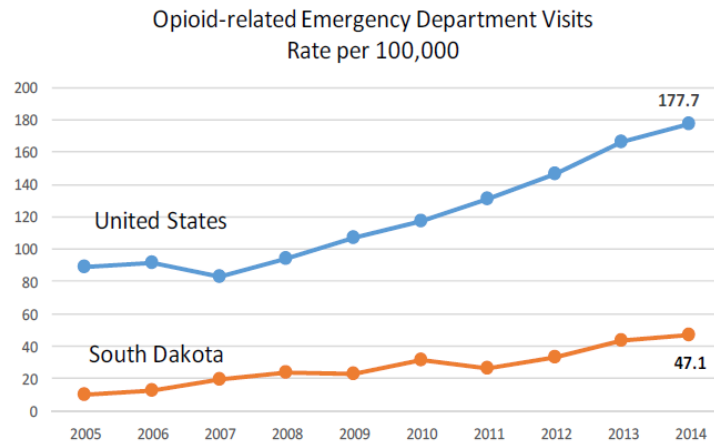
Finally, in August 2016, the DBH launched an awareness campaign, “Meth Changes Everything,” in an effort to educate and talk about the dangers of meth use in South Dakota. The DBH contracted with a local advertising firm, Epicosity, to create “Meth Changes Everything.” The campaign focuses on high school students and community members. Prevention providers across the state have been working to educate students and community members about the effects and dangers of meth through school assemblies and town hall meetings. Additionally, a website was created as a way to provide information about meth use including resources for individuals seeking help and treatment and candid stories from individuals in recovery from meth addiction.

As of March 2017, 198 school presentations and 24 community town hall meetings were held with 6,781 individuals attending. The DBH is reviewing prevention needs to support the ongoing efforts of community meetings and website support.

For more information visit: <http://methchangeseverything.com/>.

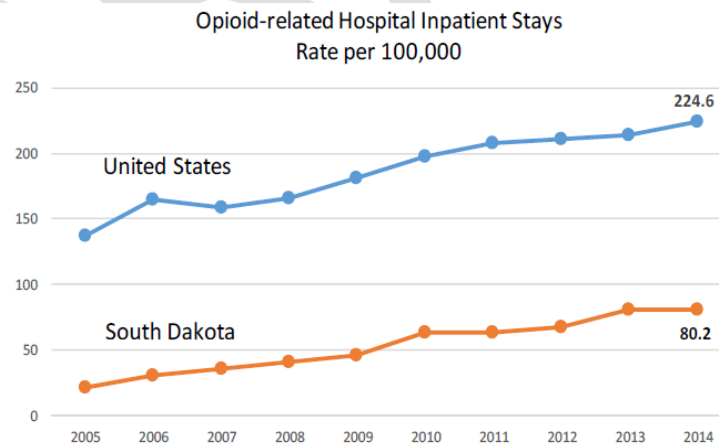
### Opioid Epidemic

Although SD is not experiencing a rise in opioid use compared to other states, South Dakota has seen a slight increase in the number of individuals utilizing emergency room departments for an opioid related event.



Source: Source: Weiss AJ (Truven Health Analytic), Elixhauser A (AHRQ), Barrett ML (M.L. Barrett, Inc.), Steiner CA (AHRQ), Bailey MK (Truven Health Analytics), O'Malley L (Truven Health Analytics). Opioid-Related Inpatient Stays and Emergency Department Visits by State, 2009-2014. HCUP Statistical Brief #219. December 2016. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb219-Opioid-Hospital-Stays-ED-Visits-by-State.pdf>.

Furthermore, South Dakota has also seen a slight increase in the number of opioid-related hospital stays.



Source: Source: Weiss AJ (Truven Health Analytic), Elixhauser A (AHRQ), Barrett ML (M.L. Barrett, Inc.), Steiner CA (AHRQ), Bailey MK (Truven Health Analytics), O'Malley L (Truven Health Analytics). Opioid-Related Inpatient Stays and Emergency Department Visits by State, 2009-2014. HCUP Statistical Brief #219. December 2016. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb219-Opioid-Hospital-Stays-ED-Visits-by-State.pdf>.

Understanding that South Dakota trends 3 to 5 years behind national treatment trends, the DBH applied and was awarded the State Targeted Response (STR) to the Opioid Crisis Grant. The

focus of the grant will be a statewide effort to address prevention, intervention and treatment needs across South Dakota, targeting individuals with opioid misuse and opioid use disorder (OUD). Grant funding will be used to conduct a comprehensive statewide needs assessment with a focus on opioid use, and leverage the findings that drive prevention, treatment and recovery supports in the state. Also, through the STR grant, the DBH will continue to explore the use of technology based services to support individuals living in rural and frontier areas of South Dakota in order to gain the access they need to OUD treatment, regardless of where they live.

### **Data and Outcome Reporting**

South Dakota has identified data and outcome reporting as a gap in our service system. Collecting and reporting outcome data has presented challenges with maintaining consistency among providers, as well as minimizing the redundancy of current outcome tools. In 2015, the DBH took steps to solidify and streamline treatment data collected through a work group comprised of DBH staff, mental health and substance use disorder treatment providers.

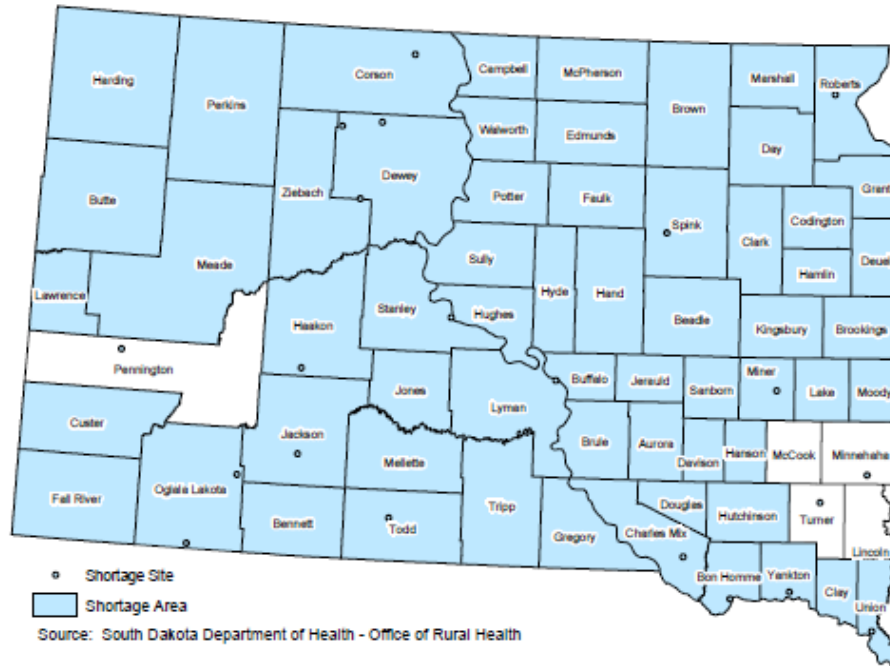
The Data Outcomes Work Group (DOWG) developed a framework for identifying and determining meaningful data and outcome measures for mental health and substance use disorder services. The DOWG agreed upon a comprehensive data collection and analysis process to measure the impacts of behavioral health services. This methodology allows for monitoring and reporting of outcome measures on a variety of levels including, but not limited to, the individual client, the provider, and funding sources at both state and federal levels.

During Fiscal Year (FY) 2017, the DBH began collecting and monitoring outcome measures and performance indicators for all adults receiving services within the public behavioral health system. Also, during FY 2017, the DBH and DOWG members reconvened to develop tools to measure outcomes and performance indicators for all youth and family members of youth receiving services within the public mental health system.

South Dakota's goal is to use this information to drive decision making for behavioral health services in South Dakota.

## Work force development

### SOUTH DAKOTA HEALTH PROFESSIONAL SHORTAGE AREAS MENTAL HEALTHCARE January 2017



Workforce recruitment and retention is an issue in SD. There are shortages in clinical staff, providers, counselors, case managers and technicians across the state with rural and frontier areas being most effected. Additional issues include staff turnover and retention and clinical staff not having the competencies needed for the delivery of evidence-based practices (EBPs).

The DBH has worked to create a long-term training and quality assurance plan that provides training on specific EBPs. Refresher trainings and learning collaboratives are offered to build upon and develop the skills and competencies needed for the delivery of EBPs. The quality assurance and/or fidelity monitoring processes assist providers in delivering EBPs with fidelity and integrity to the identified model. The DBH has partnered with the Central Rockies Addiction Technology Transfer Center (ATTC), the National Frontier and Rural ATTC and the National American Indian and Alaska Native ATTC in order to provide trainings that support competency development. DBH staff members also participate in Region VIII meetings related to workforce development.