Behavioral Health Advisory Council Quarterly Fiscal Report   Fiscal Year 2025 Quarter 3

Community Mental Health Centers

Contract Services	FY25 Initial Contract Amount	Q1 Expended	Q2 Expended	Q3 Expended	Q4 Expended	FY25 Expended	FY25 Percentage Expended
CYF Services (SED)	$2,756,068	$514,193	$629,502	$557,623		$1,701,318	61.73%
CARE	$9,469,333	$1,690,040	$1,715,693	$1,532,925		$4,938,658	52.15%
Room and Board	$578,960	$175,216	$117,289	$131,722		$424,227	73.27%
Outpatient Services	$1,236,835	$467,380	$414,886	$691,385		$1,573,651	127.23%
IMPACT	$2,566,936	$563,845	$506,146	$468,201		$1,538,192	59.92%
MH Courts (FACT)	$661,378	$26,490	$30,846	$15,702		$73,038	11.04%
First Episode Psychosis	$127,333	$39,848	$35,065	$33,536		$108,449	85.17%
JJRI	$808,848	$52,415	$54,999	$41,263		$148,677	18.38%
SOC	$4,389,436	$904,116	$950,970	$924,941		$2,780,027	63.33%
Total	**$ 22,595,127**	**$ 4,433,543**	**$ 4,455,396**	**$ 4,397,298**	**$ -**	**$ 13,286,237**	**59%**

Title XIX Services	Q1 Expended	Q2 Expended	Q3 Expended	Q4 Expended	FY25 Total Expended
CYF Services (SED)	$1,551,950	$1,986,440	$1,765,922		$5,304,313
CARE	$2,576,558	$2,549,862	$2,773,213		$7,899,633
Outpatient Services	$775,887	$868,562	$828,862		$2,473,311
IMPACT	$893,751	$926,242	$955,558		$2,775,551
MH Courts (FACT)	$46,182	$67,047	$57,386		$170,615
JJRI	$78,067	$79,151	$63,056		$220,274
Total	**$5,922,395**	**$6,477,304**	**$6,443,997**	**$0**	**$18,843,697**

Behavioral Health Advisory Council Quarterly Fiscal Report   Fiscal Year 2025 Quarter 3

Substance Use Disorder Providers

Contract Services	FY25 Initial Contract Amount	Q1 Expended	Q2 Expended	Q3 Expended	Q4 Expended	FY25 Expended	FY25 Percentage Expended
Outpatient Treatment	$6,283,861	$1,226,748	$1,162,867	$1,031,823		$3,421,438	54.45%
Clinically Managed Low Intensity	$8,505,382	$1,543,846	$1,634,683	$1,662,730		$4,841,259	56.92%
Residential (Inpatient) Treatment	$9,776,570	$1,612,178	$1,702,603	$2,008,700		$5,323,481	54.45%
Intensive Meth Treatment	$3,969,580	$779,964	$788,932	$885,381		$2,454,277	61.83%
Recovery Supports (Specific to Pregnant Women)	$15,000	$0	$0	$0		$0	0.00%
Detoxification	$2,035,850	$744,115	$594,936	$524,186		$1,863,237	91.52%
Gambling	$256,571	$9,778	$95,609	$58,421		$163,808	63.85%
Adult SUD EBP	$4,601,291	$654,453	$700,545	$561,514		$1,916,512	41.65%
Adolescent SUD EBP	$145,303	$4,305	$3,839	$5,296		$13,440	9.25%
Total	**$ 35,589,408**	**$ 6,575,387**	**$ 6,684,014**	**$ 6,738,051**	**$ -**	**$ 19,997,452**	**56.19%**

Title XIX Services	Q1 Expended	Q2 Expended	Q3 Expended	Q4 Expended	FY25 Expended
Adult SUD EBP	$186,195	$265,634	$286,547		$738,376
Adolescent SUD EBP	$3,766	$4,175	$1,851		$9,792
Intensive Meth Treatment	$304,721	$375,850	$414,129		$1,094,700
Outpatient Treatment	$895,607	$1,027,290	$1,137,147		$3,060,044
Clinically Managed Low Intensity	$382,523	$544,915	$508,344		$1,435,782
Residential (inpatient) Treatment	$2,028,009	$2,659,137	$2,204,349		$6,891,495
Residential Treatment-Pregnant Women	$78,622	$21,281	$55,567		$155,470
Residential Treatment-Adolescents	$923,773	$804,640	$1,174,461		$2,902,874
Total	**$4,803,216**	**$5,702,922**	**$5,782,395**	**$0**	**$16,288,533**

Transportation Service Pilot

Background

Through grant funding, the South Dakota Division of Behavioral Health is piloting a transportation service until September 2026 for individuals under an involuntary hold statute defined in SDCL § 27A-10. Individuals meeting specific criteria will be eligible for this service. Having transportation services designed for individuals with mental health issues, rather than relying on law enforcement, is crucial for several reasons related to reduced stigma and increased dignity, better resource allocation and improved mental health outcomes.
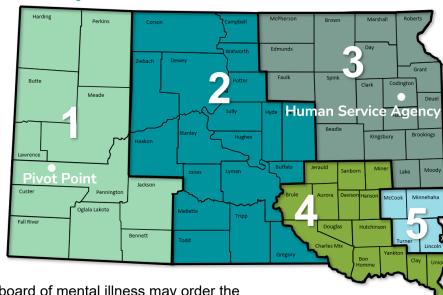
About Red River Transport

All current staff are former or current law enforcement or EMS that specialize in transport of individuals with behavioral health needs. They are required to be Mental Health First Aid, CPR and first aid trained. The transportation is secure – patients are not able to get out of the vehicle from inside of it, there is separate glass to keep everyone safe and everything is recorded in the vehicle and through the body cam of the driver. The patient is not hand-cuffed, assisting in the goal of de-criminalizing mental health emergencies. Upon launch of this transportation pilot, Red River Transport (RRT) will utilize drivers from North Dakota and Minnesota. Therefore, RRT estimates a 4 hour wait window from dispatch to pick-up. RRT is committed to working with DSS to assess utilization and the ability to hire additional drivers in South Dakota with an eventual goal of a 2 hour wait time for pick-up.

Who is eligible for the transports?

To be eligible for this transportation service, individuals must be:

- Medically stable.
- Ambulatory.
- Non-violent.
- Under an involuntary hold defined in SDCL § 27A-10.
- Located at Pivot Point, Human Services Agency, or in one of the counties in Behavioral Health Region 2.
- **Not be** in custody on criminal charges.

Under § 27A-10-1, the chair of the county board of mental illness may order the apprehension and transportation by a law enforcement officer or **other designee**.

Utilizing Red River Transport

Human Services Center (HSC) staff will arrange the transportation services after assessing eligibility during the initial admission call. HSC staff will be the liaison between the county and/or short-term crisis center and Red River Transport to inform of the pick-up location and time. Call **605-668-3138** to contact a staff member at HSC.

Your Journey Matters

2025 South Dakota
Behavioral Health Conference

Join us for the 2025 Behavioral Health Conference: Your Journey Matters

Save the Date

Monday and Tuesday, August 4-5, 2025

Sioux Falls Convention Center

This comprehensive behavioral health conference will offer information related to suicide and substance misuse prevention, treatment, recovery supports, and compassion fatigue, Experience expert speakers, dynamic presentations, and a rich collection of resources to guide you along your personal and/or professional journey.

CEUs are available.

Featuring Key Speakers

Dr. Kim Gorgens, ABPP
Board-professor, certified rehabilitation psychologist, and expert in traumatic brain injuries

Dr. David A. Jobes, ABPP
Professor, clinician, and internationally-recognized expert in suicidology

Jamie Tworkowski
New York Times bestselling author and founder of "To Write Love on Her Arms"

Register Now!

To register or for more information, scan the QR code or visit
sdbehavioralhealth.gov/conference

SD BEHAVIORAL HEALTH
Department of Social Services

SDSP SOUTH DAKOTA SUICIDE PREVENTION

SOUTH DAKOTA, **Let's Be Clear**
PREVENTION. TREATMENT. RECOVERY.

<u>**Priority Area:**</u>

Priority Area: Access to Services

Priority Type: MHS, SUT, BHCS, SUR

Priority/Required Populations: ESMI, PWWDC, PWID, SMI, SED, TB

Goal of the priority area: To strengthen and support the behavioral health workforce among contracted treatment providers.

Objective #1: To ensure training in evidence-based practices is effective and to increase access to services.

Strategy to attain the objective: The DBH has identified workforce shortages as a primary factor contributing to access to services. At the end of SFY23 the DBH coordinated a comprehensive workforce landscape analysis from which a strategic plan to address workforce shortages will be developed in SFY24. One of the findings of the analysis was the need to support the training and competency development of the current workforce with the intended result of retaining staff in the field of behavioral health and increasing access to services. The DBH in collaboration with the Council for Community Behavioral Health, identified evidence-based practices, deemed critically necessary, to support the behavioral health workforce.

Annual Performance Indicator:

a) **Baseline measurement from where the state assesses progress** Staffing and service wait times baseline will be determined by using the results of the Access to Services Survey using SFY23 as the initial baseline to compare SFY25 Quarter 3 survey results. Additionally, upon completion of participating in evidence-based trainings, provider staff will complete an evaluation, which will measure their knowledge and confidence gained from participating in the training.
   DBH monitors the Access to Services Survey quarterly to review vacancies and wait times for each level of care at each contracted agency. This is also reviewed as a statewide aggregate.

   <u>**Wait Times:**</u>
   The below tables reflect the baseline average wait for SUD and Mental Health services in FY23.

FY23 Average Number of Days from Initial Contact to Delivery of First Service	
	FY23
WAIT TIME ALL SUD SERVICES (average days)	7.65
WAIT TIME ALL MH SERVICES (average days)	17

<u>Vacancy Rates:</u>

The below tables reflect the baseline vacancy rate for SUD and Mental Health staffing in FY23.

FY23 SUD and Mental Health Staffing Vacancy Rates	
	FY23
VACANCY RATE FOR MENTAL HEALTH STAFFING	19%
VACANCY RATE FOR SUD STAFFING	11%

b) **First-year target/outcome measurement (Progress to the end of SFY 2025 Quarter 3)** In SFY25 Quarter 3, DBH will monitor on a quarterly basis the results of the Access to Services Survey in the areas of service wait times as well as reported staff vacancies and collect evaluation completion ratings to establish the baseline.
   DBH monitor the Access to Services Survey quarterly to review vacancies and wait times for each level of care at each contracted agency. This is also reviewed as a statewide aggregate.

   <u>Wait times:</u> **FY25 data is through Quarter 3, not a complete year*
   This goal was met. Wait times for Mental Health Services decreased by 4 days from FY23 to FY25, Quarter 3. Wait times for SUD services decreased by 1.65 days from FY23 to FY25, Quarter 3.

Average Number of Days from Initial Contact to Delivery of First Service				
	FY23	**FY24**	**FY25 Q1-3**	**Difference B/W FY23 and FY25**
WAIT TIME ALL SUD SERVICES (average days)	7.65	6.6	6	1.65 day decrease
WAIT TIME ALL MH SERVICES (average days)	17	17	13	4 day decrease

<u>Vacancy Rates:</u> **FY25 data is through Quarter 3, not a complete year*
This goal was partially met. Overall vacancies for Mental Health staff have decreased by 5%, mostly for Direct Mental Health Therapist (Master's Level), from FY23 to FY25, Quarter 3.

Overall, vacancies for SUD services increased by 1% from FY23 to FY25, Quarter 3. The vacancy rate for Certified Addiction Counselors decreased 1% and Licensed Addiction Counselors by 6%, respectively. However, vacancies for Addiction Counselor Trainee increased by 6%.

Mental Health Staffing								
	FY23 FTE Budgeted	FY23 Vacancies	FY23 Percentage	FY24 FTE Budgeted	FY24 Vacancies	FY24 Percentage	FY25 Q 1-3 FTE Budgeted	FY25 1-3 Vacancies	FY25 Q1-3 Percentage
Direct Mental Health Therapist, Masters Level	205	48	23%	221	48	22%	189	21	9%
Direct Mental Health Support Staff, Min. Associates Degree	214	33	15%	224	43	19%	242	39	21%
Total	419	80	19%	445	90	20%	431	60	14%
FY25 Quarter 1-3 SUD Staffing								
	FY23 FTE Budgeted	FY23 Vacancies	FY23 Percentage	FY24 FTE Budgeted	FY24 Vacancies	FY24 Percentage	FY25 Q 1-3 FTE Budgeted	FY25 1-3 Vacancies	FY25 Q1-3 Percentage
Licensed Addiction Counselor	63	13	21%	58	8	13%	62	9	15%
Certified Addiction Counselor	45	4	9%	46	6	13%	51	4	8%
Addiction Counselor Trainee	104	6	6%	104	9	8%	112	13	12%
Total	212	24	11%	209	22	11%	225	26	12%

To increase competency for the South Dakota behavioral health workforce, the Division of Behavioral Health supported several Evidence Based Practice trainings in FY24. The training data for FY24 establishes the baseline for on-going DBH supported training and training efficacy.

	FY24
State Supported EBP Trainings	19
Number of Trainings	24
Number of Participants	495

In FY24, training participants completed pre and post training surveys to determine knowledge and competency increase post training.

Increased Competency as a Result of Training	
Reported knowledge prior to training (pre-survey)	52.22%
Reported knowledge after training (post-survey)	93.01%
Increase in knowledge:	40.79%

	FY24	FY25
State Supported EBP Trainings	19	25
Number of Trainings	24	38
Number of Participants	495	686

In FY25, training participants completed pre and post training surveys to determine knowledge and competency increase post training. In FY25, the

participants knowledge and competency increased an additional 9.69% from FY24.

Increased Competency as a Result of Training		
	FY24	**FY25**
Reported knowledge prior to training (pre-survey)	52.22%	45.95%
Reported knowledge after training (post-survey)	93.01%	96.40%
Increase in knowledge:	40.79%	50.48%

c) **Second-year target/outcome measurement (Final to the end of SFY 2025)** In SFY25, DBH will continue to collect and monitor the quarterly Access to Services Survey in the areas of service wait times and reported vacancies, while also collecting evaluation ratings received upon completion of evidence-based trainings to compare against SFY24.

DBH will continue to monitor agency vacancies and wait times for services in FY25 through the Access to Services Survey. DBH will also monitor training attendance and increased workforce competency as a result of DBH Supported trainings.

d) **Data source** Access to Services Survey and Post-training evaluation survey
e) **Description of data; and**
f) **Data issues/caveats that affect outcome measures.**

Objective #2: To reduce staff vacancy rates experienced by the contracted agencies across the state.

Strategy to attain the objective: The DBH has identified workforce shortages as a primary factor contributing to access to services. Through implementation of the quarterly Access to Services Survey, the DBH collects staff vacancies in direct service-related positions across contracted mental health and substance use disorder treatment agencies statewide. At the end of SFY23 the DBH coordinated a comprehensive workforce landscape analysis from which a strategic plan to address workforce shortages was developed in SFY24. One of the findings of the analysis was agencies needed additional support to address recruitment and retention due to the competitive job market. Many private behavioral health employers are able to offer a hiring bonus along with retention incentives that have been beyond the publicly funded agencies ability to support financially. The DBH has allowed each contracted agency to submit a plan on how they would repurpose up to 5% of their general fund contract to support recruitment and retention needs within their agencies.

Annual Performance Indicator:

g) Baseline measurement from where the state assesses progress Staffing and service wait times baseline will be determined by using the results of the Access to Services Survey using SFY23 as the initial baseline.

> **DBH monitors the Access to Services Survey quarterly to review vacancies and wait times for each level of care at each contracted agency. This is also reviewed as a statewide aggregate.**
>
> <u>**Wait Times:**</u>
> **The below tables reflect the baseline average wait for SUD and Mental Health services in FY23.**

FY23 Average Number of Days from Initial Contact to Delivery of First Service	
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h) <u>**Vacancy Rates:**</u>

> **The below tables reflect the baseline vacancy rate for SUD and Mental Health staffing in FY23.**

FY23 SUD and Mental Health Staffing Vacancy Rates	
	FY23
VACANCY RATE FOR MENTAL HEALTH STAFFING	19%
VACANCY RATE FOR SUD STAFFING	11%

i) First-year target/outcome measurement (Progress to the end of SFY 2025 Quarter 3) In SFY25 Quarter 3, DBH will monitor on a quarterly basis the results of the Access to Services Survey in the areas of service wait times as well as reported staff vacancies with the goal to reduce the overall statewide vacancy rate.

j) DBH monitor the Access to Services Survey quarterly to review vacancies and wait times for each level of care at each contracted agency. This is also reviewed as a statewide aggregate.

> <u>**Wait times:**</u> ****FY25 data is through Quarter 3, not a complete year***
> This goal was met. Wait times for Mental Health Services decreased by 4 days from FY23 to FY25, Quarter 3. Wait times for SUD services decreased by 1.65 days from FY23 to FY25, Quarter 3.

Average Number of Days from Initial Contact to Delivery of First Service				
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Overall, vacancies for SUD services increased by1% from FY23 to FY25, Quarter 3. The vacancy rate for Certified Addiction Counselors decreased 1% and Licensed Addiction Counselors by 6%, respectively. However, vacancies for Addiction Counselor Trainee increased by 6%.

Mental Health Staffing									
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Total	212	24	11%	209	22	11%	225	26	12%

l) **Second-year target/outcome measurement (Final to the end of SFY 2025)** In SFY25, DBH will continue to monitor the quarterly Access to Services Survey in the areas of service wait times and reported staff vacancies with the goal to reduce the overall statewide vacancy rate from SFY24.
DBH will continue to monitor agency vacancies and wait times for services in FY25 through the Access to Services Survey.
m) **Data source** Access To Services Survey
n) **Description of data;** Access to Services Survey
o) **Data issues/caveats that affect outcome measures.** None

Priority Area: Primary Prevention

Priority Type: SUP

Priority/Required Populations: PP

Goal of the priority area: Standardize annual report templates for contracted prevention providers.

Objective: Collect a standardized annual report from each contracted provider starting in SFY25 (June 1st, 2024 – May 31st, 2025).

Strategy to attain the objective: The Office of Prevention and Crisis Services (OPCS) will work with prevention stakeholders to create a standardized annual report template. The OPCS will review the annual reports in a meeting with all contract prevention providers in February 2025. The finalized standardized annual report will be ready to implement starting June 1st, 2025.

Annual Performance Indicator:

a) **Baseline measurement from where the state assesses progress** Baseline will be from the SFY 2025 collection of annual reports. **Annual reports are due on August 1st, 2025 for SFY25 services.**

b) **First-year target/outcome measurement (Progress to the end of SFY 2024)** **A draft annual report template was created in SFY24 with input from prevention providers. The standardized annual report template will be used by prevention providers in the beginning of SFY26 to report on SFY25 services.**

c) **Second-year target/outcome measurement (Final to the end of SFY 2025)** Implement and begin collecting the standardized annual report from 22 contracted prevention provider beginning 6/1/2025.

d) **Data source** Standardized annual report template.

e) **Description of data; and** . **The standard annual report template is finalized and is in accordance with SD Administrative Rule 67:61:11:08 which is outlined below:**

   Quality assurance and evaluation. An agency shall conduct a quality assurance review of its prevention programming to monitor, protect, and enhance the quality and appropriateness of its programming and to identify qualitative problems and recommend plans for correcting each problem. The agency shall conduct the following:

   • **Annual satisfaction surveys of all individuals or stakeholders who requested and participated in prevention services;**
   • **Participant evaluations after each prevention presentation the agency provides; and**
   • **Pre- and post-tests for all evidence-based curricula presented to individuals.**

A summary of these reports shall be made available to the board of directors or agency staff annually, and to the division and community members upon request.
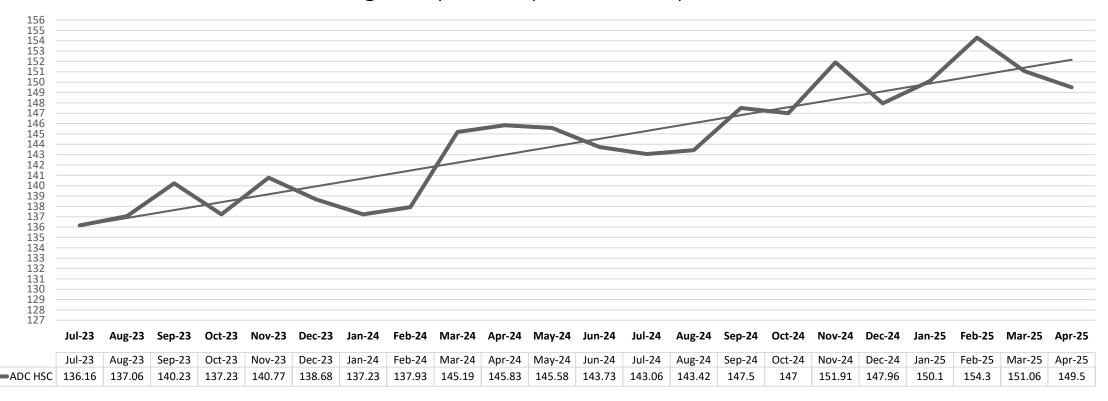
f) **Data issues/caveats that affect outcome measures.** None

HSC

Human Services Center

A division of the South Dakota Department of Social Services

Behavioral Health Community Advisory Board

June 10,2025

HSC Average Daily Census

Average Daily Total Inpatient Facility Census

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
ADC HSC	136.16	137.06	140.23	137.23	140.77	138.68	137.23	137.93	145.19	145.83	145.58	143.73	143.06	143.42	147.5	147	151.91	147.96	150.1	154.3	151.06	149.5

Environment of Care Projects

Thank You!

Jeremy Johnson, LCSW, LNHA

Administrator

South Dakota Human Services Center

Training Programs

▶ Bachelor's Degree

Degree/Occupation	Education Institution/Degree Program
Social Work (BSW)	USD - School of Health Sciences/Social Work Augustana University - Sharon Lust School of Education, Social Work University of Sioux Falls (USF), Social Work Oglala Lakota College Sitting Bull College
Case Manager (B.A./B.S.) Case Worker/Prevention Specialist (B.A./B.S.) Human Services Worker/ Social Services Worker (Children, Families, Disability, or Aging) (B.A./B.S.)	Augustana University - Social Sciences Division, Psychology Black Hills State University, School of Behavioral Sciences, Human Services or Psychology Mount Marty University - Social Sciences, Human Service, Social Services, Disability Services or Psychology SDSU - School of Education and Human Sciences, Counseling and Human Development, Human Development and Family Studies or School of Psychology, Sociology and Rural Studies, Psychology Sinte Gleska University, Human Services, *M.A. also available Sisseton Wahpeton College, Behavioral Science USF - Applied Sciences and Mental Health, Psychology
Addiction and Prevention Counselor/Case Manger (B.A.)	"Ihanktonwan Community College, Concentrations in Chemical Dependency, Mental Health, "
Nurse (LPN/RN)	Lake Area Tech, Mitchell Tech, Western Dakota Tech, Southeast Tech, SGU, OLC, SDSU, USD, USF, Mount Marty Univ, DWU, Augustana Univ - with Mental Health Certificate

▶ Associate's Degree

Degree/Occupation	Education Institution/Degree Program
Case Worker/Social Services Assistant (Children, Families, Disability, or Aging) (A.A./A.S./ A.S.W)	Southeast Technical College, Behavioral Mental Health Technician Lake Area Technical College, Human Services Technician, CHW Certificate Ihanktonwan Community College Sisseton Wahpeton College, Addiction and Diversity Counseling or Behavioral Science Sitting Bull College, Human Services Technician Black Hills State University, Human Services

▶ Certificate Programs

Degree/Occupation	Education Institution/Degree Program
Community Health Worker, Behavioral Health Settings (Certificate)	Southeast Technical College Lake Area Technical College

WORKING IN
BEHAVIORAL HEALTH

Content adapted from HealthForce Minnesota

Career Quiz

- Would you like to work in a field where one day is never the same as the next?

- Are you hoping to work somewhere that allows for flexibility and a work-life balance?

- Do friends seek you out to talk with them about concerns or worries?

- Do you enjoy listening to people and helping them overcome problems?

- Are you good at solving practical, real-world issues?

- Do you desire a career where you can make a meaningful impact?

- Can you see yourself working with patients/ clients in a doctor's office, hospital, mental health clinic, or community-based setting?

- Do you want to build a career path that best fits you, starting with an entry level degree with an opportunity for career advancement?

If you answered yes, a career in behavioral health might be a good fit for you.
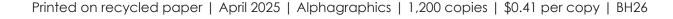
About the Work

Opportunity to help all ages - children, adolescents, adults, and older adults - with a variety of life stresses and problems

Work one-on-one with individuals or with groups of people in hospitals, clinics, and community-based settings

Offers a wide range of careers at all levels - entry, paraprofessional, practitioner, and professional

SD BEHAVIORAL HEALTH

How do I get there?

There are a variety of careers to explore in the behavioral health field. Here are a few specific career education pathways available in South Dakota.

Average South Dakota

$ Potential Salary*

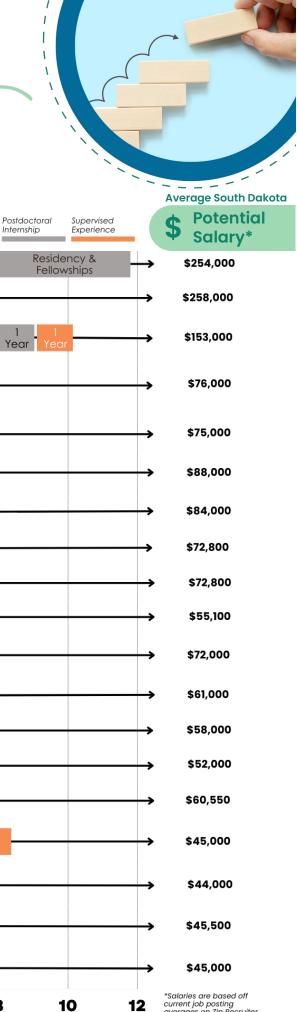| Occupation	Training Course	Postsecondary Education	Masters Degree	Doctoral or Medical Degree	Postdoctoral Internship	Supervised Experience	Potential Salary*
Psychiatrist (MD)		4 Years		4 Years	Residency & Fellowships		$254,000
Psychiatric Mental Health Nurse Practitioner (DNP)		4 Years		4 Years			$258,000
Licensed Psychologist (LP) *Includes min. 1,800 hours supervised internship and one year pre- and postdoctoral psychology practice*		4 Years		4 Years	1 Year	1 Year	$153,000
Certified Social Worker Engaged in Private Independent Practice (CSW-PIP) *Must be licensed for 2+ years as a CSW*		4 Years	2 Years	2 Years			$76,000
Licensed Professional Counselor - Mental Health (LPC-MH) *Must have active LPC license*		4 Years	2 Years	2000 hours			$75,000
School Psychologist *Graduate work (EDS) includes practicum in 2nd year and paid internship in 3rd year*		4 Years	3 Years				$88,000
Marriage and Family Therapist (LMFT) *Graduate work includes practicum*		4 Years	2 Years	1700 hours			$84,000
Certified Social Worker (CSW)		4 Years	2 Years				$72,800
Licensed Professional Counselor (LPC)		4 Years	2 Years	2000 hours			$72,800
Certified School Counselor		4 Years	2 Years	2000 hours			$55,100
Licensed Addiction Counselor in Private Independent Practice (LAC-PIP)		4 Years	2000 hours	*2 Years			$72,000
Licensed Addiction Counselor (LAC) *Supervision time required for independent private practice*		4 Years	2000 hours				$61,000
Certified Prevention Specialist (CPS)		4 Years	2000 hours				$58,000
Social Worker *Degree in social work or social welfare program*		4 Years					$52,000
Nurse/Mental Health *LPN - 1 year; RN - 204 years (Associate or Bachelors)*	1 Year	2-4 Years					$60,550
Social Work Associate / Paraprofessional *Degree in non-social work field or associate of arts degree in human services*	2 Years	48 hours per year/ 4 hours a month					$45,000
Behavioral & Mental Health Technician	2 Years						$44,000
Certified Addiction Counselor (CAC) *Minimum three semester hours in specialized education courses*		8,000 hours					$45,500
Community Health Worker (CHW) *Behavioral Health settings*	200 hours	40 hours					$45,000

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*Salaries are based off current job posting averages on Zip Recruiter.

Training Time *in years*

Where do I go from here?

Training Programs

You can get it all here in South Dakota! Check out the degrees below and where they are offered.

▷ Doctoral Degree

Degree/Occupation	Education Institution/Degree Program
Psychiatrist (Ph.D)	University of South Dakota (USD) - Psychiatry - School of Medicine, Residency Program
Psychiatric Mental Health Nurse Practitioner (DNP)	South Dakota State University (SDSU) - Psychiatric Mental Health Nurse Practitioner *Post Grad Certificate
Psychologist, Ph.D	USD - Psychology, College of Arts and Sciences
School Psychologist (Ph.D, Ed.S)	USD - School of Education, Counseling and Psychology in Education

▷ Master's Degree

Degree/Occupation	Education Institution/Degree Program
Psychologist (M.A.)	USD - College of Arts and Sciences/Psychology
Psychiatric Mental Health Nurse Practitioner	Mount Marty University, School of Nursing
Social Worker (MSW)/Mental Health Counselor	USD - School of Health Sciences/ Social Work; Augustana University - Sharon Lust School of Education, Social Work
Clinical Mental Health Counselor (M.S./M.A.)	SDSU - School of Education and Human Sciences, Counseling and Human Development, Clinical Mental Health Specialization; USD - School of Education, Counseling and Psychology in Education; Northern State University
Marriage and Family Counselor (M.S.)	SDSU - School of Education and Human Sciences, Counseling and Human Development, Marriage and Family Counseling Specialization
Marriage and Family Therapist (M.A.)	Sioux Falls Seminary/Kairos University
Counselor (M.A.)	Sioux Falls Seminary/Kairos University
School Counselor (M.S./M.A.)	SDSU - College of Education and Human Sciences, Counseling and Human Resource Development - School Counseling Specialization; USD - School of Education, Counseling and Psychology in Education, School Counseling K-12; Northern State University - K-12 School Counseling
Rehabilitation Counselor Specialization (M.S.)	SDSU - College of Education and Human Sciences, Counseling and Human Resource Development, Rehabilitation Counseling Specialization
Addiction and Prevention Counselor (M.A.)	USD - Graduate Addiction Counseling & Prevention, School of Health Sciences