

# Environmental Factors and Plan

## Substance Use Disorder Treatment

### Criterion 1: Prevention and Treatment Services – Improving Access and maintaining a Continuum of Services to Meet State Needs.

#### Improving access to treatment services

##### 1. Does your state provide:

- a. A full continuum of services:
  - i. Screening  Yes  No
  - ii. Education  Yes  No
  - iii. Brief Intervention  Yes  No
  - iv. Assessment  Yes  No
  - v. Detox (inpatient/social)  Yes  No
  - vi. Outpatient  Yes  No
  - vii. Intensive Outpatient  Yes  No
  - viii. Inpatient/residential  Yes  No
  - ix. Aftercare; recovery support  Yes  No
- b. Are you considering targeted services for veterans  Yes  No
- c. Expansion of services for:
  1. Adolescents  Yes  No
  2. Older Adults  Yes  No
  3. Medication-Assisted Treatment (MAT)  Yes  No

### Criterion 2: Improving Access and Addressing Primary Prevention - see Environmental Factors and Plan, Primary Prevention

### Criterion 3: Pregnant Women and Women with Dependent Children (PWWDC)

1. Does your state meet the performance requirement to establish and/or maintain new programs or expand programs to ensure treatment availability?  Yes  No
2. Either directly or through an arrangement with public or private non-profit entities making prenatal care available to PWWDC receiving services?  Yes  No
3. Have an agreement to ensure pregnant women are given preference in admission to treatment facilities or make available interim services within 48 hours, including prenatal care?  Yes  No
4. Does your state have an arrangement for ensuring the provision of required supportive services?  Yes  No
5. Are you considering any of the following:
  - a. Open assessment and intake scheduling  Yes  No

- b. Establishment of an electronic system to identify available treatment slots  
 Yes  No
- c. Expanded community network for supportive services and healthcare  
 Yes  No
- d. Inclusion of recovery support services  Yes  No
- e. Health navigators to assist clients with community linkages  Yes  No
- f. Expanded capability for family services, relationship restoration, custody issue  
 Yes  No
- g. Providing employment assistance  Yes  No
- h. Providing transportation to and from services  Yes  No
- i. Educational assistance  Yes  No

The state is always considering ways to improve access and care for individuals needing behavioral health services. Many areas identified above are done at the local level by the contracted provider and are based on the needs of the community (e.g., pen assessment and intake scheduling). The DBH has considered developing a system to track available treatment slots, but the resources needed to support the effort are currently not available.

The DBH does serve as a resource for treatment providers and individuals seeking substance use services. The DBH supports two specialized intensive methamphetamine treatment programs which includes recovery supports as part of their program. The DBH also supports the efforts of Face It Together in order to meet the needs of individuals seeking peer/recovery supports for substance use disorders. In addition, treatment providers are expected to assist clients with employment goals, especially through the low-intensity residential treatment program where there is heavy emphasis on obtaining employment.

**6. States are required to monitor program compliance related to activities and services for PWWDC. Please provide a detailed description of the specific strategies used by the state to identify compliance issues and corrective actions required to address identified problems.**

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, 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 DBH Accreditation team conducts onsite reviews to ensure compliance with provider contract requirements and Administrative Rules of South Dakota (ARSD), 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. 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.

**Criterion 4, 5 and 6: Persons Who Inject Drugs (PWID), Tuberculosis (TB), Human Immunodeficiency Virus (HIV), Hypodermic Needs Prohibition, and Syringe Services Program**

## Persons who Inject Drugs (PWID)

### 1. Does your state fulfill the:

- a. 90 percent capacity reporting requirements  Yes  No
- b. 14-120 day performance requirement with provision of interim services  
 Yes  No
- c. Outreach activities  Yes  No
- d. Syringe services program  Yes  No
- e. Monitoring requirements as outlined in the authorizing statute and implementing regulation  Yes  No

### 2. Are you considering any of the following:

- a. Electronic system with alert when 90 percent capacity is reached  Yes  No
- b. Automatic reminder system associated with 14-120 day performance requirement  
 Yes  No
- c. Use of peer recovery supports to maintain contact and support  Yes  No
- d. Service expansion to specific populations (military families, veterans, adolescents, older adults).  Yes  No

### 3. States are required to monitor program compliance related to activities and services for PWID. Please provide a detailed description of the specific strategies used by the state to identify compliance issues and corrective actions required to address identified problems.

Contracted substance use providers prioritize and provide 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 STARS.

Each 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 Human Immunodeficiency Virus (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), the 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. The DBH monitors compliance through reviewing the data submitted to STARS and through regular on-site accreditation reviews.

### **Tuberculosis (TB)**

- 1. Does your state currently maintain an agreement, either directly or through arrangements with other public and non-profit private entities to make available tuberculosis services to individuals receiving SUD treatment and to monitor the service delivery?**  Yes  No
- 2. Are you considering any of the following:**
  - a. Business agreement/MOU with primary healthcare providers  Yes  No
  - b. Cooperative agreement/MOU with public health entity for testing and treatment  Yes  No
  - c. Established co-located SUD professionals with Federally Qualified Health Centers.  Yes  No
- 3. States are required to monitor program compliance related to activities and services for SUD treatment. Please provide a detailed description of the specific strategies used by the state to identify compliance issues and corrective actions required to address identified problems.**

According to ARSD, 67:61:05:01, the TB screening requirements employees are as follows:

- a. Each new staff member, intern, and volunteer shall receive the two-step method of tuberculin skin test or a TB blood assay test to establish a baseline within 14 days of employment. Any two documented tuberculin skin tests completed within a 12 month period before the date of employment can be considered a two-step or one TB blood assay test completed within a 12 month period before employment can be considered an adequate baseline test. Skin testing or TB blood assay tests are not required if a new staff, intern or volunteer provides documentation of the last skin testing completed within the prior 12 months. Skin testing or TB blood assay tests are not required if documentation is provided of a previous position reaction to either test;

- b. A new staff member, intern, or volunteer who provides documentation of a positive reaction to the tuberculin skin test or TB blood assay test shall have a medical evaluation and chest X-ray to determine the presence or absence of the active disease;
- c. Each staff member, intern and volunteer with a positive reaction to the tuberculin skin test or TB blood assay test shall be evaluated annually by a licensed physician, physician assistant, nurse practitioner, clinical nurse specialist, or a nurse and a record maintained of the presence or absence of symptoms of *Mycobacterium tuberculosis*. If this evaluation results in suspicion of active tuberculosis, the licensed physician shall refer the staff member, intern, or volunteer for further medical evaluation to confirm the presence or absence of tuberculosis; and
- d. Any employee confirmed or suspected to have infectious tuberculosis shall be restricted from employment until a physician determines that the employee is no longer infectious.

Substance use providers shall conduct an annual TB risk assessment on their employees to evaluate the risk for transmission of *mycobacterium tuberculosis* within their agency. The risk assessment utilizes the TB risk assessment worksheet developed by the South Dakota Department of Health. The risk assessment is based on the number of TB cases in the community (defined as the counties of residence for the staff and clients of the agency during the calendar year that is being assessed) and the number of active TB cases which were admitted to the agency. If TB infection control is an issue, the agency must develop a TB infectious control plan with appropriate policies and procedures.

Also, providers screen clients in the same manner as staff with a history of positive skin tests by asking the four required questions in the first 24 hours of admission: (1) Unexplained weight loss (2) Night Sweats (3) Productive Cough lasting three or more weeks (4) Unexplained fevers. If clients answer yes to any of these questions they are referred to a physician for further screening.

The DBH continues to monitor adherence during accreditation reviews by reviewing clinical and personnel files.

### **Early Intervention Services for HIV (For “Designated States” Only)**

South Dakota is not a designated state for HIV early intervention services.

### **Syringe Service Programs**

- 1. Does your state have in place an agreement to ensure that SABG funds are not expended to provide individuals with hypodermic needles or syringes (42 USC 300x-**

**31(a)(1)F)?**

Yes  No

**2. Do any of the programs serving PWID have an existing relationship with a Syringe Services (Needle Exchange) Program?**  Yes  No

**3. Do any of your programs use SABG funds to support elements of the Syringe Services Program?**

a.  Yes  No

b. If yes, please provide a brief description of the elements and the arrangement.

### **Criterion 8, 9 and 10: Service System Needs, Service Coordination, Charitable Choice, Referrals, Patient Records, and Independent Peer Review**

#### **Service System Needs**

**1. Does your state have in place an agreement to ensure that the state has conducted a statewide assessment of need, which defines prevention and treatment authorized services available, identified gaps in service, and outlines the state's approach for improvement?**  Yes  No

**2. Are you considering the following:**

a. Workforce development efforts to expand service access  Yes  No

b. Establishment of a statewide council to address gaps and formulate a strategic plan to coordinate services.  Yes  No

c. Establish a peer recovery support network to assist in filling the gaps.  
 Yes  No

d. Incorporate input from special populations (military families, service members, veterans, tribal entities, older adults, sexual and gender minorities)  Yes  No

e. Formulate formal business agreements with other involved entities to coordinate services to fill gaps in the system, i.e. primary healthcare, public health, VA, community organizations.  Yes  No

f. Explore expansion of services for:

i. Medication Assisted Treatment  Yes  No

ii. Tele-health  Yes  No

iii. Social media outreach  Yes  No

#### **Service Coordination**

**1. Does your state have a current system of coordination and collaboration related to the provision of person-centered and person-directed care?**  Yes  No

**2. Are you considering any of the following:**

a. Identify MOUs/Business Agreements related to coordinated care for persons receiving SUD treatment and/or recovery services.  Yes  No

- b. Establish a program to provide trauma-informed care.  Yes  No
- c. Identify current and perspective partners to be included in building a system of care, e.g., FQHCs, primary healthcare, recovery community organizations, juvenile justice system, and adult criminal justice system and education.  
 Yes  No

### Charitable Choice

1. Does your state have in place an agreement to ensure the system can comply with the services provided by nongovernmental organization (42 U.S.C. 300x-65, 42 CF Part 54 (54.8(b) and 54.8(c)(4)) and 68 FR 56430-56449).  Yes  No
2. Are you considering any of the following:
  - a. Notice to Program Beneficiaries  Yes  No
  - b. Develop an organized referral system to identify alternative providers.  
 Yes  No
  - c. Develop a system to maintain a list of referrals made by religious organizations.  
 Yes  No

The DBH continues to ensure there is equal opportunity for all organizations – both faith-based and nonreligious – to participate as partners in providing substance use treatment and prevention services to individuals and families. All faith-based programs contracting with DBH to provide substance use treatment and/or prevention services are required to provide notice to clients of their right to alternative services if they have an objection to faith-based programming. If an individual has an objection to faith-based programming, the DBH will work with the faith-based organization to transfer services to an alternative provider that is acceptable to the individual seeking services.

### Referrals

1. Does your state have an agreement to improve the process for referring individuals to the treatment modality that is most appropriate for their needs?  Yes  No
2. Are you considering any of the following:
  - a. Review and update of screening and assessment instruments.  Yes  No
  - b. Review of current levels of care to determine changes or additions.  Yes  No
  - c. Identify workforce needs to expand service capabilities.  Yes  No
  - d. Conduct cultural awareness training to ensure staff sensitivity to client cultural orientation, environment, and background.  Yes  No

### Patient Records

1. Does your state have an agreement to ensure the protection of client records?  
 Yes  No
2. Are you considering any of the following:

- a. Training staff and community partners on confidentiality requirements.  
 Yes  No
- b. Training on responding to requests asking for acknowledgement of the presence of clients.  Yes  No
- c. Updating written procedures which regulate and control access to records.  
 Yes  No
- d. Review and update of the procedure by which clients are notified of the confidentiality of their records include the exception for disclosure.  
 Yes  No

The DBH ensures that state accredited providers comply with the confidentiality regulations in 42 U.S.C. 300x-53(b), 45 CFR 96.132 (e), 42 C.F.R Part 2 and the Health Insurance Portability and Accountability Act requirements governing the confidentiality of medical records. The DBH includes rules and regulations regarding confidentiality of records in both ARSD and provider contracts. Compliance is accomplished through on-site accreditation reviews to ensure all information shared with other agencies/individuals has a signed release in the file prior to release of the information.

### **Independent Peer Review**

- 1. Does your state have an agreement to assess and improve, through independent peer review, the quality and appropriateness of treatment services delivered by providers?**  
 Yes  No
- 2. Section 1943(a) of Title XIX, Part B, Subpart III of the Public Health Service Act (42 U.S.C. 300x-52(a)) and 45 CFR 96.136 require states to conduct independent peer review of not fewer than 5 percent of the block grant sub-recipients providing services under the program involved.**
  - a. Please provide an estimate of the number of block grant sub-recipients identified to undergo such a review during the fiscal year(s) involved.  
An estimated four providers have been identified to undergo an each independent peer review for Fiscal Years 2018 and 2019.
- 3. Are you considering any of the following:**
  - a. Development of a quality improvement plan.  Yes  No
  - b. Establishment of policies and procedures related to independent peer review.  
 Yes  No
  - c. Develop long-term planning for service revision and expansion to meet the needs of specific populations.  Yes  No
- 4. Does your state require a block grant sub-recipient to apply for and receive accreditation from an independent accreditation organization, e.g., Commission on the Accreditation of Rehabilitation Facilities (CARF), The Joint Commission, or similar organization as an eligibility criterion for block grant funds?**  Yes  No

- a. If yes, please identify the accreditation organization(s)
  - i.  Commission on the Accreditation of Rehabilitation Facilities
  - ii.  The Joint Commission
  - iii.  Other (please specify)

**Criterion 7 and 11: Group Homes for Persons in Recovery and Continuing Education for Employees**

**Group Homes**

- 1. **Does your state have an agreement to provide for and encourage the development of group homes for persons in recovery through a revolving loan program?**  
 Yes  No
- 2. **Are you considering any of the following:**
  - a. Implementing or expanding the revolving loan fund to support recovery home development as part of the expansion of recovery support services.  Yes  No
  - b. Implementing MOUs to facilitate communication between block grant service providers and group homes to assist in placing clients in need of housing.  
 Yes  No

**Professional Development**

- 1. **Does your state have an agreement to ensure that prevention, treatment and recovery personnel operating in the state's substance use disorder prevention, treatment and recovery systems have an opportunity to receive training on an ongoing basis, concerning:**
  - a. Recent trends in substance use disorders in the state  Yes  No
  - b. Improved methods and evidence-based practices for providing substance use disorder prevention and treatment services  Yes  No
  - c. Performance-based accountability  Yes  No
  - d. Data collection and reporting requirements  Yes  No
- 2. **Are you considering any of the following:**
  - a. A comprehensive review of the current training schedule and identification of additional training needs.  Yes  No
  - b. Addition of training sessions designed to increase employee understanding of recovery support services.  Yes  No
  - c. Collaborative training sessions for employees and community agencies' staff to coordinate and increase integrated services.  Yes  No
  - d. State office staff training across department and divisions to increase staff knowledge of programs and initiatives, which contribute to increased collaboration and decreased duplication of effort.  Yes  No

**Waivers**

Upon the request of a state, the Secretary may waive the requirements of all or part of the sections 1922©, 1923, 1924 and 1928 (42 U.S.C. 300x-32(f)).

- 1. Is your state considering requesting a waiver of any requirements related to:**
  - a. Allocations regarding women  Yes  No
- 2. Requirements regarding Tuberculosis services and Human Immunodeficiency Virus**
  - a. Tuberculosis  Yes  No
  - b. Early intervention services regarding HIV  Yes  No
- 3. Additional agreements:**
  - a. Improvement of Process for appropriate referrals for treatment  Yes  No
  - b. Continuing education  Yes  No
  - c. Coordination of various activities and services  Yes  No

**Please provide a link to the state administrative regulations, which govern the Mental Health and Substance Use Disorder Programs.**

Substance Use Disorders: <http://sdlegislature.gov/Rules/DisplayRule.aspx?Rule=67:61>

Mental Health: <http://sdlegislature.gov/Rules/DisplayRule.aspx?Rule=67:62>