

A group of white paper cutouts of people of various sizes holding hands in a circle, set against a green background. The cutouts are arranged in a line, with some larger and some smaller, representing a diverse group of people.

Behavioral Health Advisory Council

October 30th, 2024 Meeting



**Human
Services
Center**

A division of the South Dakota Department of Social Services

Nursing Station



Nursing Station



Nursing Station



Charting Area



Kitchenette



Kitchenette



Patient Room



Patient Room





**Human
Services
Center**

A division of the South Dakota Department of Social Services

Behavioral Health Advisory Council Quarterly Fiscal Report

Fiscal Year 2024 Quarter 4

Community Mental Health Centers

Contract Services	FY24 Initial Contract Amount	Q1 Expended	Q2 Expended	Q3 Expended	Q4 Expended	FY24 Expended	FY24 Percentage Expended
CYF Services (SED)	\$2,506,450.00	\$475,742.00	\$681,145.00	\$586,982.10	\$773,265.00	\$2,517,134.10	100.43%
CARE	\$10,435,855.00	\$2,084,794.00	\$1,686,329.00	\$1,605,057.68	\$1,650,354.00	\$7,026,534.68	67.33%
Room and Board	\$505,885.00	\$129,742.00	\$127,760.59	\$156,732.23	\$153,827.00	\$568,061.82	112.29%
Outpatient Services	\$956,403.00	\$485,524.00	\$270,258.77	\$364,598.10	\$1,232,786.00	\$2,353,166.87	246.04%
IMPACT	\$2,258,048.00	\$484,581.00	\$466,539.00	\$469,303.28	\$478,711.00	\$1,899,134.28	84.11%
MH Courts (FACT)	\$640,870.00	\$64,836.00	\$49,121.27	\$68,646.33	\$46,290.00	\$228,893.60	35.72%
First Episode Psychosis	\$156,033.00	\$36,563.00	\$35,721.00	\$32,959.00	\$41,373.00	\$146,616.00	93.96%
JJRI	\$846,732.00	\$56,496.00	\$100,933.44	\$70,302.01	\$177,903.00	\$405,634.45	47.91%
SOC	\$4,220,613.00	\$729,178.00	\$849,317.00	\$897,707.00	\$876,015.00	\$3,352,217.00	79.42%
Total	\$ 22,526,889	\$ 4,547,456	\$ 4,267,125	\$ 4,252,288	\$ 5,430,524	\$ 18,497,392.80	82%

Title XIX Services	Q1 Expended	Q2 Expended	Q3 Expended	Q4 Expended	FY24 Total Expended
CYF Services (SED)	\$1,468,992.00	\$1,650,640.09	\$1,605,327.31	\$1,841,779.00	\$6,566,738.40
CARE	\$1,931,611.00	\$2,094,774.93	\$2,224,739.15	\$2,435,643.00	\$8,686,768.08
Outpatient Services	\$576,208.00	\$648,217.06	\$646,922.45	\$764,445.00	\$2,635,792.51
IMPACT	\$722,683.00	\$758,517.38	\$748,675.18	\$783,500.00	\$3,013,375.56
MH Courts (FACT)	\$22,880.00	\$35,448.60	\$29,122.90	\$43,359.00	\$130,810.50
JJRI	\$64,696.00	\$114,326.27	\$75,991.03	\$113,134.00	\$368,147.30
Total	\$4,787,070.00	\$5,301,924.33	\$5,330,778.02	\$5,981,860.00	\$21,401,632.35

Behavioral Health Advisory Council Quarterly Fiscal Report

Fiscal Year 2024 Quarter 4

Substance Use Disorder Providers

Contract Services	FY24 Initial Contract Amount	Q1 Expended	Q2 Expended	Q3 Expended	Q4 Expended	FY24 Expended	FY24 Percentage Expended
Outpatient Treatment	\$6,756,763.00	\$1,444,533.00	\$1,276,278.18	\$1,279,011.62	\$1,319,541.85	\$5,319,364.65	78.73%
Clinically Managed Low Intensity	\$8,833,985.00	\$1,861,767.00	\$1,667,286.66	\$1,516,600.75	\$1,464,553.50	\$6,510,207.91	73.70%
Residential (Inpatient) Treatment	\$13,858,912.00	\$2,432,615.00	\$2,650,795.44	\$2,545,559.50	\$3,677,502.22	\$11,306,472.16	81.58%
Intensive Meth Treatment	\$5,196,232.00	\$855,068.02	\$696,029.43	\$583,778.54	\$753,392.08	\$2,888,268.07	55.58%
Recovery Supports (Specific to Pregnant Women)	\$15,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
Detoxification	\$1,741,832.00	\$409,932.00	\$387,053.26	\$286,473.29	\$533,832.57	\$1,617,291.12	92.85%
Gambling	\$691,775.00	\$147,369.33	\$93,044.28	\$17,539.21	\$238,073.01	\$496,025.83	71.70%
Adult SUD EBP	\$5,665,391.00	\$992,931.00	\$838,443.14	\$850,951.93	\$788,340.59	\$3,470,666.66	61.26%
Adolescent SUD EBP	\$146,646.00	\$0.00	\$0.00	\$307.70	\$3,189.39	\$3,497.09	2.38%
Total	\$ 42,906,536	\$ 8,144,215	\$ 7,608,930.39	\$ 7,080,222.54	\$ 8,778,425.21	\$ 31,611,793	73.68%

Title XIX Services	Q1 Expended	Q2 Expended	Q3 Expended	Q4 Expended	FY24 Expended
Adult SUD EBP	\$54,627.40	\$101,347.64	\$155,573.99	\$188,884.00	\$500,433.03
Adolescent SUD EBP	\$0.00	\$560.06	\$945.71	\$1,775.00	\$3,280.77
Intensive Meth Treatment	\$34,068.32	\$162,302.48	\$153,532.44	\$201,198.00	\$551,101.24
Outpatient Treatment	\$351,253.22	\$482,621.33	\$556,888.38	\$698,165.00	\$2,088,927.93
Clinically Managed Low Intensity	\$214,491.14	\$339,009.37	\$304,976.42	\$469,713.00	\$1,328,189.93
Residential (Inpatient) Treatment	\$470,152.68	\$246,343.60	\$72,940.00	\$279,108.00	\$1,068,544.28
Residential Treatment-Pregnant Women	\$49,813.01	\$59,676.60	\$0.00	\$1,259.00	\$110,748.61
Residential Treatment-Adolescents	\$705,343.60	\$914,945.47	\$770,112.68	\$857,337.00	\$3,247,738.75
Total	\$1,879,749.37	\$2,306,806.55	\$2,014,969.62	\$2,697,439.00	\$8,898,964.54

Behavioral Health Advisory Council Quarterly Fiscal Report
 Fiscal Year 2025 Quarter 1

Community Mental Health Centers

Contract Services	FY25 Initial Contract Amount	Q1 Expended	FY25 Expended	FY25 Percentage Expended
CYF Services (SED)	\$2,756,068.00	\$514,193.00	\$514,193.00	18.66%
CARE	\$9,469,333.00	\$1,690,040.00	\$1,690,040.00	17.85%
Room and Board	\$578,960.00	\$175,216.00	\$175,216.00	30.26%
Outpatient Services	\$1,236,835.00	\$467,380.00	\$467,380.00	37.79%
IMPACT	\$2,566,936.00	\$563,845.00	\$563,845.00	21.97%
MH Courts (FACT)	\$661,378.00	\$26,490.00	\$26,490.00	4.01%
First Episode Psychosis	\$127,333.00	\$39,848.00	\$39,848.00	31.29%
JJRI	\$1,252,590.00	\$51,595.00	\$51,595.00	4.12%
SOC	\$4,389,436.00	\$904,106.00	\$904,106.00	20.60%
Total	\$ 23,038,869	\$ 4,432,713	\$ 4,432,713.00	19%

Title XIX Services	Q1 Expended	FY25 Total Expended
CYF Services (SED)	\$280,130.00	\$280,130.00
CARE	\$2,576,558.00	\$2,576,558.00
Outpatient Services	\$775,887.00	\$775,887.00
IMPACT	\$893,751.00	\$893,751.00
MH Courts (FACT)	\$46,182.00	\$46,182.00
JJRI	\$78,067.00	\$78,067.00
Total	\$4,650,575.00	\$4,650,575.00

Behavioral Health Advisory Council Quarterly Fiscal Report

Fiscal Year 2025 Quarter 1

Substance Use Disorder Providers

Contract Services	FY25 Initial Contract Amount	Q1 Expended	FY25 Expended	FY25 Percentage Expended
Outpatient Treatment	\$6,283,861.00	\$1,226,748.00	\$1,226,748.00	19.52%
Clinically Managed Low Intensity	\$8,505,382.00	\$1,543,846.00	\$1,543,846.00	18.15%
Residential (Inpatient) Treatment	\$9,355,374.00	\$1,601,586.00	\$1,601,586.00	17.12%
Intensive Meth Treatment	\$3,969,580.00	\$779,964.00	\$779,964.00	19.65%
Recovery Supports (Specific to Pregnant Women)	\$15,000.00	\$0.00	\$0.00	0.00%
Detoxification	\$2,035,850.00	\$744,115.00	\$744,115.00	36.55%
Gambling	\$256,571.00	\$9,778.00	\$9,778.00	3.81%
Adult SUD EBP	\$4,601,291.00	\$654,453.00	\$654,453.00	14.22%
Adolescent SUD EBP	\$145,303.00	\$4,305.00	\$4,305.00	2.96%
Total	\$ 35,168,212	\$ 6,564,795.00	\$ 6,564,795	18.67%

Title XIX Services	Q1 Expended	FY25 Expended
Adult SUD EBP	\$186,195.32	\$186,195.32
Adolescent SUD EBP	\$3,765.66	\$3,765.66
Intensive Meth Treatment	\$304,720.77	\$304,720.77
Outpatient Treatment	\$895,607.10	\$895,607.10
Clinically Managed Low Intensity	\$382,523.17	\$382,523.17
Residential (inpatient) Treatment	\$2,028,009.11	\$2,028,009.11
Residential Treatment-Pregnant Women	\$78,621.62	\$78,621.62
Residential Treatment-Adolescents	\$923,773.20	\$923,773.20
Total	\$4,803,215.95	\$4,803,215.95



Treatment and Prevention Services Updates

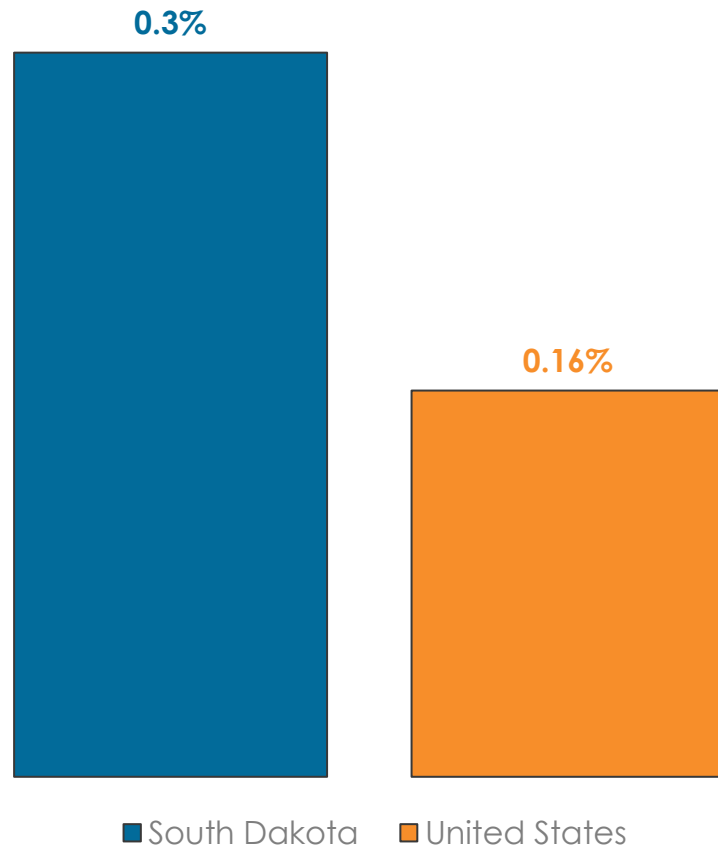


Middle School Meth – Prevention Program
Presented by Colleen K. Hannum

10/30/2024

Methamphetamine Use

Methamphetamine Use in the Past Year



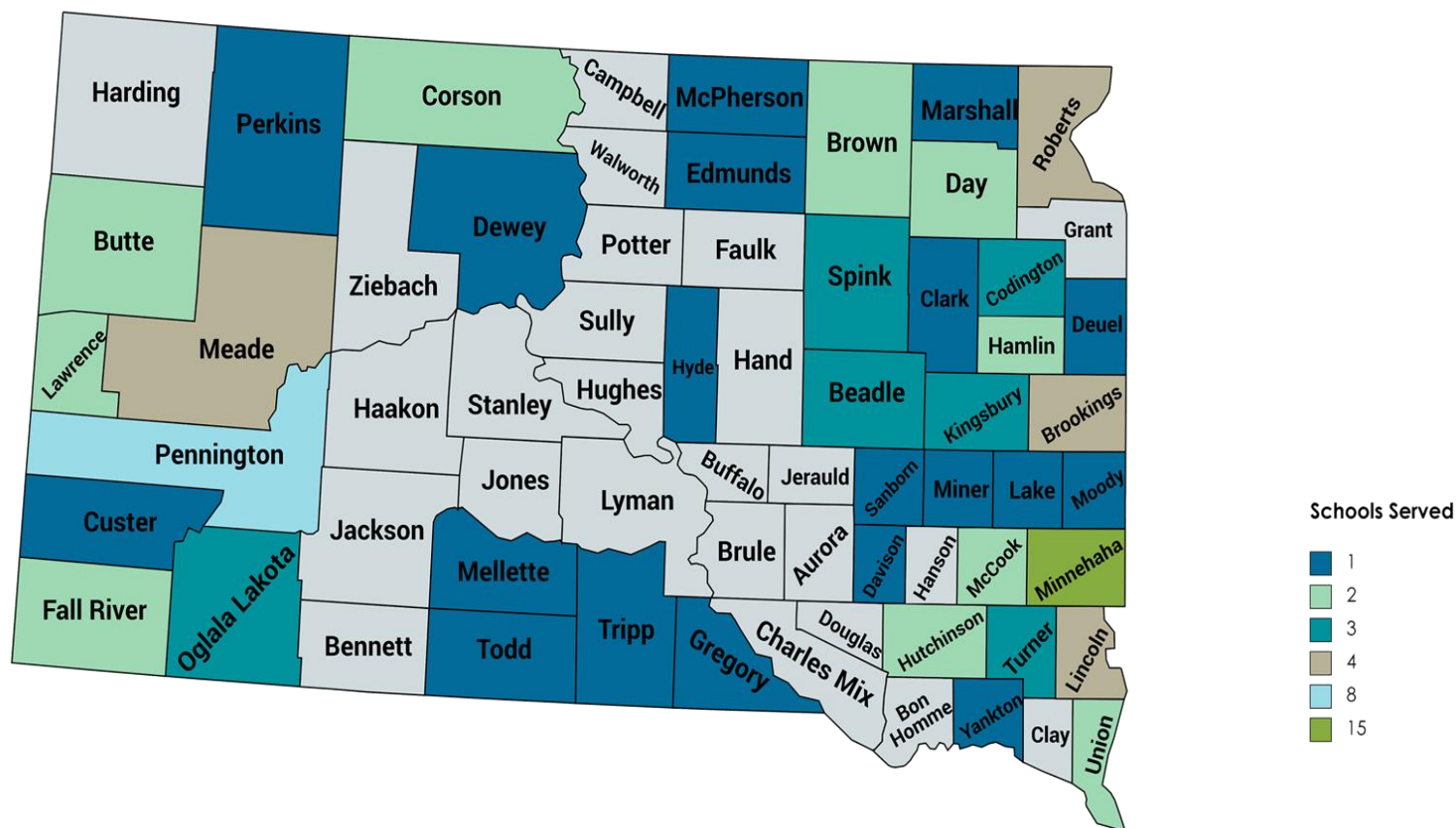
Key Takeaway

Youth in South Dakota were nearly **twice** as likely to use methamphetamine in the past year than youth in the United States in 2016-2017.

Source: NSDUH, 2016-2017

School-Based Prevention Program

Number of schools served with prevention curriculum in each county



Key Takeaway

In 2019 . . .

- Six prevention coalitions
- Three prevention resource centers

provided **40 middle schools** with substance use prevention programs.

Present . . .

- Nine prevention coalitions
- Three prevention resource centers

provided **96 schools** with substance use prevention curriculum.

Source: DSS, DBH

Note: providers can choose any of the following evidence-based curricula: 1) LifeSkills, 2) Too Good For Drugs, 3) Project Success, 4) Positive Action, 5) Canoe Journey/Medicine Wheel, 6) S.A.F.E., and 7) Project Venture.

Data Collection

Prevention Level Instruments (PLIs)

Pre-test and post-test data are matched using a unique identifier.

Table 1. Total Number of Prevention Level Instruments Collected, FY24

Prevention Level Instruments, by Type (Original or Short)	Pre-test	Post-test	Total
Original PLI	1,314	1,138	2,452
Short PLI	2,341	1,793	4,134
Total PLIs	3,655	2,931	6,586

There were a total of **1,427 matched tests** that could be used for further analysis.

Data Analysis

Perception of Harm

A fundamental measurement within the Prevention Level Instruments (PLIs) is the change in perceived harm from the following drug types:

- Binge Drinking
- Smoking Nicotine Once a Month
- Smoking Nicotine Weekly
- Prescription Drug Misuse
- Monthly Marijuana Use
- Weekly Marijuana Use
- Methamphetamine Use

This data is ordinal, meaning that it is ranked by Great Risk, Moderate Risk, Slight Risk, No Risk, or Don't know or Can't Say.

A Wilcoxon Signed Rank test is used to determine if there is a difference between pre-test and post-test.

Statistical significance is reached when the p-value is 0.05 or less.

Short-Term Outcomes

Results from FY24 MS Meth Prevention Level Instruments (PLIs)

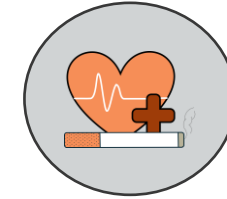
Outcomes rounded to the nearest whole number.



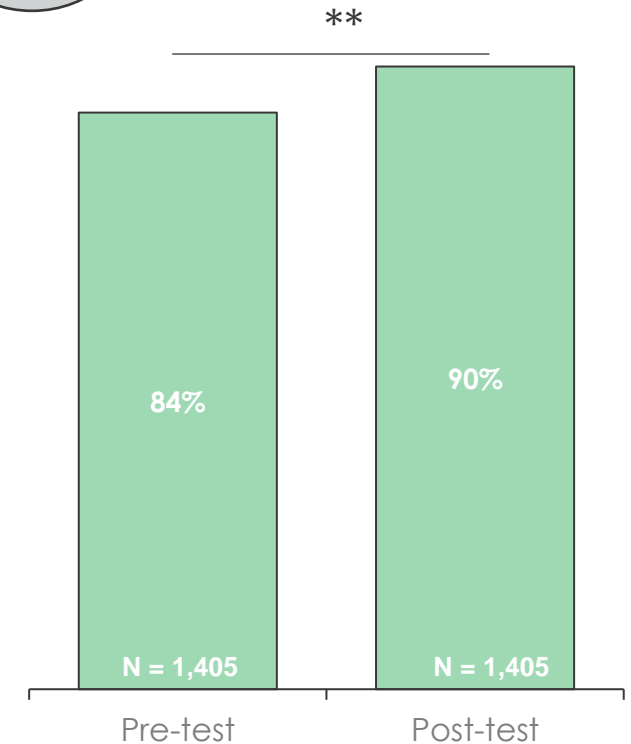
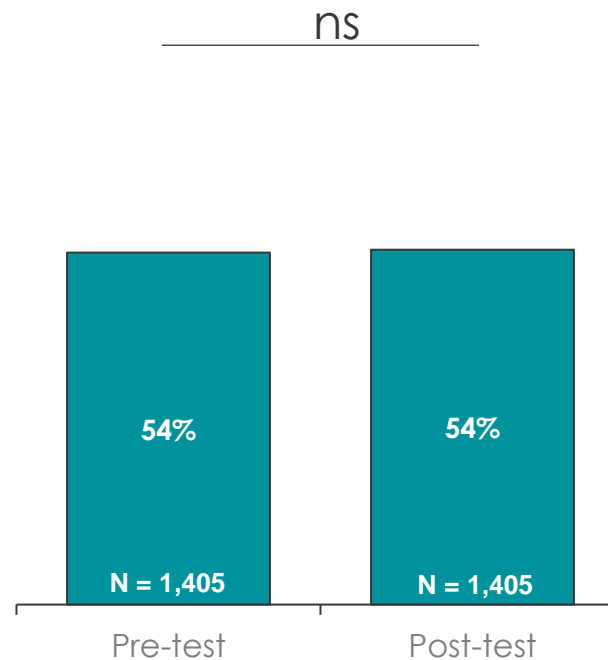
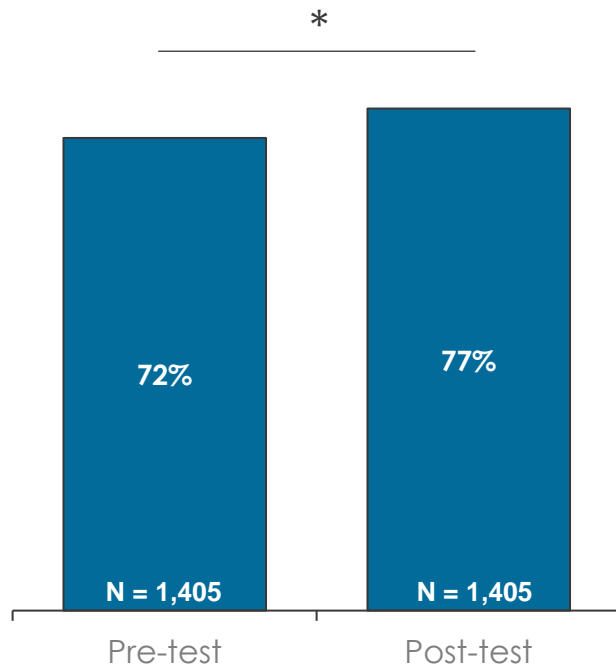
Binge Drinking, **+ 5 percentage point**



Smoking Nicotine Once a Month, **no change**



Smoking Nicotine Weekly, **+ 6 percentage points**



■ Great Risk or Moderate Risk

■ Great Risk or Moderate Risk

■ Great Risk or Moderate Risk

p-value = 0.015

p-value = 0.383

p-value = 2.06 x 10e-05

Note: * p < 0.05; ** p < 0.001; ns = non-significant

Short-Term Outcomes

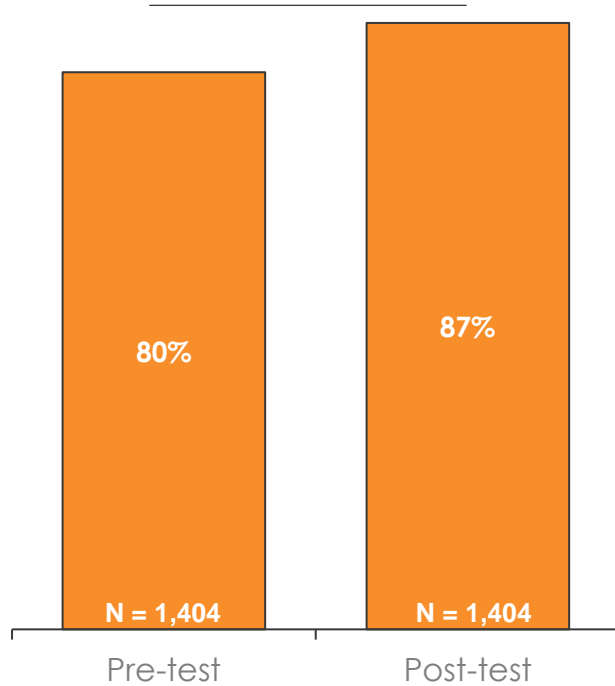
Results from FY24 MS Meth Prevention Level Instruments (PLIs)

Outcomes rounded to the nearest whole number.



Prescription Drug Misuse
+ 7 percentage points

**

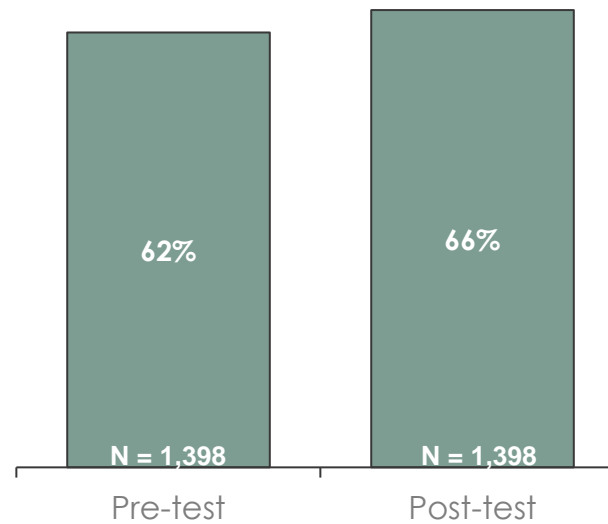


Great Risk or Moderate Risk
p-value = 9.109×10^{-9}



Monthly Marijuana Use,
+ 4 percentage points

ns

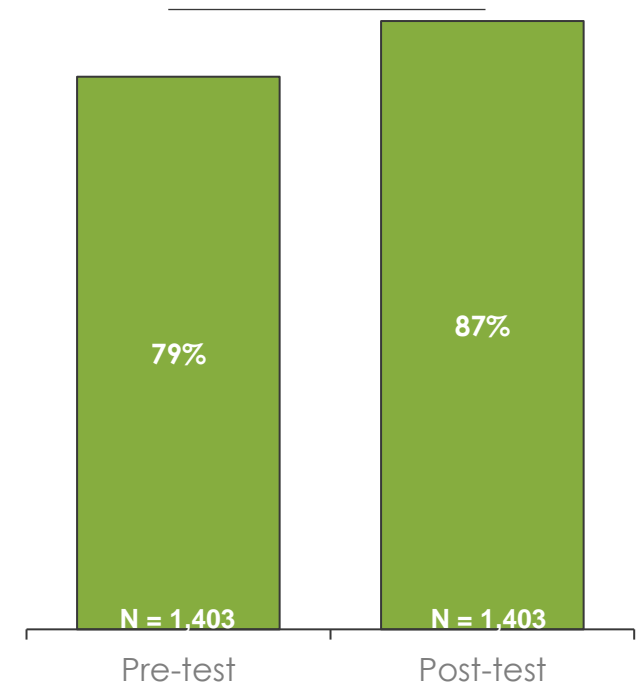


Great Risk or Moderate Risk
p-value = 0.344



Weekly Marijuana Use,
+ 8 percentage points

**



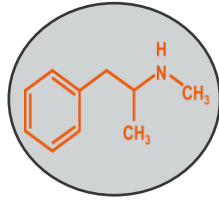
Pre-test Post-test
p-value = 2.51×10^{-7}

Note: * p < 0.05; ** p < 0.001; ns = non-significant

Short-Term Outcomes

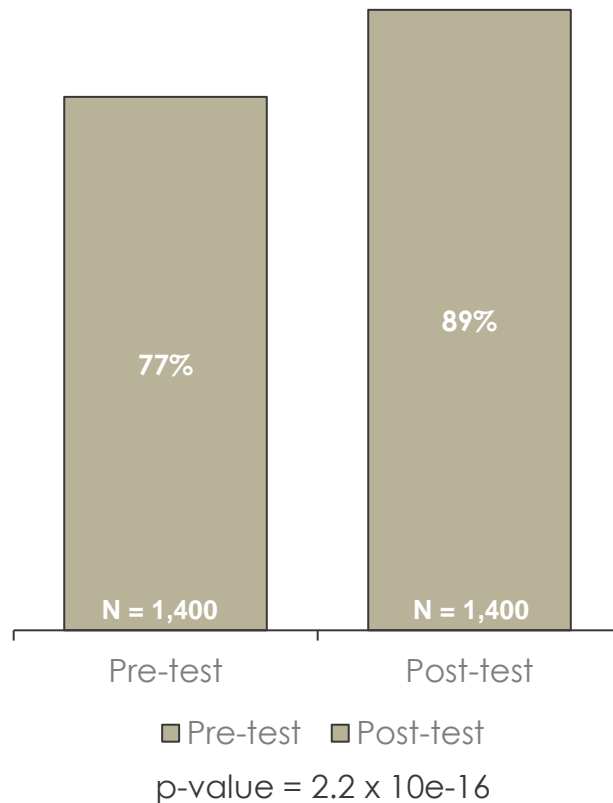
Results from FY24 MS Meth Prevention Level Instruments (PLIs)

Outcomes rounded to the nearest whole number.



Methamphetamine,
+ 12 percentage points

**



■ Pre-test ■ Post-test

p-value = 2.2 x 10e-16

Key Takeaway

Perception of Great risk or Moderate risk from methamphetamine use increased **12 percentage points** between pre-test and post-test.

This increase is **statistically significant** (p-value = 2.2 x 10e-16).

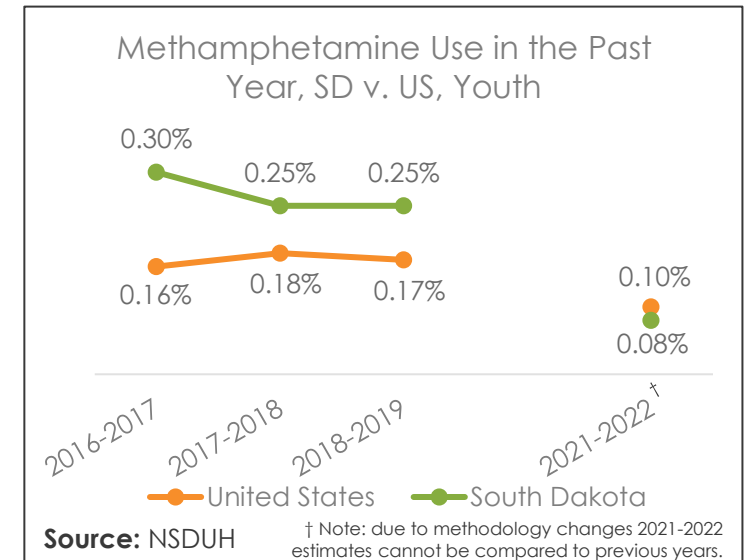
Note: * p < 0.05; ** p < 0.001; ns = non-significant

Summary

Middle School meth prevention program is a school-based program that uses evidence-based curricula to increase perception of risk from substance use.

Based on Prevention Level Instruments (PLIs), the curricula used in FY24 successfully **increased** perceived harm for all the following drug types:

- Binge Drinking, **statistically significant**, + 5 percentage points
- Smoking Nicotine Once a Month, **non-significant**, no change
- Smoking Nicotine Weekly, **statistically significant**, + 6 percentage points
- Prescription Drug Misuse, **statistically significant**, + 7 percentage points
- Monthly Marijuana Use, **non-significant**, + 4 percentage points
- Weekly Marijuana Use, **statistically significant**, + 8 percentage points
- Methamphetamine Use, **statistically significant**, +12 percentage points



Digital FY24 Middle School Meth Reports can be found at the following links:

- <https://www.sdseow.org/wp-content/uploads/2024/10/FY24-State-Level-Report30.pdf>
- <https://dss.sd.gov/behavioralhealth/reportsanddata.aspx>

Q&A

Contact: Colleen.Hannum@state.sd.us

Three Pillars of Crisis Care in South Dakota



Someone to Talk To

988 Suicide & Crisis Lifeline

Total Contacts

FY24- 12,329
FY25*- 3,437

Resolved Without Intervention

FY24- 97%
FY25*- 97%



Someone to Respond

Virtual Crisis Avel eCare

Total Encounters

FY24- 116
FY25*- 60

Remained in Place

FY24- 81%
FY25*- 81%



A Safe Place For Help

Appropriate Regional Facilities

Total Number Assessed

FY24- 2,219
FY25*- 950

Total Number Admitted

FY24- 980
FY25*- 316

Stabilized/Discharged Home

FY24- 80%
FY25*- 85%

South Dakota Behavioral Health Crisis Services



Department of Social Services

Short-Term Crisis Services (STCS) are a critical component of crisis services. The purpose of STCS's is to stabilize, support, and connect individuals in a crisis to an appropriate level of treatment. The data below reflects client-level data from Lewis & Clark Behavioral Health Services STCS that was initiated June 2022 in Yankton, South Dakota, Pivot Point STCS in Rapid City, South Dakota in February 2023, and Human Service Agency STCS in Watertown, South Dakota in July 2023.

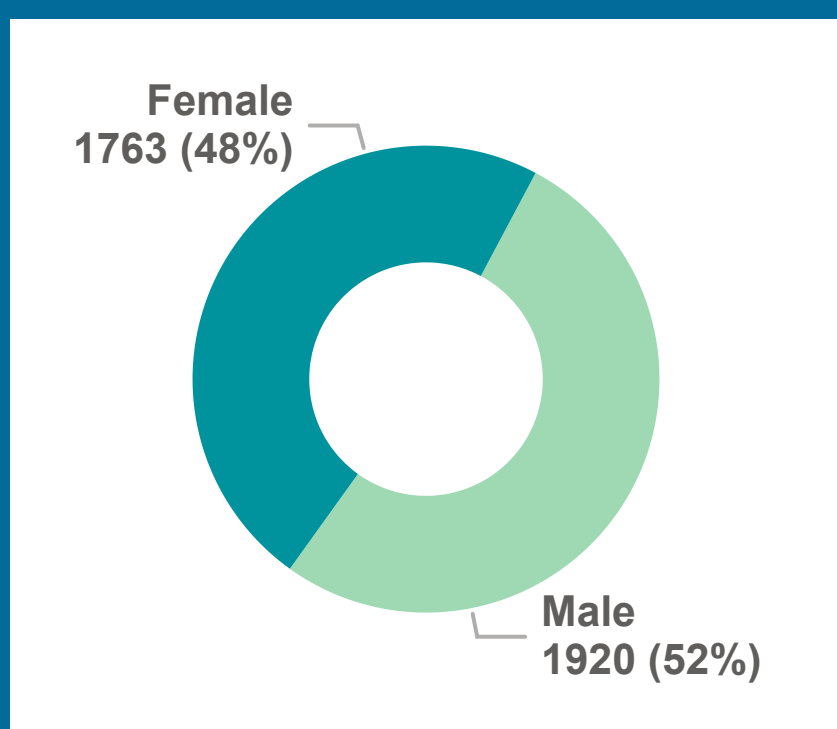
6/2/2022

9/30/2024

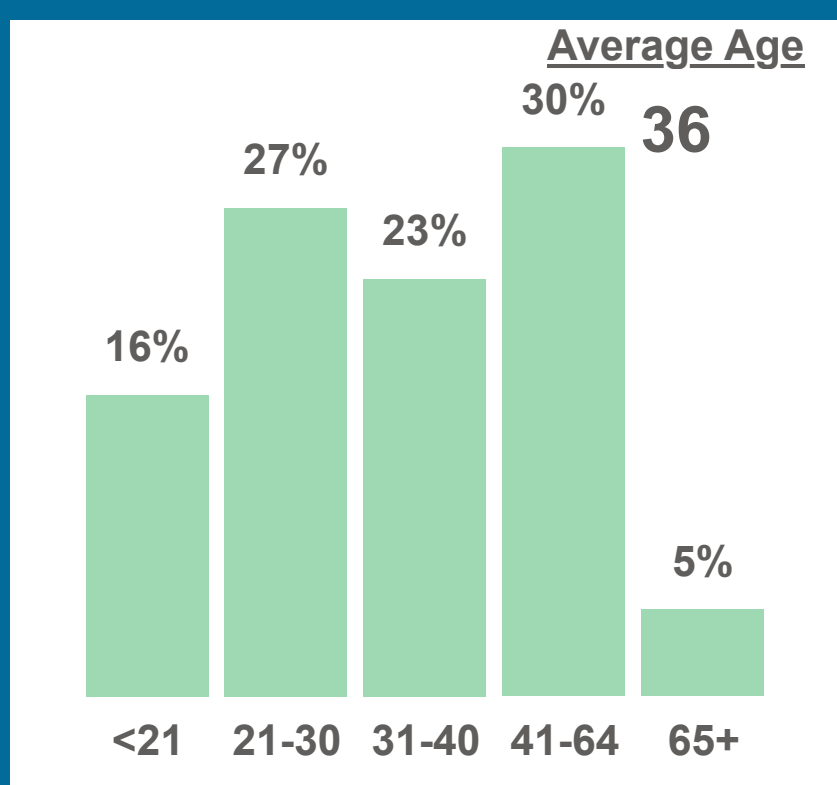
All

Demographics

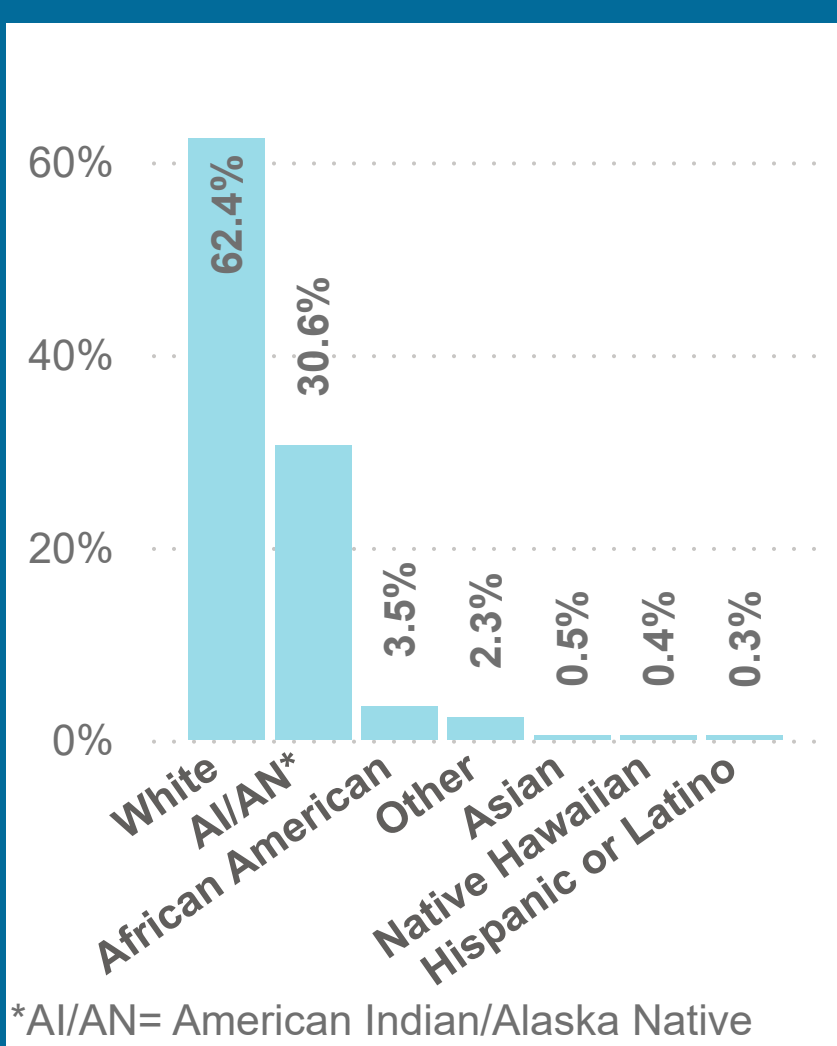
Gender



Age



Race



Unique Clients Served

2184

Average Length of Stay

2.66

Total Assessed

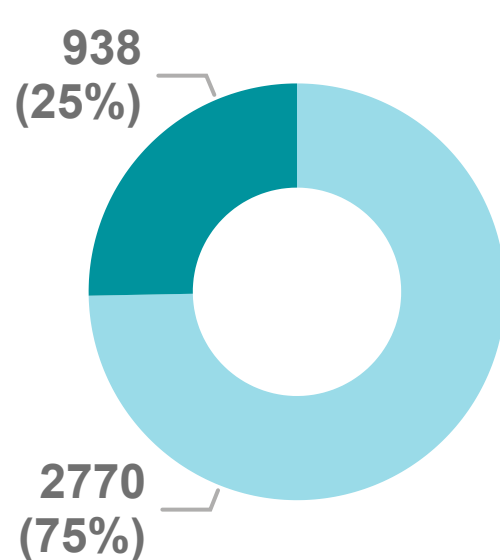
3709

Outcome of Assessment

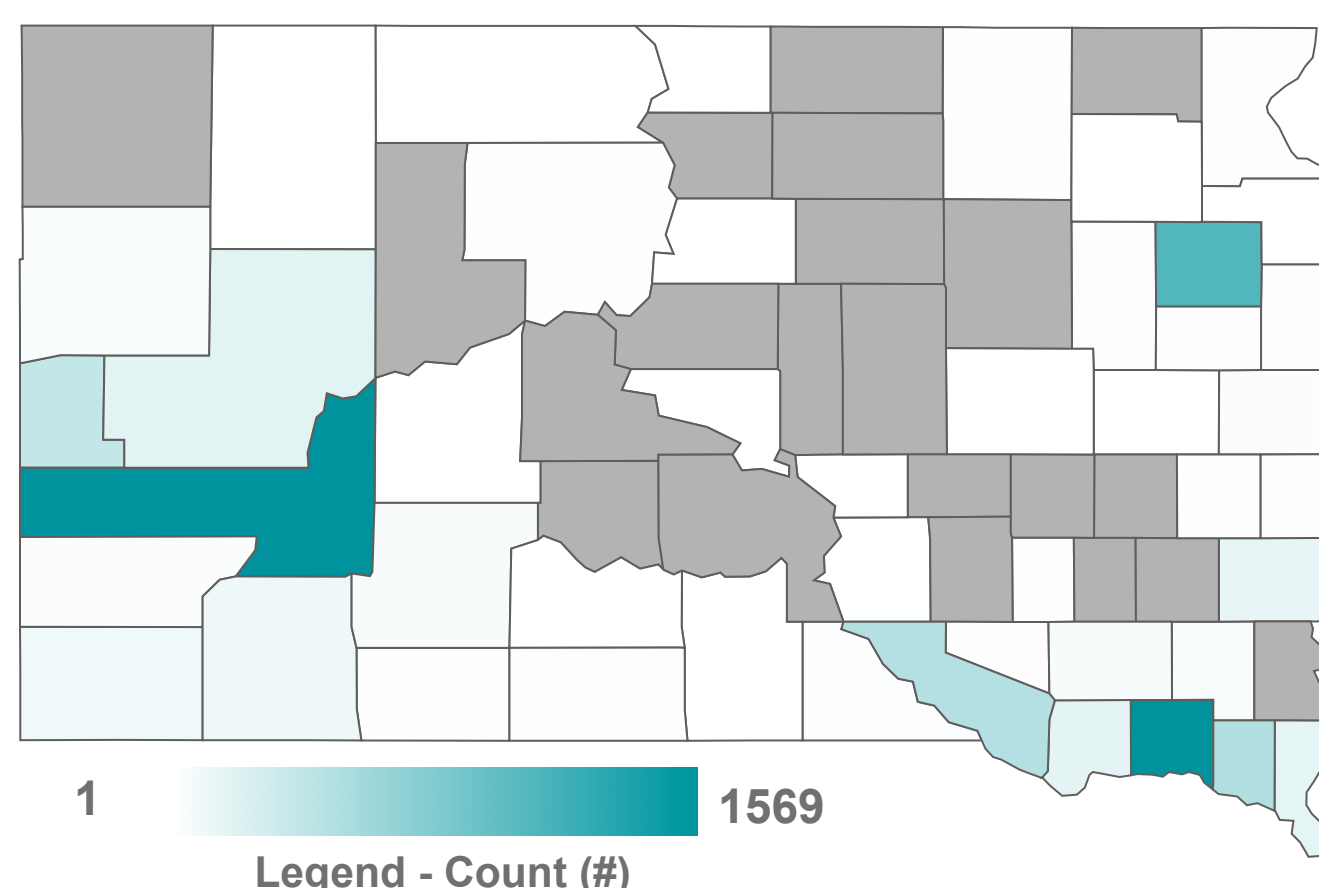
Admitted To Crisis Stabilization Bed	Released With Outpatient Plan
1535	1786
Transferred To Inpatient	Other
365	14

Client Status at Admission

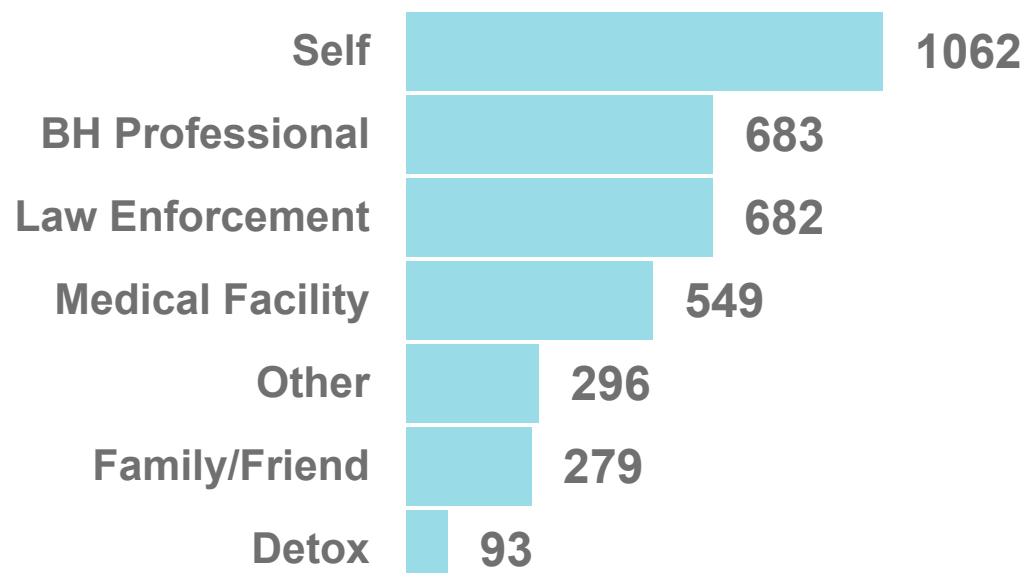
Voluntary Involuntary



Client's County of Residence

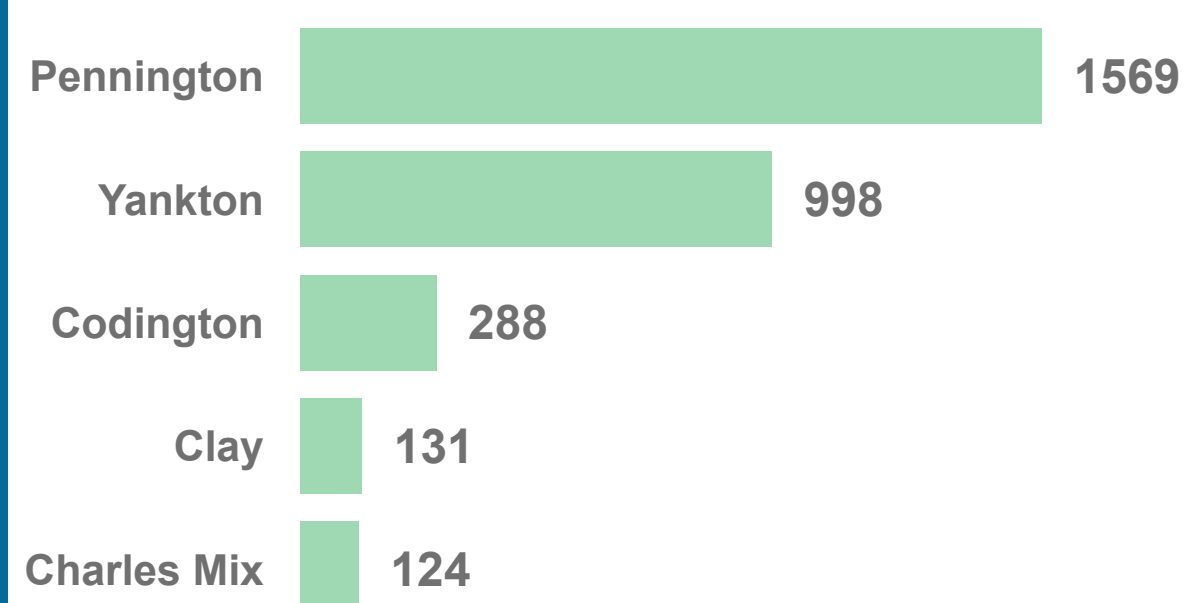


Referral Source

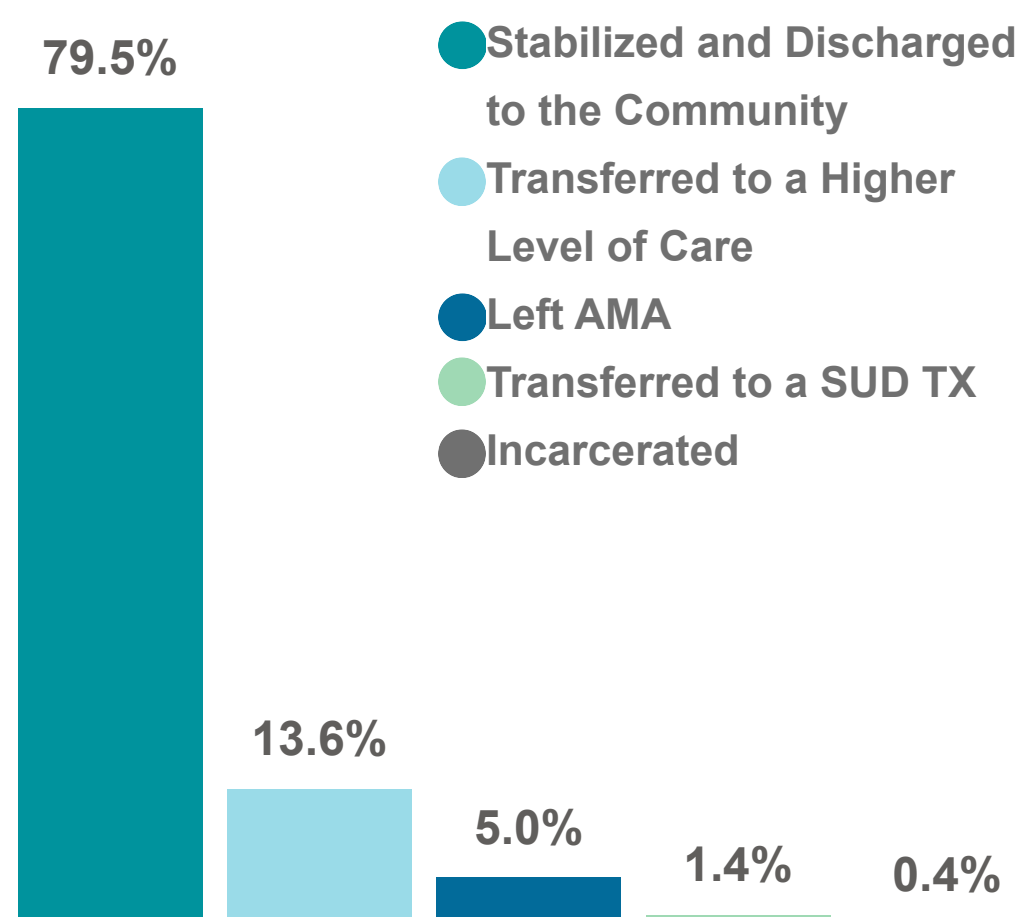


*BH= Behavioral Health

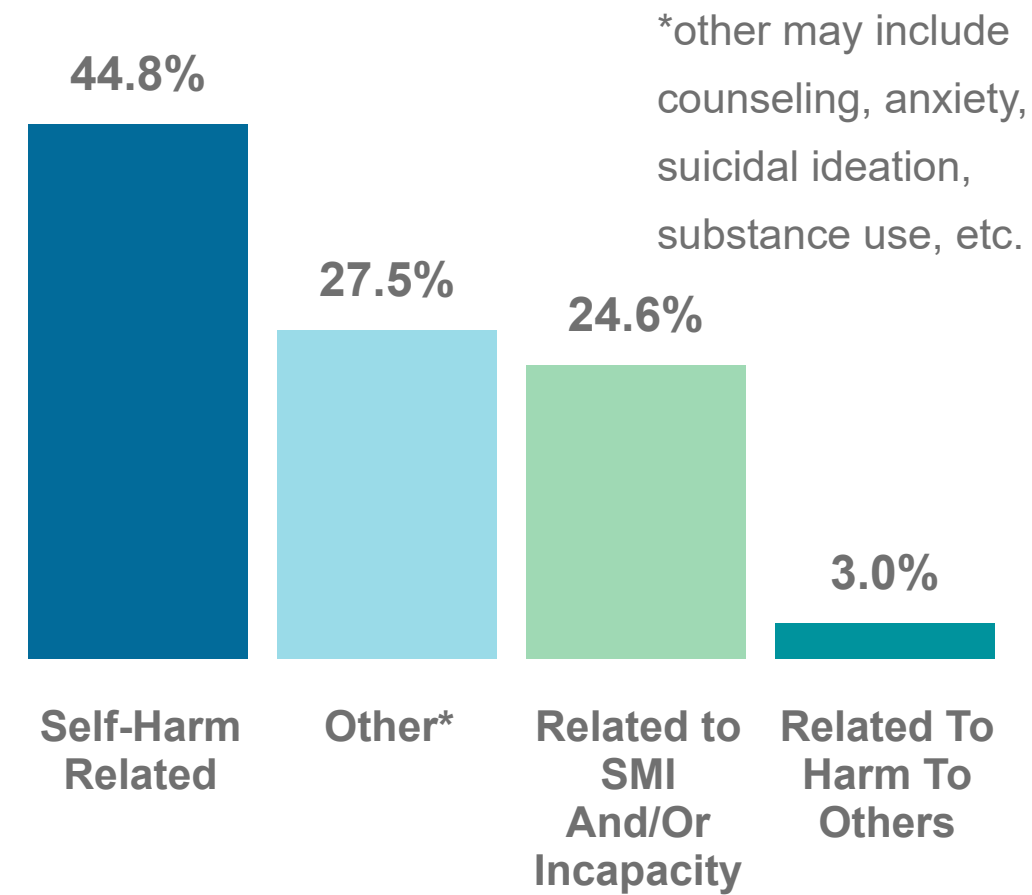
Top 5 Counties Served



Discharge Results



Crisis Reason





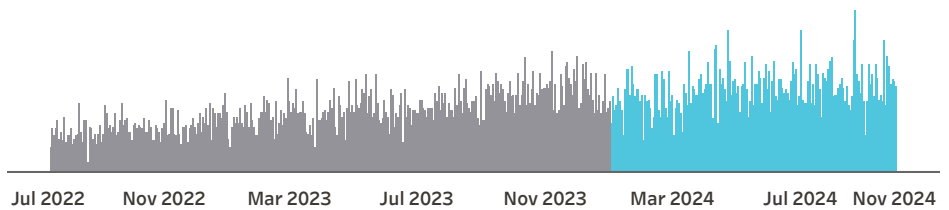
Step 1: Pick a start date 1/1/2024
 Step 2: Pick an end date 9/30/2024

January 1, 2024 - September 30, 2024

Total Contacts: 9,933
 Total Calls: 9,063
 Total Texts: 597
 Total Chats: 273

The 988 line launched on July 16th, 2022 nationwide. When South Dakotans call, text or chat 988, they are connected to 988 counselors at the Helpline Center. They listen, assess, provide support and connect to additional resources as needed. The Helpline Center also answers crisis calls that are transferred from local 911 centers in SD.

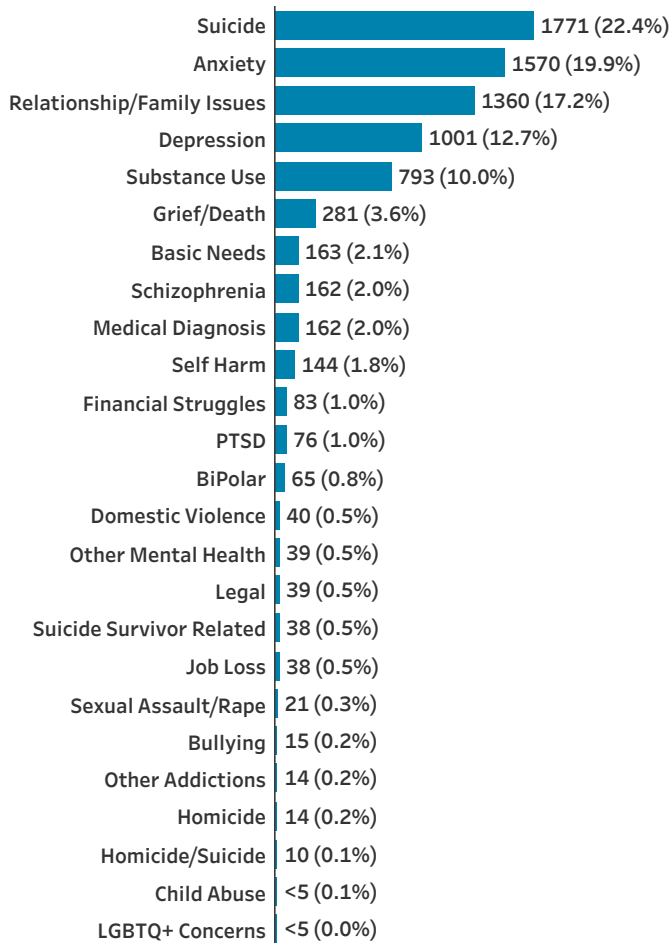
The selected time period is colored **TEAL** in the graph of daily contacts below.



Overview	Demographics	Crisis	Geographies	Map
-----------------	--------------	--------	-------------	-----

Presenting Concerns

The primary issue that the contact is identified as having by our 988 counselors.



Contact Method

988 Calls	8825
988 Text	597
988 Chat	273
Transferred from 911	238
Transferred from 211	126

Contact Type

The categorization of the contact by our trained crisis workers. One contact type is identified per contact.

Listening and Support	3604
Crisis	2750
Information	3200
Referral	306
Admin	47
Advocacy	26

** To preserve anonymity, any category with fewer than 5 responses is reported as <5.

Download the PDF





Fiscal Year 2024

Behavioral Health Outcomes for Publicly Funded Services



Data Collection Methodology

Process by the Division of Behavioral Health (DBH)

Stakeholder Survey

- Collected annually for each accredited provider
 - Mental health and substance use disorder agencies
- DBH also surveys the Department of Corrections (DOC), Unified Judicial System (UJS), and Child Protection Services (CPS)

Substance Use Disorder Services

- Contracted agencies collect substance use disorder outcome data at admission and successful discharge from service(s)

Mental Health Services

- Contracted agencies collect mental health outcome data at:
 - admission
 - every six months
 - successful discharge from services

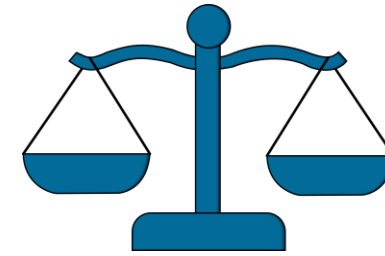
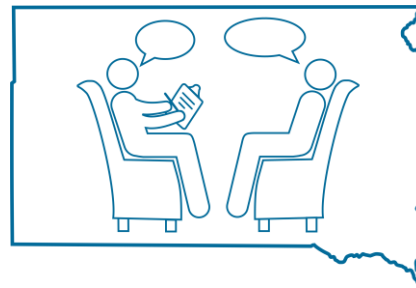
Why We Collect Outcome Tools

SAMHSA provides DBH with funding through Block Grants and other discretionary grants.



DBH uses SAMHSA funding and state general funds to contract with prevention, mental health, and substance use providers.

Providers offer effective and high-quality services and collect the reporting requirements on clients and programs.



The State of South Dakota appropriates state general funds to support publicly funded behavioral health services.

DBH teams monitors and publishes the outcome data for public viewing.



Where the Data is Published

Databases and reports

Internal and Publicly

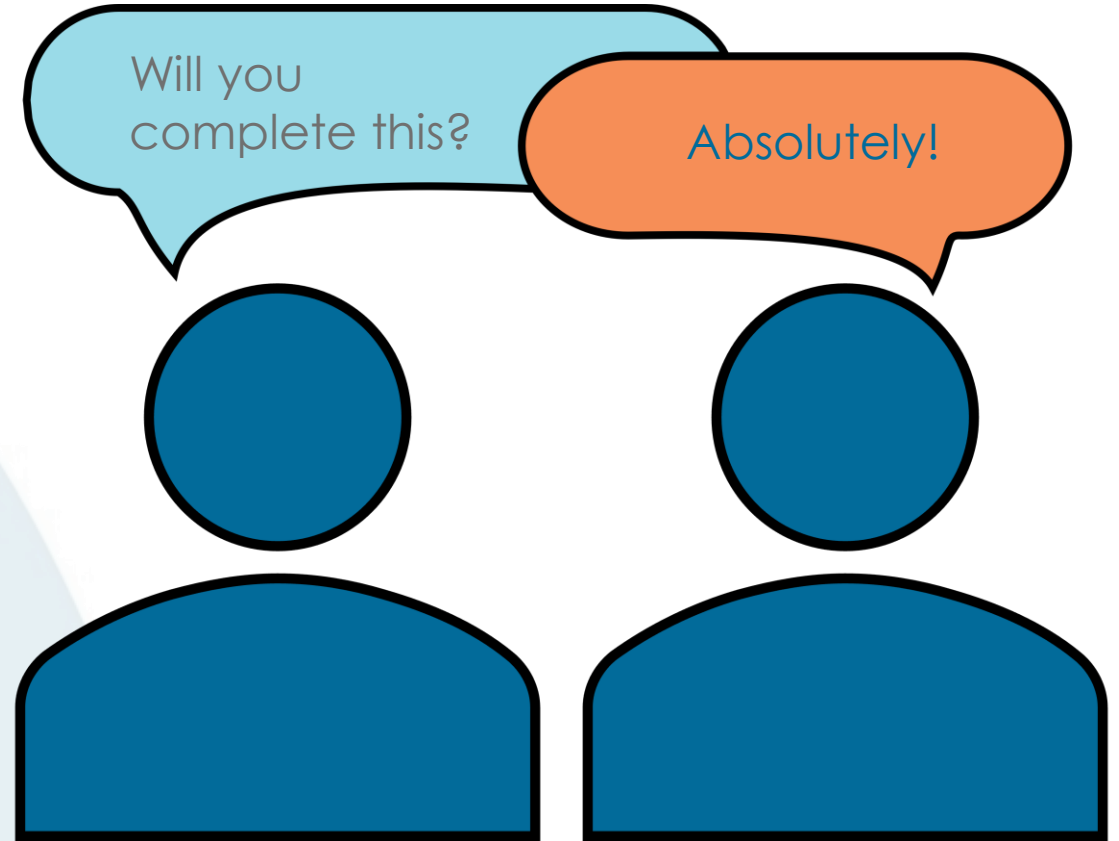
- Profiles are found on the DSS website
 - [Department of Social Services \(sd.gov\)](http://sd.gov)
- Provider profiles are provided to each provider with their individual data.
- Data is reported by provider and then overall by the state
- Reports are updated annually
- Include all publicly funded clients

Federal Reporting

- **Uniform Reporting System (URS)**
 - Mental health data is reported to SAMSHA on an annual basis
 - Data is reported at state and national level
- **Treatment Episode Data Set (TEDS)**
 - Data is collected monthly from STARS client info screen, admission screen, discharge screen and outcome tools
 - Data is submitted monthly to SAMHSA through TEDS by state
 - TEDS sends reports quarterly and annual
 - Includes all funded clients

Stakeholder Survey Results

- Accredited providers are asked to share a stakeholder survey with local referral sources.
- Survey Topics:
 - Community Needs
 - Location Convenience
 - General Satisfaction
 - Group Times
 - Staff Training
 - Staff Competency



Stakeholder Survey Results

DBH collects Stakeholder Survey data once a year for all accredited mental health and substance use disorder providers.

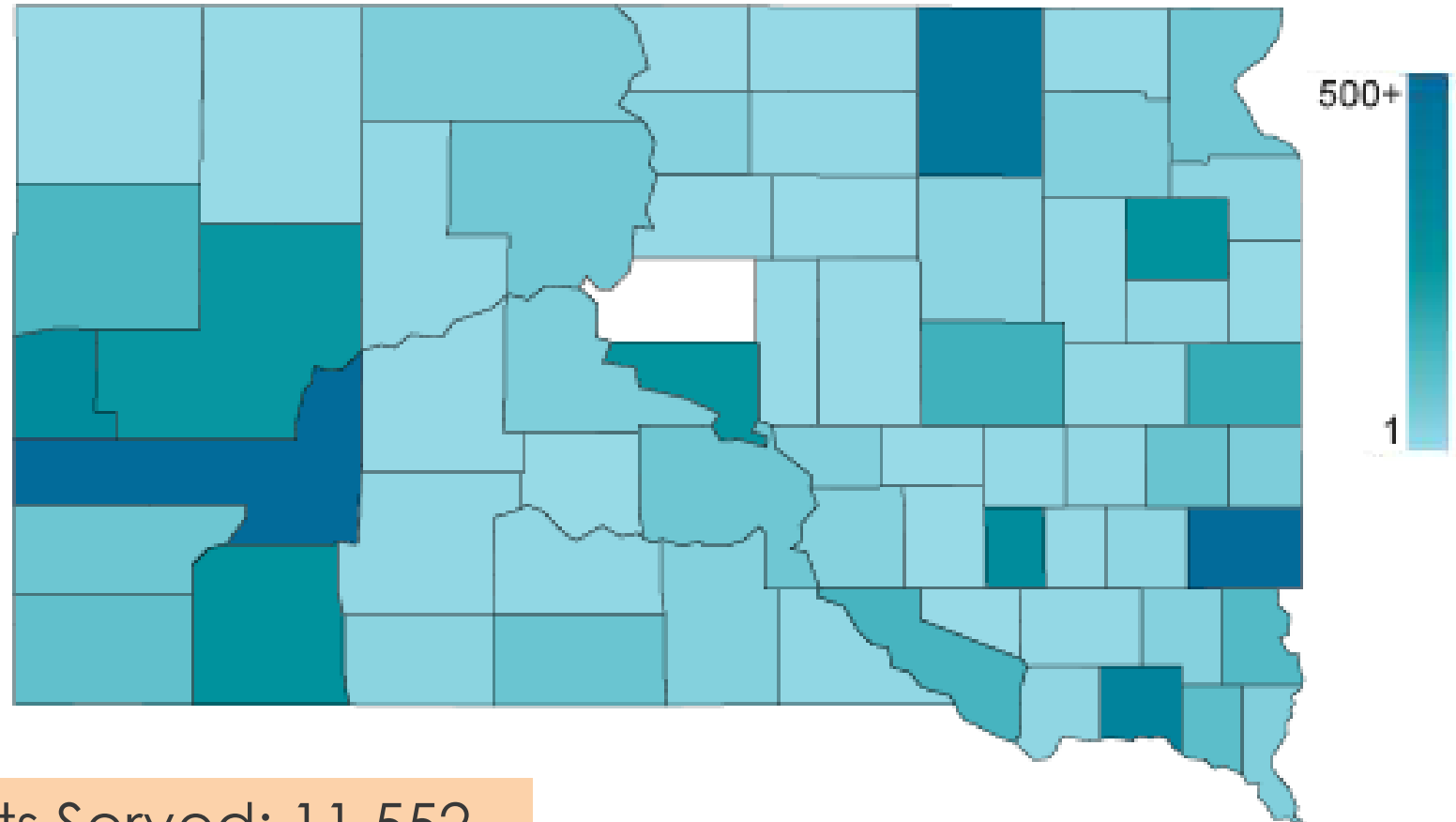
1. Community Needs
2. Location Convenience
3. Quality of Service
4. Client Support
5. General Satisfaction
6. Group Times
7. Staff Training
8. Staff Competency



Adult and Youth Substance Use Disorder (SUD) Treatment Services

Number of Clients Served per County of Residence at Admission

- DBH contracts with substance use disorder providers across the state
- Services include:
 - Screenings and assessments
 - Early interventions
 - Detoxification
 - Outpatient
 - Inpatient treatment services
 - Other specialized services
- Financial assistance for services is available.



Clients Served: 11,552

Adult SUD Services



Adult SUD Services Discharges

State and National Discharge Reasons for SUD Services

Adult Clients served: 9,193

Veterans: 325

Pregnant Women: 251

National Average



Total National Discharges: 1,588,450

State Average



Total State Discharges: 9,485

Treatment Completed

• 560,657/1,588,450
35%

Treatment Completed

• 5,188/9,485
54.7%

Left Against Professional Advice

• 322,679/1,588,450
20%

Left Against Professional Advice

• 2,267/9,485
23.9%

Terminated by Facility

• 63,394/1,588,450
4%

Terminated by Facility

• 540/9,485
5.7%

Primary SUD Diagnosis for All Publicly Funded Adults

The diagnoses data include adults in targeted services for justice-involved adults in a 5-year trends.

Alcohol increase:
28%

Amphetamine
increase: 24%

Cannabis
Decrease: 24.5%

Opioid:
No change

Primary Diagnosis	FY20	FY21	FY22	FY23	FY24
Alcohol Use Disorder	48%	52%	54%	54%	56%
Amphetamine Use Disorder	30%	31%	32%	34%	33%
Cannabis use Disorder	11%	10%	10%	9%	8%
No Diagnosis/Deferred	11%	9%	5%	4%	4%
Opioid Use Disorder	4%	3%	3%	3%	3%
Other Use Disorder	2%	2%	2%	2%	2%
Total	100%	100%	100%	100%	100%

Adult SUD Services “Outcomes”

DBH asks providers to work with clients to complete an initial and discharge outcome tool, the following are the results.

1. General Satisfaction
2. Access to Services
3. Employment
4. History of Arrest
5. Confidence to control drug use under stress
6. Ability to Control Drug Use
7. Nights in a Correctional Facility



Youth SUD Services



Youth SUD Services “Outcomes”

State and National Discharge Reasons for SUD Services

National Average

Total National Discharges: 1,588,450

State Average

Total State Discharges: 447

Treatment Completed

• 560,657/1,588,450
35%

Treatment Completed

• 250/447
56%

Left Against Professional Advice

• 322,679/1,588,450
20%

Left Against Professional Advice

• 57/477
13%

Terminated by Facility

• 63,394/1,588,450
4%

Terminated by Facility

• 68/477
15%

Primary SUD Diagnosis for All Publicly Funded Youth

The diagnoses data include youth in targeted services for justice-involved youth in a 5-year trend.

Alcohol decrease:
15%

Amphetamine
increase: 23%

Cannabis
Decrease: 24%

Opioid Increase:
367%

Primary Diagnosis	FY20	FY21	FY22	FY23	FY24
Alcohol Use Disorder	28%	26%	25%	23%	28%
Amphetamine Use Disorder	7%	11%	14%	12%	10%
Cannabis use Disorder	59%	57%	57%	56%	52%
No Diagnosis/Deferred	9%	7%	7%	8%	13%
Opioid Use Disorder	1%	1%	1%	2%	3%
Other Use Disorder	2%	3%	1%	4%	1%
Total	100%	100%	100%	100%	100%

Youth SUD Services “Outcomes”

DBH asks providers to work with clients to complete an outcome tool at admission and discharge, the following are the results.

1. General Satisfaction

2. Access to Services

3. Trouble as a result of substance use at school /work

4. History of Arrest

5. Confidence to control drugs use under stress

6. Ability to Control Drug Use

7. Nights in a Correctional Facility

92%

Access to Services

4.05/5

Nights in a correctional facility

-79%

History of Arrest

41.4% to 3.9%

Trouble with work or school

-74%

4.72/5

Ability to control drug use

89%

Confidence Control Drug use

25%

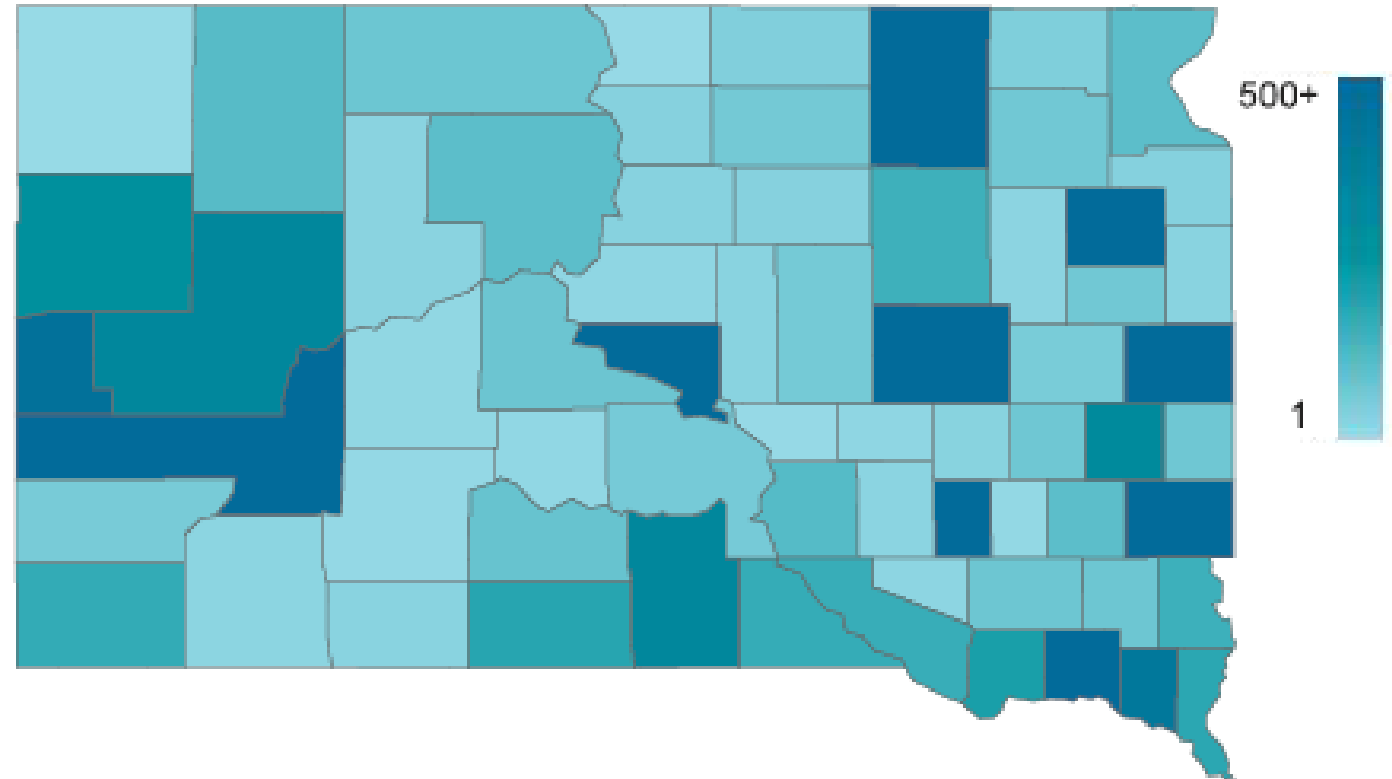
General Satisfaction

4.27/5

Adult and Youth Mental Health (MH) Treatment Services

- DBH contracts with community mental health centers (CMHC) across the state
- Services include:
 - Screenings and assessments
 - Case management
 - Individual therapy
 - Group therapy
 - Crisis intervention
 - Psychiatric evaluation
 - Medication management
- Financial assistance for services is available.

Number of Clients Servers per County of Residence at Admission



Adult MH Services



Clients Served: 16,064

Adult MH Services Outcomes

Employment Change:
Increase from 26.5% to 36.9% compared to the national of 28%

Homelessness Change: 6.2% reported at Initial to most recent update of 2.7%

Arrest Change: 8.9% at initial to most recent of 4.1% and national figure average is 11%

IMPACT: Employment Change: Increase from 4.4% to 13.0%

Homelessness 10.3% reported at Initial to most recent update of 1.3%

Arrest Change: 4.8% at Initial to most recent of 8.1% and national figure average is 11%

CARE: Employment Change: Increase from 27.2% to 37.5%

Homelessness Change: 6.2% reported at Initial to most recent update of 2.8%

Arrest Change: 9.0% at initial to most recent of 3.8% and national figure average is 11%

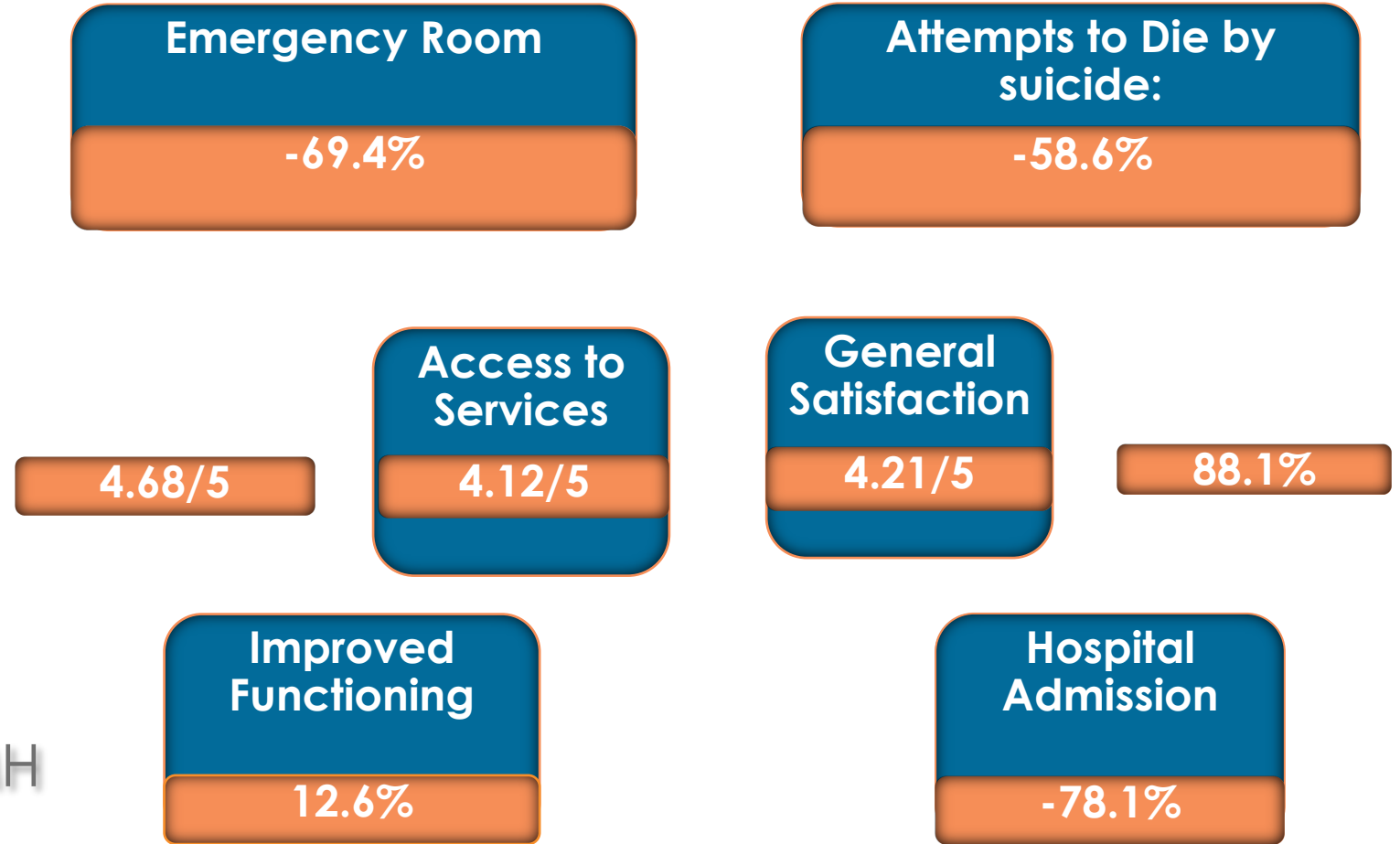
Primary MH Diagnosis for All Publicly Funded Adults

Primary Diagnosis	FY20	FY21	FY22	FY23	FY24
Depressive Disorder	3,362	3,404	3,551	3,556	3,471
Other Disorder <small>(including personalities disorders, etc)</small>	699	721	761	720	692
Anxiety, Stress and Trauma Disorders <small>(includes Post Traumatic Stress Disorder)</small>	2,639	2,884	3,772	3,484	3,380
Schizophrenia Spectrum Disorder	1,310	1,353	1,381	1,347	1,293
Bipolar Disorders	994	1,038	1,080	1,050	964
Total	9,004	9,400	10,545	10,157	9,736

The diagnoses data include adults in targeted services for justice-involved adults

Adult MH Services Outcomes

1. General Satisfaction
2. Access to Services
3. Improved Functioning
4. Emergency Room in the last 6 months
5. Hospital Admissions for MH in the last 6 months
6. Attempts to Die by Suicide in the last 6 months



Youth MH Services



Clients Served: 5,509

Youth MH Services Outcomes

Employment Change:
Increase from 4.1% to 13.8%

CYF: Employment Increase
from 4.0% to 13.8%

CARE: Employment Change:
Increase from 0.0% to 30.0%

Homelessness
Change: Reported no change

Homelessness
reported no change

Homelessness
Change: reported no change.

Arrest Change: 1.9% at
initial to most recent of
4.6% and national
average is 1%

Arrest Change: 1.8% at
initial to 4.7% at most
recent and national
average is 1%

Arrest Change: 4.2% at
initial to most recent of
0.0% and national
average is 1%

Top 5 Primary MH Diagnosis for All Publicly Funded Youth

Primary Diagnosis	FY20	FY21	FY22	FY23	FY24
Anxiety, Stress and Trauma Disorders (includes Post Traumatic Stress Disorder)	3,725	3,919	4,037	4,011	3,685
ADHD	890	810	788	793	805
Depressive Disorder	735	766	779	728	622
Conduct and Impulse-Control Disorders	528	473	431	422	438
Diagnosis Deferred & No diagnosis or condition	352	245	221	125	143
Total	6,156	6,139	6,179	6,008	5,619

The diagnoses data include adults in targeted services for justice-involved adults

Youth MH Services Outcomes

General Satisfaction

Access to Services

Improved Functioning

Emergency Room in the last 6 months

Hospital Admissions for MH in the last 6 months

Attempts to Die by Suicide in the last 6 months

Attempts to Die by suicide:

-29%

Improved Functioning

7.9%

Access to Services

4.13/5

Emergency Room

-67%

Hospital Admission:

-76%

9.2%

General Satisfaction

4.04/5

4.28/5

Intensive Services



Intensive Methamphetamine Treatment (IMT)

Clients Served: 459

Of the 423 clients reporting

**Employment at initial:
15.5%**

**Employment at
Discharge: 34.8%**

Of the 121 clients reporting

**Ability to control Drug
use at initial: 1.69/4**

At Discharge: 3.71/4

An increase 119.7%

Of the 139 clients reporting

**Confidence to control
Drug use at initial:
average: 6.82/10**

At Discharge: 8.45/10

An increase 23.8%

**Treatment Completed:
36.3%**

N: 169/466

**General Satisfaction:
4.21/5**

**Access to Services:
4.09/5**

Pregnant Women with Dependent Children (PWWDC)

Clients Served: 151

Treatment Completed:
54.1%
N: 73/153

Of the 142 clients reporting

Employment at initial:
13.7%

Employment at Discharge: 33.6%

Of the 38 clients reporting

Ability to control Drug use at initial: 1.71/5

At Discharge: 3.74/5

An increase 118.1%

Of the 46 clients reporting

Confidence to control Drug use at initial: 6.52

At Discharge: 8.96

Increase 37.5%

General Satisfaction:
4.29/5

Access to Services:
4.12/5

Evidence Based MH Treatment for Justice-Involved and At-Risk Youth

Clients Served: 243

**Treatment Completed:
67.0%
N: 75/112**

**General Satisfaction:
3.94/5**

**Access to Services:
3.74/5**

**Of the 26 clients reporting
Attempts to die by suicide at initial 0.27
at Discharge: 0.04
Decrease 85.7%**

**Of the 24 clients reporting
Arrest in the past 30 days at initial: 4.2%
At Discharge: 4.2%**

**Of the 27 clients reporting
Attending school in the last 3 months from
admission to discharge : 88.9%**

What is next?





Thank You

Brittney Lengkeek



605.367.5236



dssinfo@state.sd.gov



dss.sd.gov





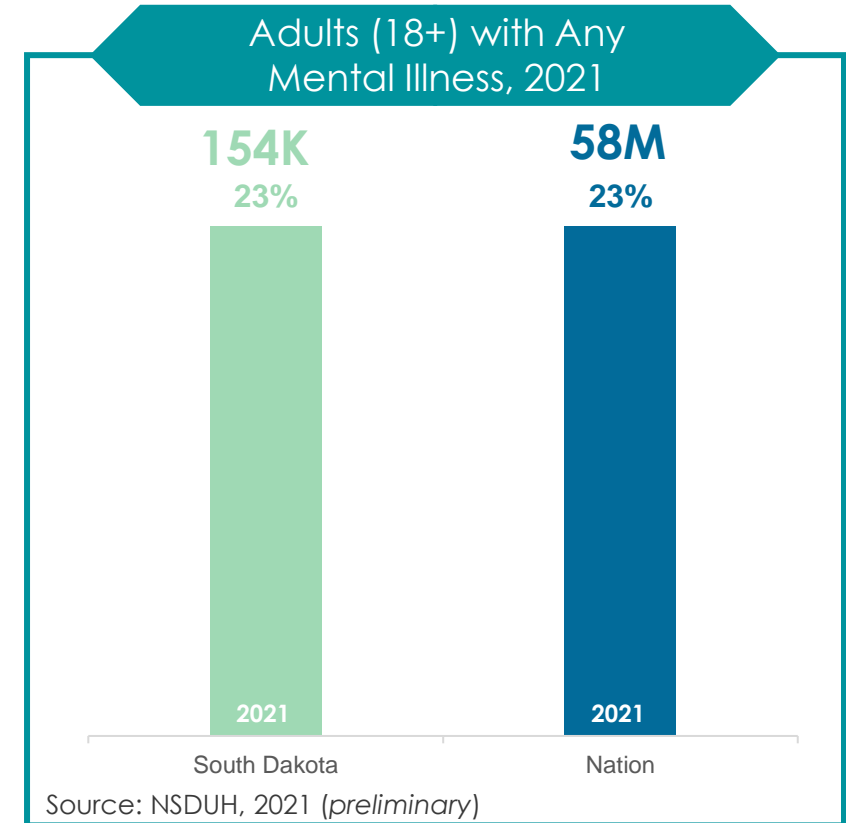
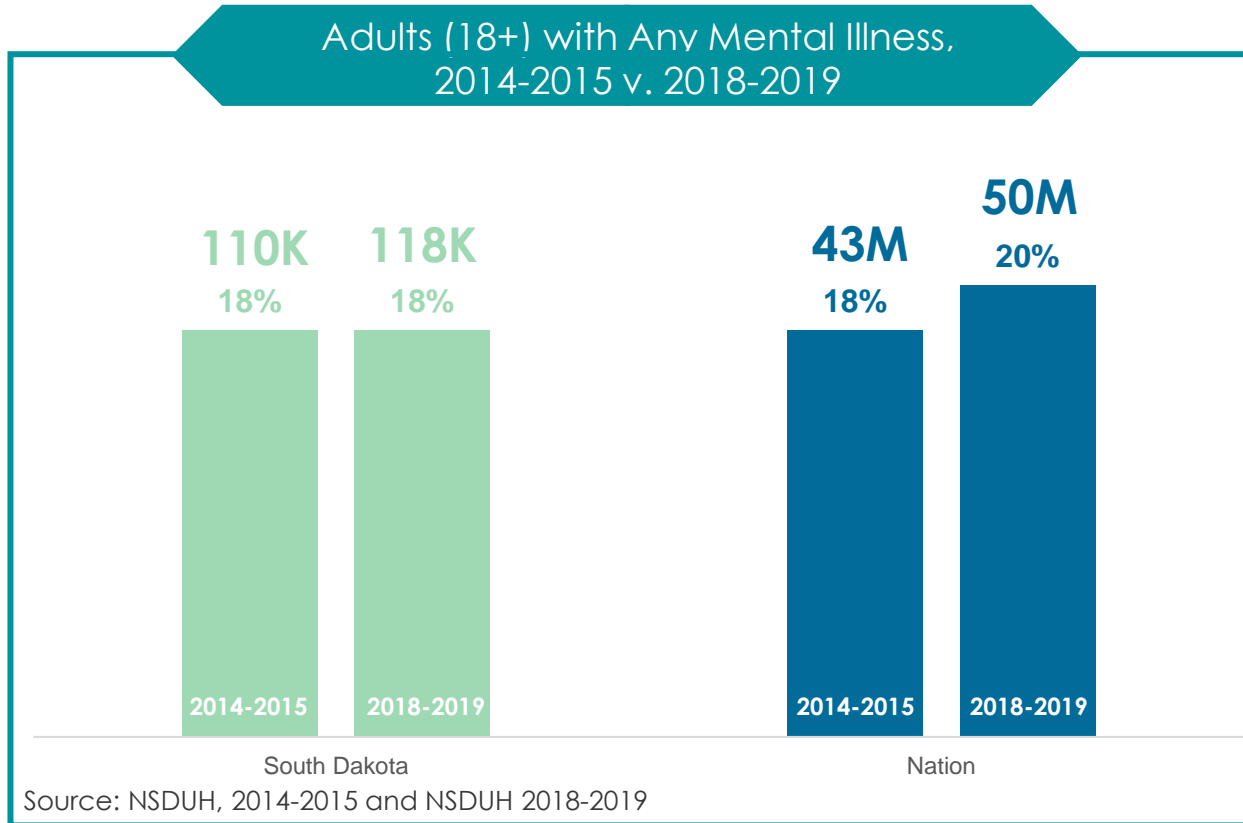
10 Minute Break

Mental Health



Any Mental Illness, 2014-2015 v. 2018-2019 and 2021

Prevalence of adults (18+) with any mental illness, 2014-2015 v. 2018-2019 and 2021 (preliminary), South Dakota and the Nation



Key Takeaway



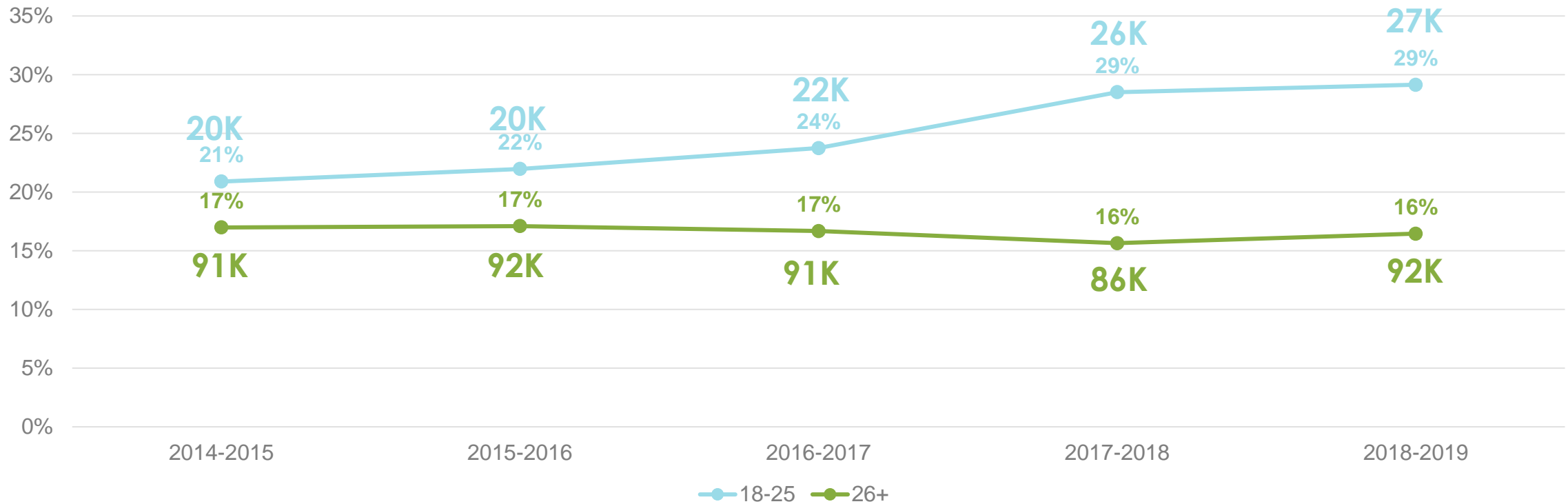
In South Dakota, Any Mental Illness had the **same prevalence** of 18% in 2014-2015 and 2018-2019. The Nation increased by 2% percentage points in the same timeframe. South Dakota and the Nation were the **same** in 2021.

Note: According to Substance Abuse and Mental Health Services Administration (SAMHSA), NSDUH, 2021 (preliminary) data cannot be directly compared to previous years due to data methodology changes.

Any Mental Illness, South Dakota, Young v. Older Adults

Prevalence of young adults (18-25) and older adults (26+) with any mental illness, 2014-2015 through 2018-2019, South Dakota

Source: NSDUH, 2014-2015 through NSDUH 2018-2019



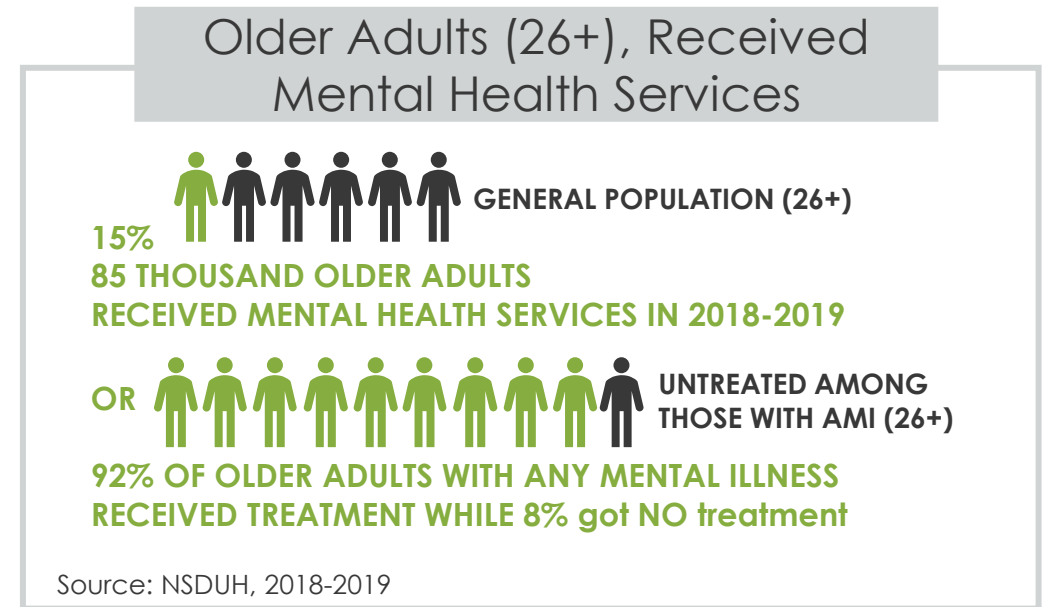
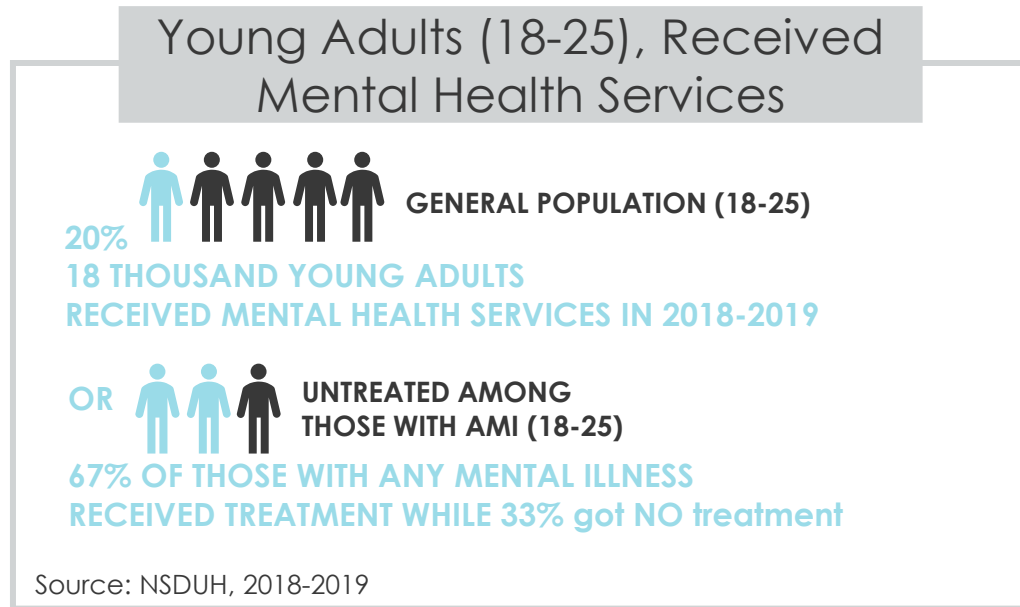
Key Takeaway



There is an **increase** in Any Mental Illness among young adults (18-25).

Received Mental Health Services, South Dakota, Young v. Older Adults

Prevalence of young adults (18-25) and older adults (26+) that report receiving mental health services in the past year, 2018-2019, South Dakota



Key Takeaway



33% of those with Any Mental Illness **did not** receive treatment among young adults (18-25), while only 8% went **without treatment** for older adults (26+).

Note: mental health services are defined as having inpatient treatment/counseling or outpatient treatment/counseling or having used prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use.

POLL

About 40% (or 14,000) of South Dakotans with an **unmet mental health need** report they did not receive mental health treatment because they could not afford the cost. This was the most common reason to go without treatment for that population.

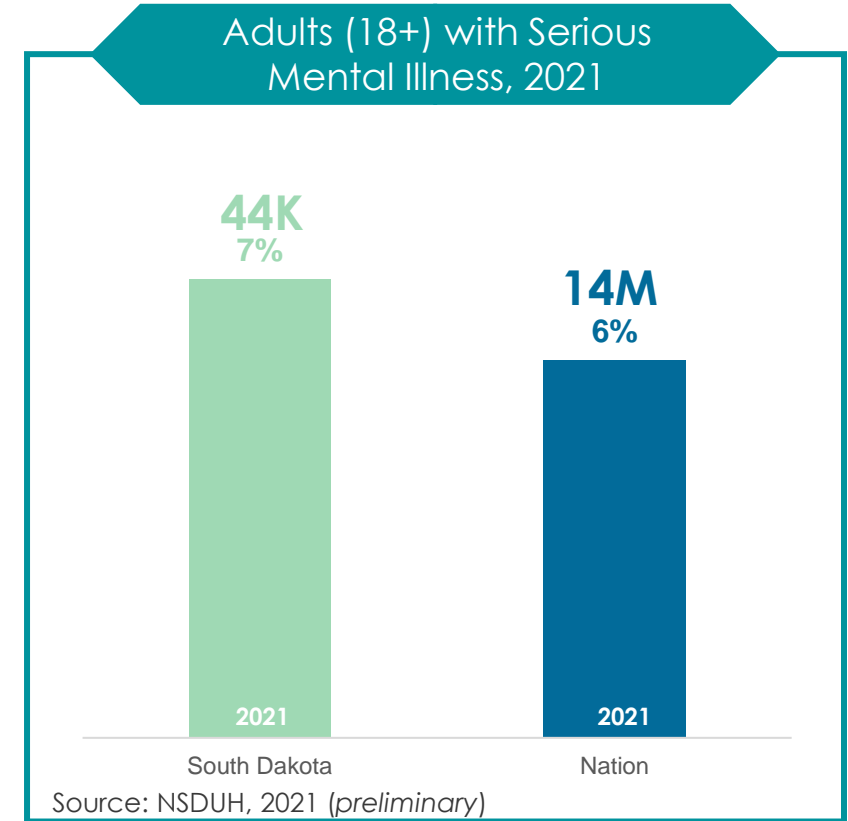
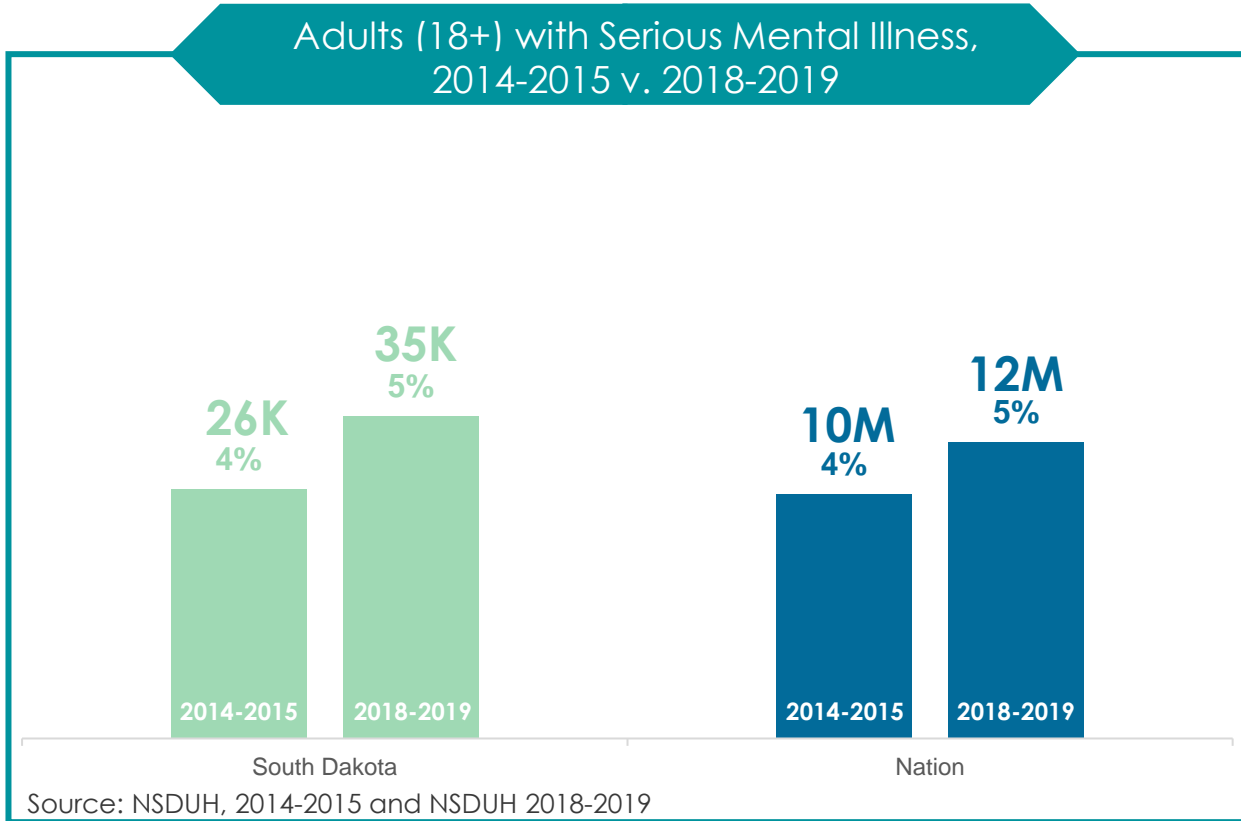
What do you think the second most common reason South Dakotans, that need mental health services, go without?

- A. Thought they could handle it without services **25%** **US: 25%**
- B. Concerned neighbors/community would have negative opinion **21%** **US: 10%**
- C. Concerned it might have a negative effect on their job **11%** **US: 9%**
- D. They did not know where to go to get services **32%** **CORRECT ANSWER** **US: 25%**
- E. Didn't have time **21%** **US: 21%**



Serious Mental Illness, 2014-2015 v. 2018-2019 and 2021

Prevalence of adults (18+) with a serious mental illness, 2014-2015 v. 2018-2019 and 2021 (preliminary), South Dakota and the Nation



Key Takeaway



Between 2014-2015 and 2018-2019, Serious Mental Illness increased one percentage in South Dakota and the Nation.

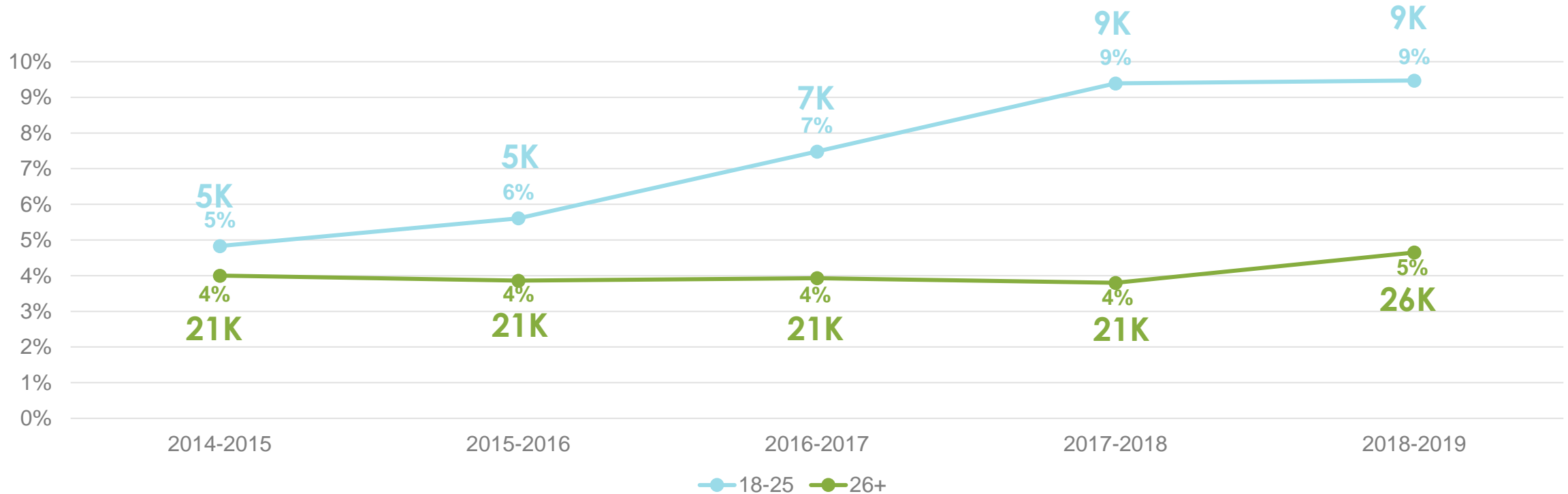
South Dakota had a **higher prevalence** of Serious Mental Illness than the Nation in 2021.

Note: According to Substance Abuse and Mental Health Services Administration (SAMHSA), NSDUH, 2021 (preliminary) data cannot be directly compared to previous years due to data methodology changes.

Serious Mental Illness, South Dakota, Young v. Older Adults

Prevalence of young adults (18-25) and older adults (26+) with a serious mental illness, 2014-2015 through 2018-2019, South Dakota

Source: NSDUH, 2014-2015 through NSDUH 2018-2019



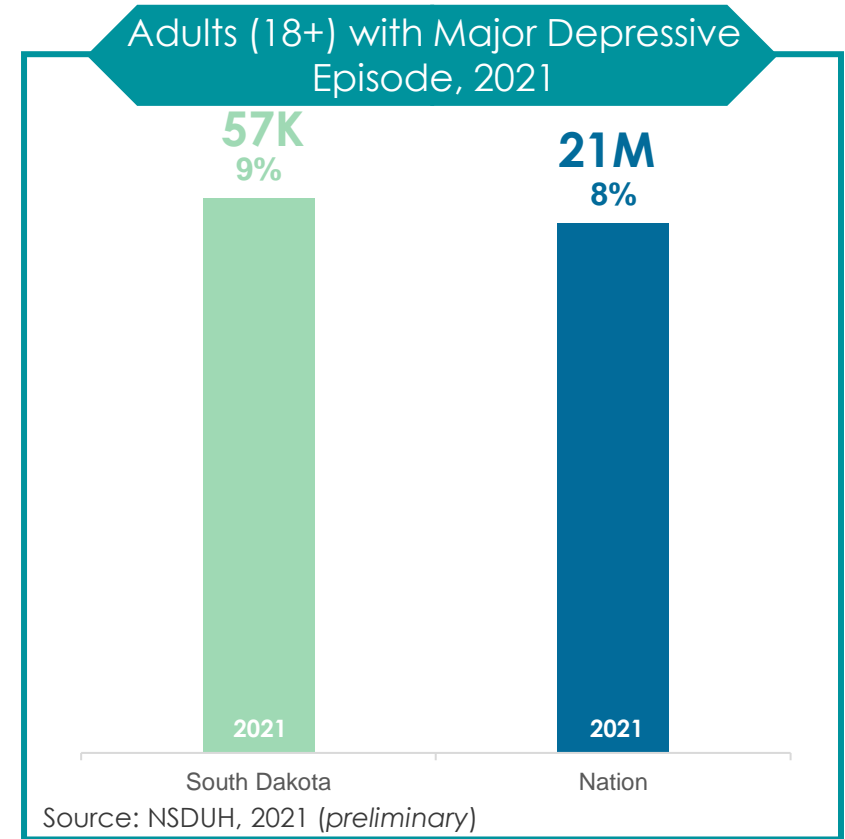
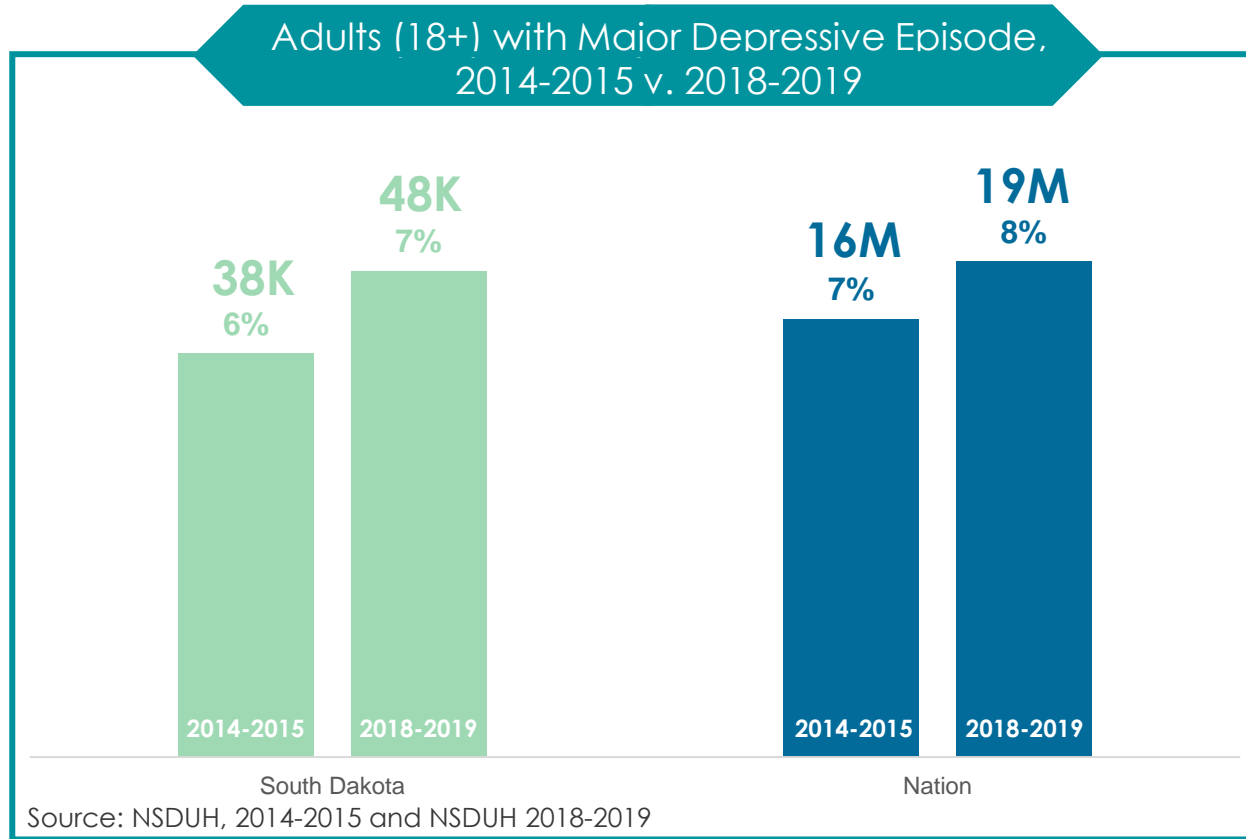
Key Takeaway



Serious Mental Illness **nearly doubled** in South Dakota young adults (18-25) and increased one percentage point for older adults (26+) in South Dakota.

Major Depressive Episode, 2014-2015 v. 2018-2019 and 2021

Prevalence of adults (18+) that experienced a major depressive episode, 2014-2015 v. 2018-2019 and 2021 (preliminary), South Dakota and the Nation



Key Takeaway



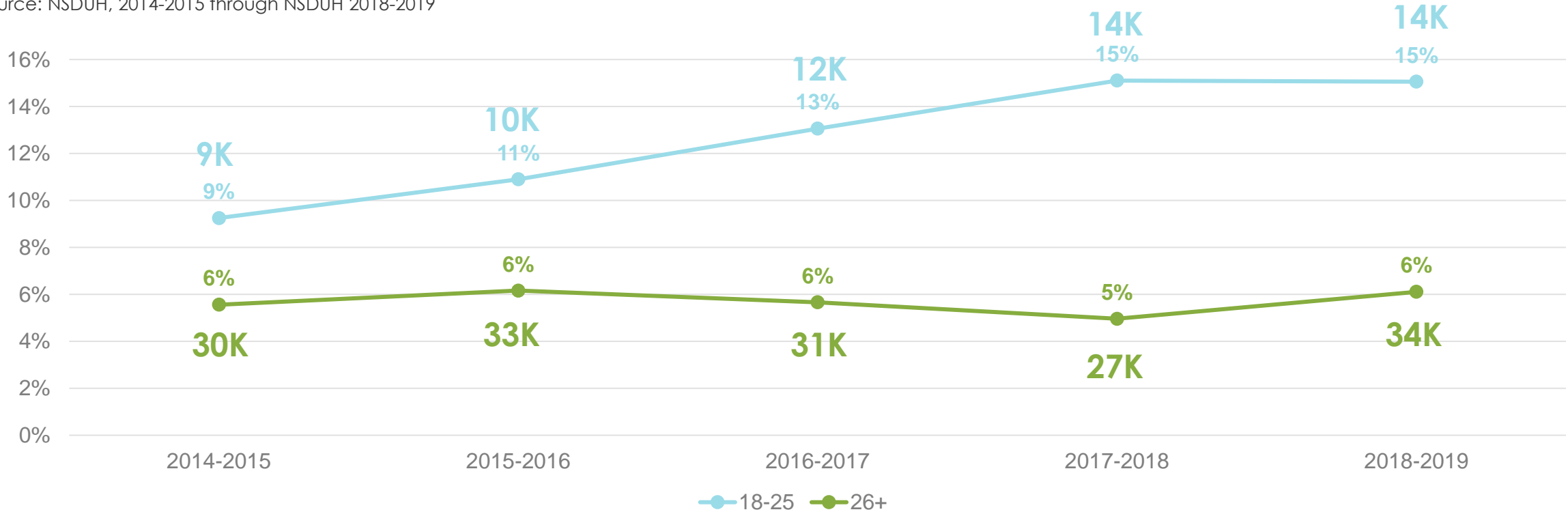
Major Depressive Episode increased one percentage point in South Dakota and the Nation. South Dakota **exceeds** the Nation in 2021 for Major Depressive Episode by one percentage point.

Note: According to Substance Abuse and Mental Health Services Administration (SAMHSA), NSDUH, 2021 (preliminary) data cannot be directly compared to previous years due to data methodology changes.

Major Depressive Episode, South Dakota, Young v. Older Adults

Prevalence of young adults (18-25) and older adults (26+) that have experienced a major depressive episode, 2014-2015 through 2018-2019, South Dakota

Source: NSDUH, 2014-2015 through NSDUH 2018-2019



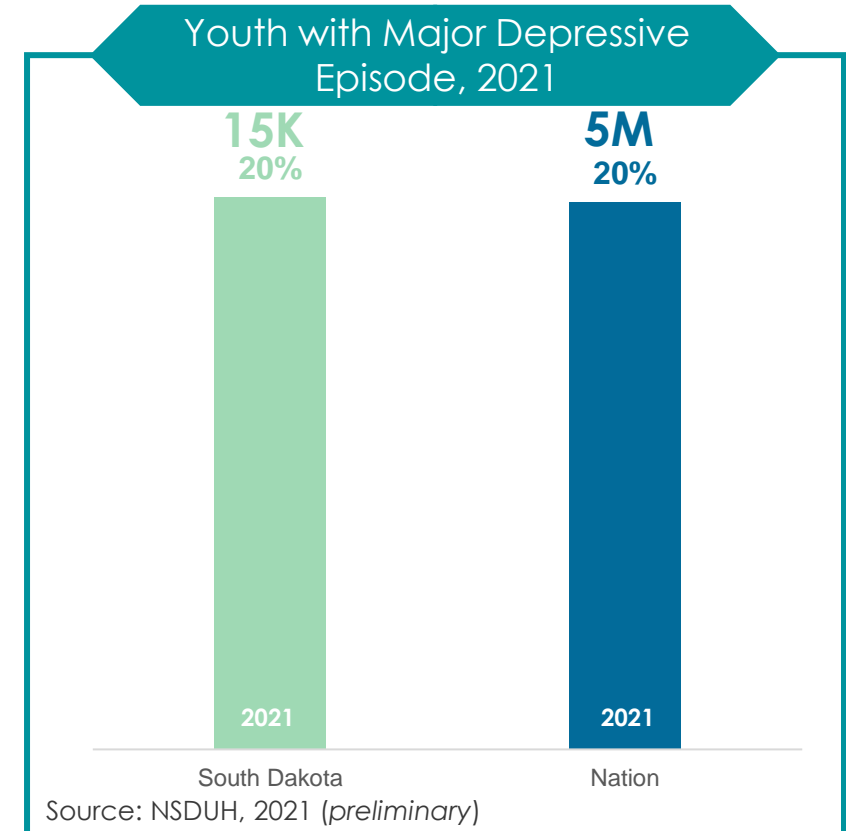
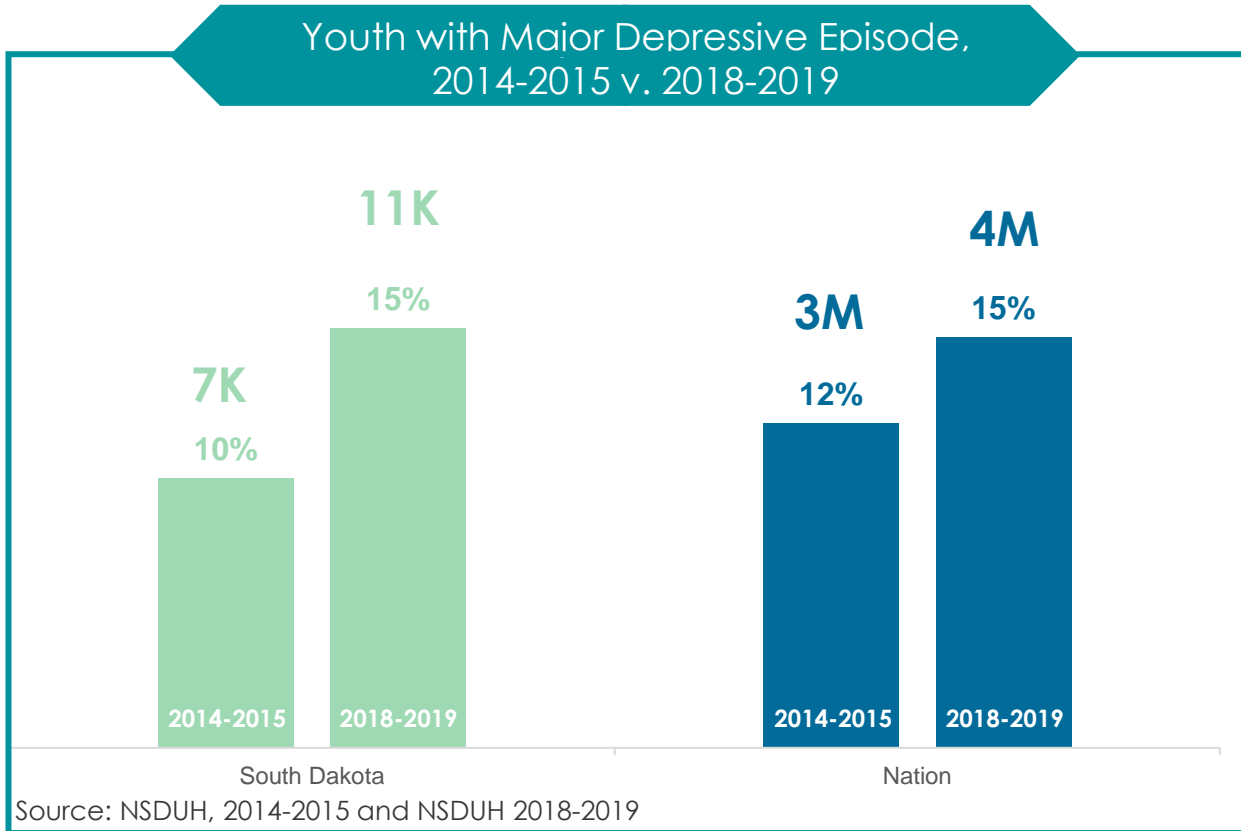
Key Takeaway



Major Depressive Episode **increased** among South Dakota young adults (18-25).

Major Depressive Episode, 2014-2015 v. 2018-2019 and 2021

Prevalence of youth that experienced a major depressive episode, 2014-2015 v. 2018-2019 and 2021 (preliminary), South Dakota and the Nation



Key Takeaway



Major Depressive Episode has **increased** in youth (12-17) in South Dakota between 2014-2015 and 2018-2019. Major Depressive Episode in South Dakota youth is the **same** as the Nation in 2021.

Note: According to Substance Abuse and Mental Health Services Administration (SAMHSA), NSDUH, 2021 (preliminary) data cannot be directly compared to previous years due to data methodology changes.



Substance Use

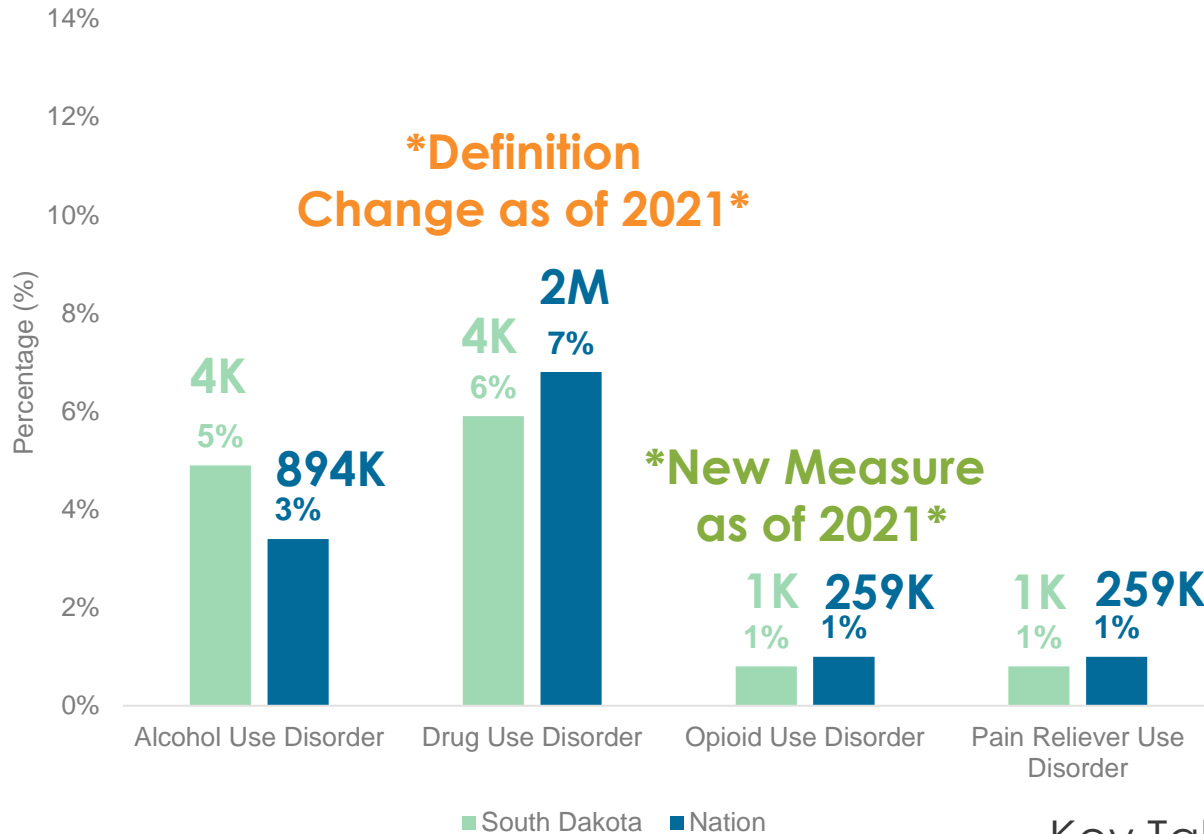


Substance Use Disorder

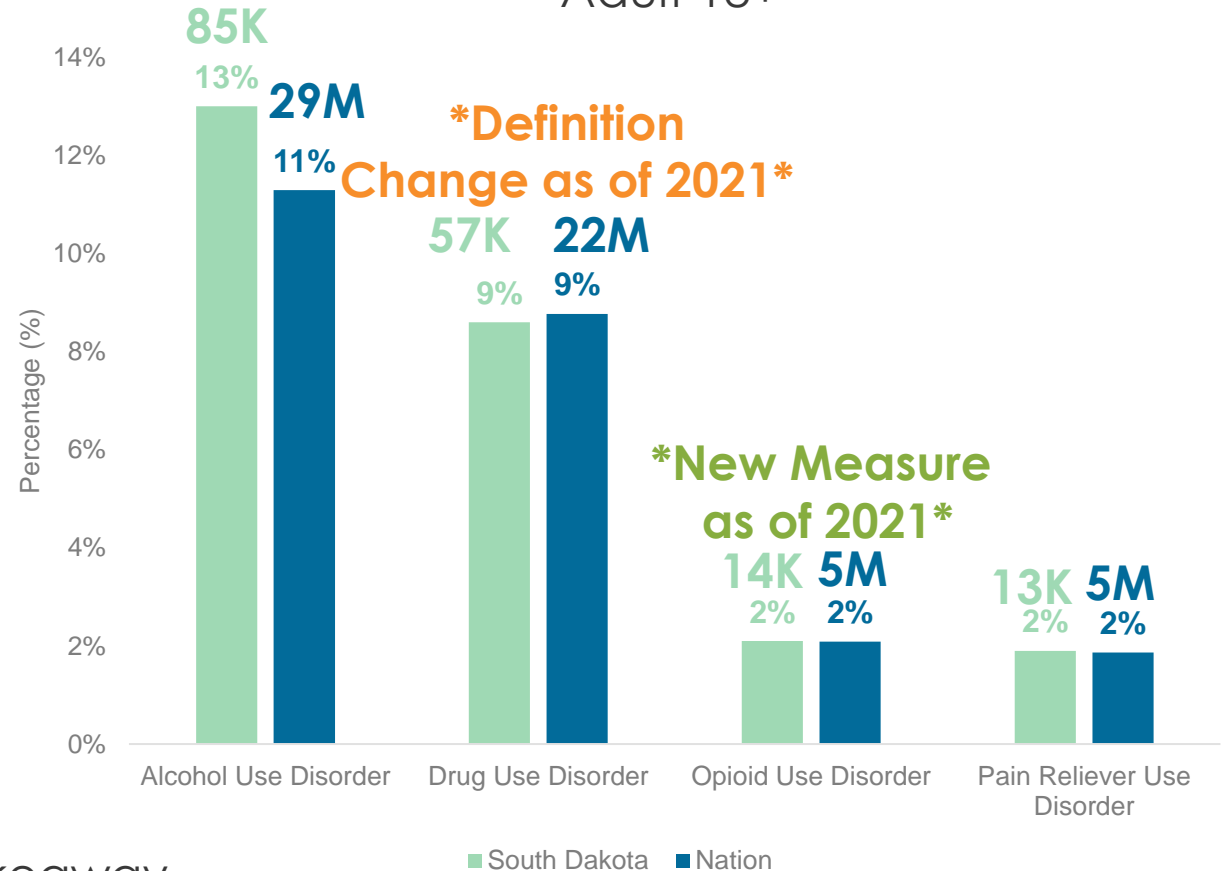
Prevalence of youth (12-17) and adults (18+) with a substance use disorder, by type, 2021 (preliminary), South Dakota and the Nation

Source: NSDUH, 2021 (preliminary)

Youth (12-17)



Adult 18+



Key Takeaway

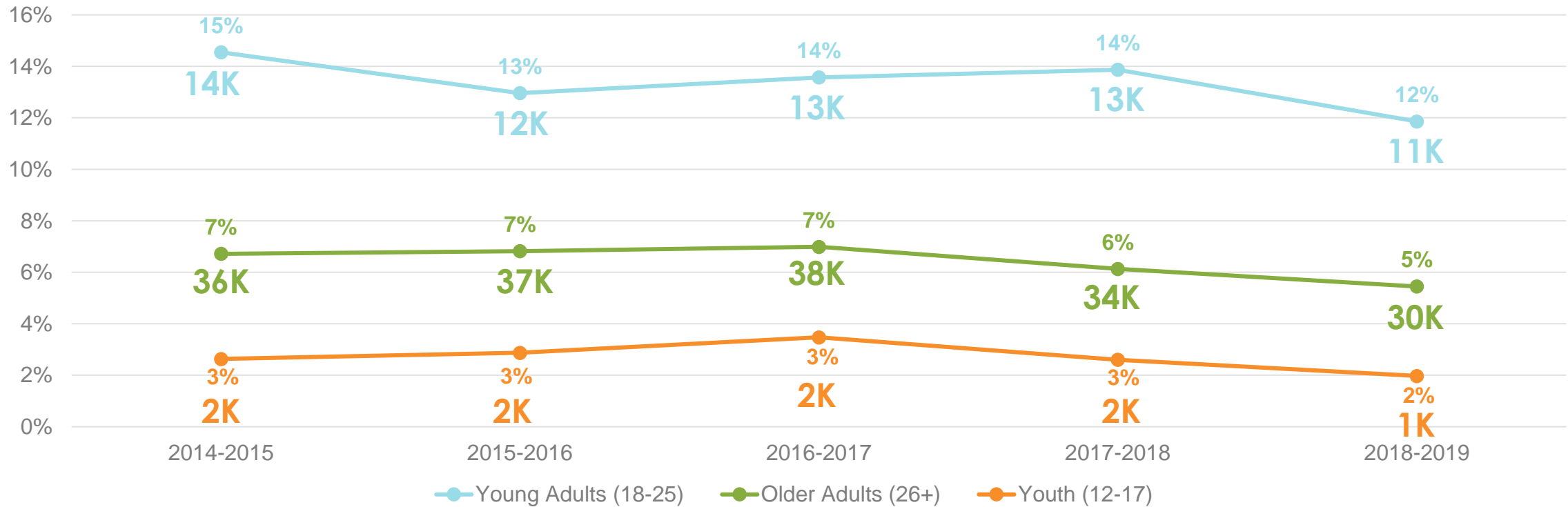


Drug Use Disorder is the most common substance use disorder in youth while **Alcohol Use Disorder** is the most common in adults.

Alcohol Use Disorder, South Dakota, By Age Group

Prevalence of young adults (18-25), older adults (26+), and youth (12-17) with an alcohol use disorder, 2014-2015 through 2018-2019, South Dakota

Source: NSDUH, 2014-2015 through NSDUH 2018-2019



Key Takeaway

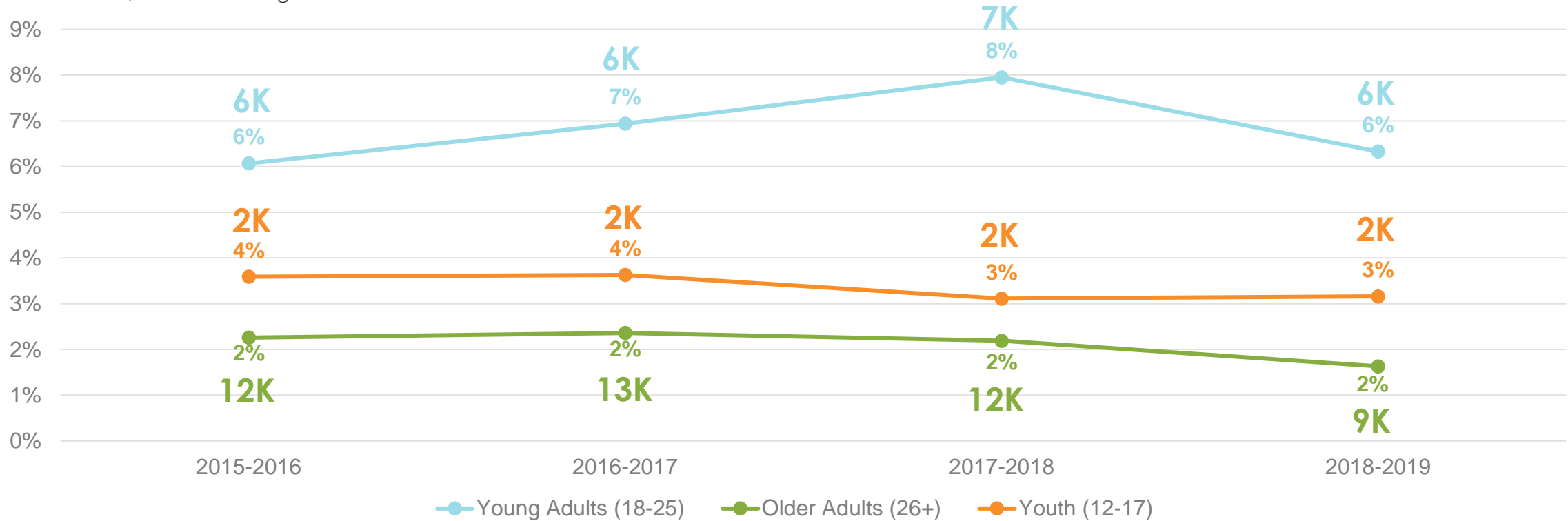


Alcohol Use Disorder has **decreased** in youth (12-17), young adults (18-25) and older adults (26+) in South Dakota between 2014-2015 and 2018-2019.

Illicit Drug Use Disorder, South Dakota, By Age Group

Prevalence of young adults (18-25), older adults (26+) and youth (12-17) with an illicit drug use disorder, 2015-2016 through 2018-2019, South Dakota

Source: NSDUH, 2015-2016 through 2018-2019



Key Takeaway



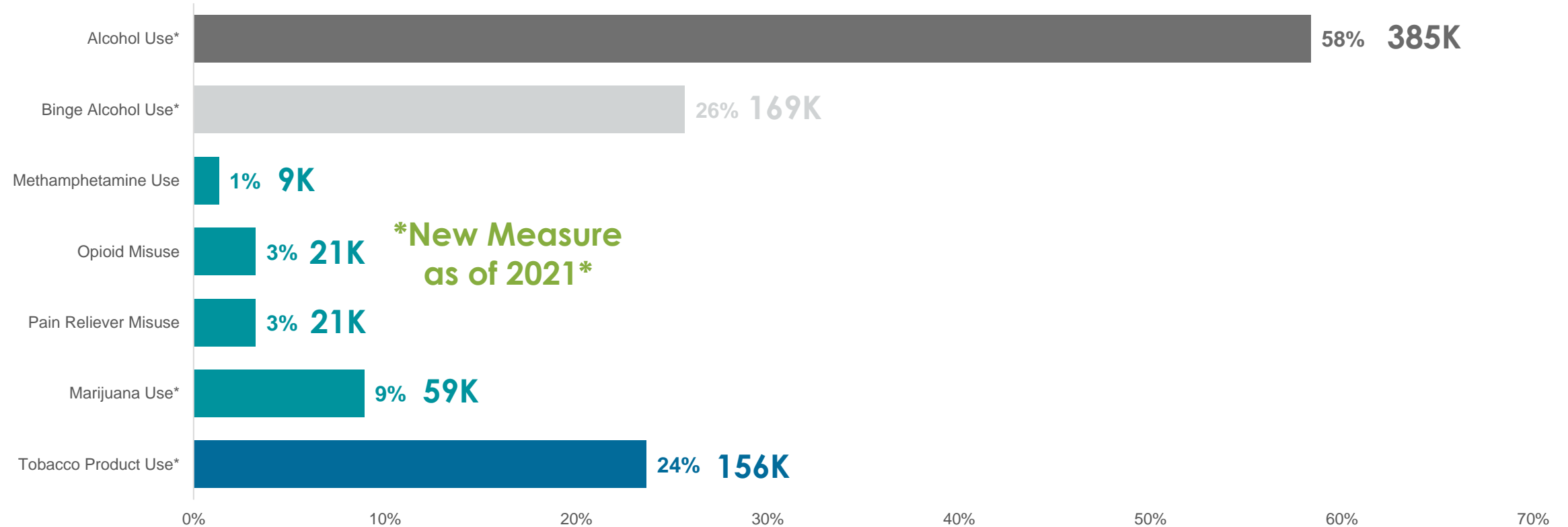
Illicit Drug Use Disorder has the **same** prevalence in 2015-2016 and 2018-2019 for both young (18-25) and older (26+) South Dakota adults.
 Illicit Drug Use Disorder **decreased** for youth in South Dakota.

Note: Illicit Drug Use Disorder was not measured in 2014-2015.

Substance Use, Adults

Prevalence of adult (18+) that reported substance use, by type, 2021 (preliminary), South Dakota

Source: NSDUH, 2021 (preliminary)



Key Takeaway



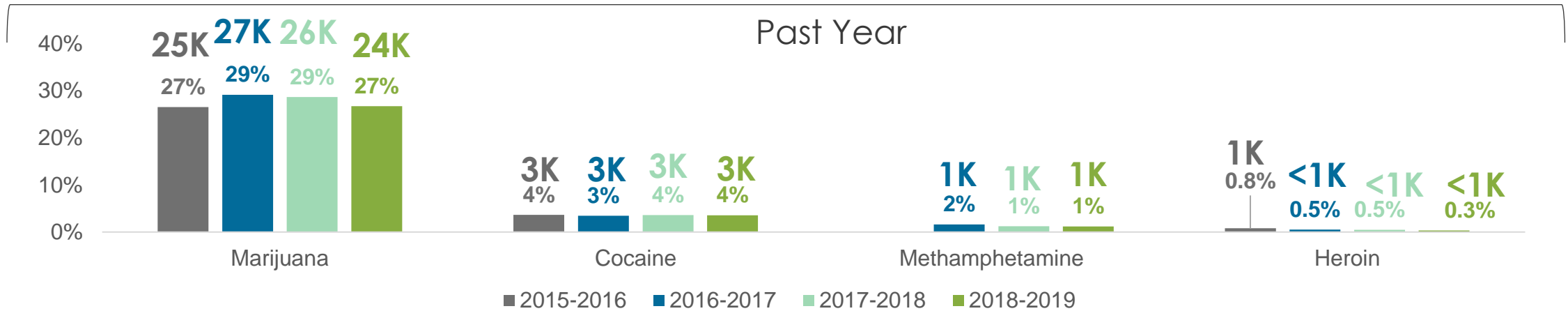
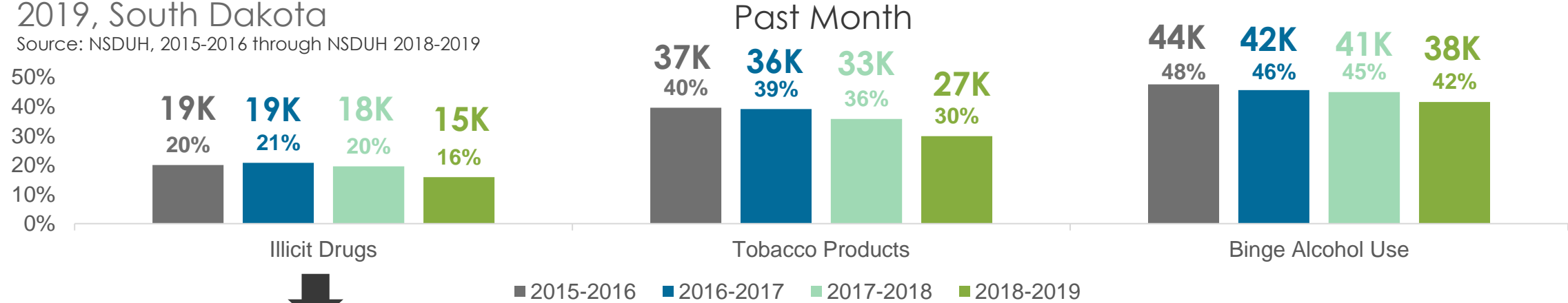
Alcohol is the **most** used drug in South Dakota adults.

*Note: Alcohol Use, Binge Alcohol Use, Marijuana Use, and Tobacco Product Use prevalence estimates are based on use in the *past month*, while Methamphetamine Use, Opioid Misuse, and Pain Reliever Misuse are prevalence estimates from the *past year*.

Substance Use, By Type, Young Adults

Prevalence of young adult (18-25) that reported substance use, by type, 2015-2016 through 2018-2019, South Dakota

Source: NSDUH, 2015-2016 through NSDUH 2018-2019



Key Takeaway



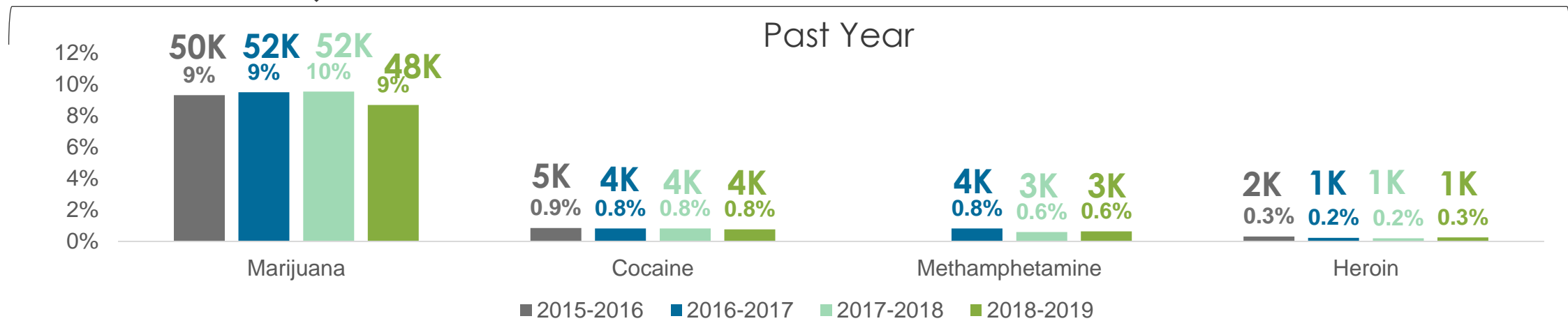
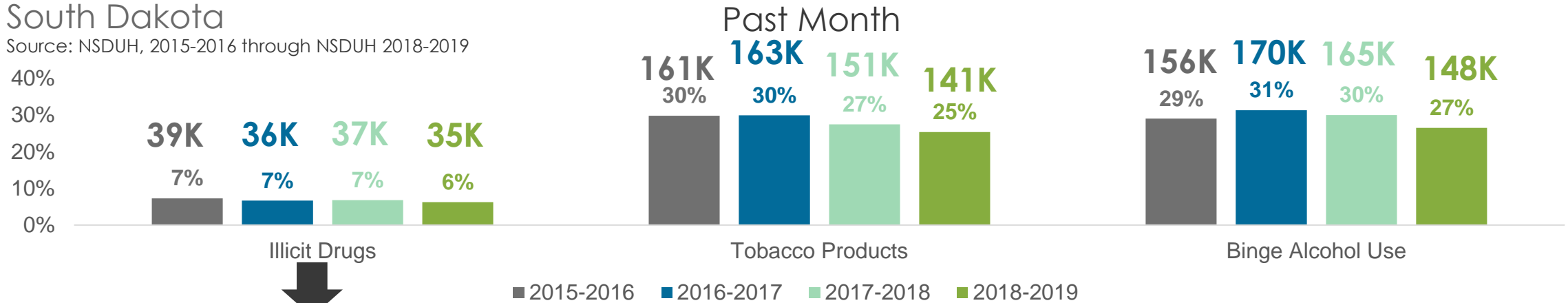
All categories of past month substance use has **decreased** for young adults.

Note: Illicit Drug Use includes the misuse of prescription psychotherapeutics or the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine.

Substance Use, By Type, Older Adults

Prevalence of young adult (26+) that reported substance use, by type, 2015-2016 through 2018-2019, South Dakota

Source: NSDUH, 2015-2016 through NSDUH 2018-2019



Key Takeaway



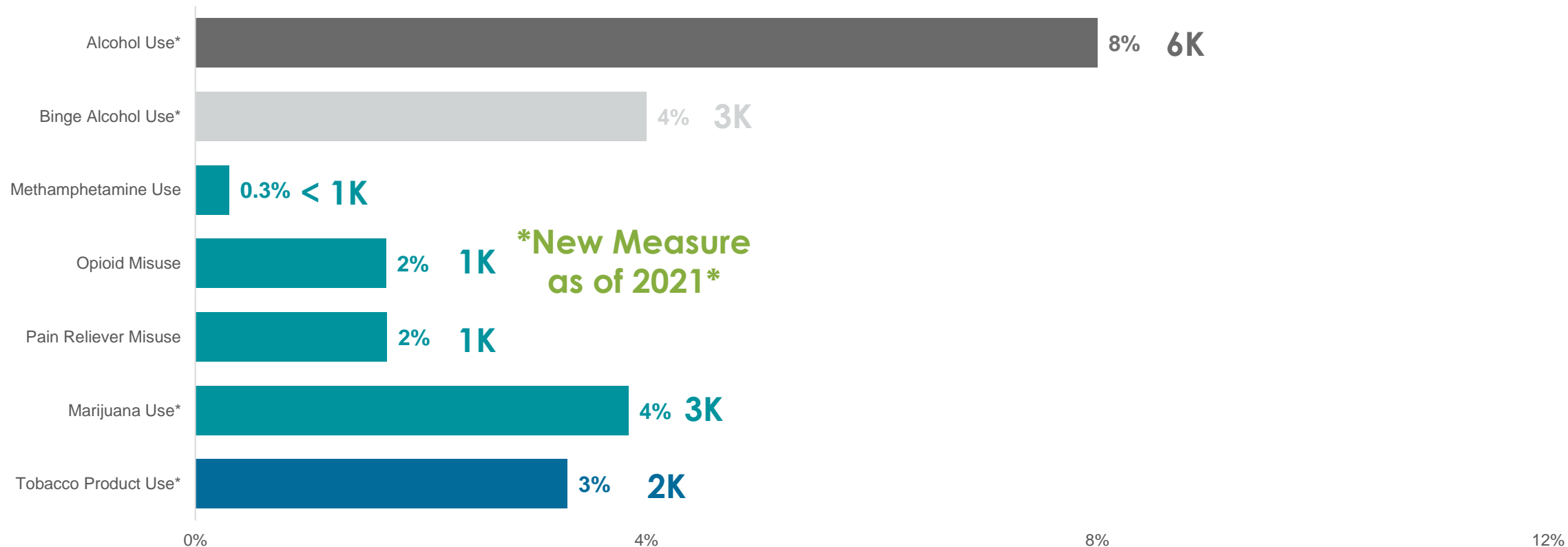
Substance use in older adults has **remained the same** or had a **slight decrease**.

Note: Illicit Drug Use includes the misuse of prescription psychotherapeutics or the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine.

Substance Use, Youth

Prevalence of youth (12-17) that reported substance use, by type, 2021 (preliminary), South Dakota

Source: NSDUH, 2021 (preliminary)



Key Takeaway



Alcohol is the **most** used drug for South Dakota youth (12-17).

*Note: Alcohol Use, Binge Alcohol Use, Marijuana Use, and Tobacco Product Use prevalence estimates are based on use in the *past month*, while Methamphetamine Use, Opioid Misuse, and Pain Reliever Misuse are prevalence estimates from the *past year*.

POLL

During the past 12 months, what percent of South Dakota youth participated in alcohol, tobacco, or drug prevention programming outside of school?

- A. 5%
- B. 7%
- C. 10%
- D. 12%

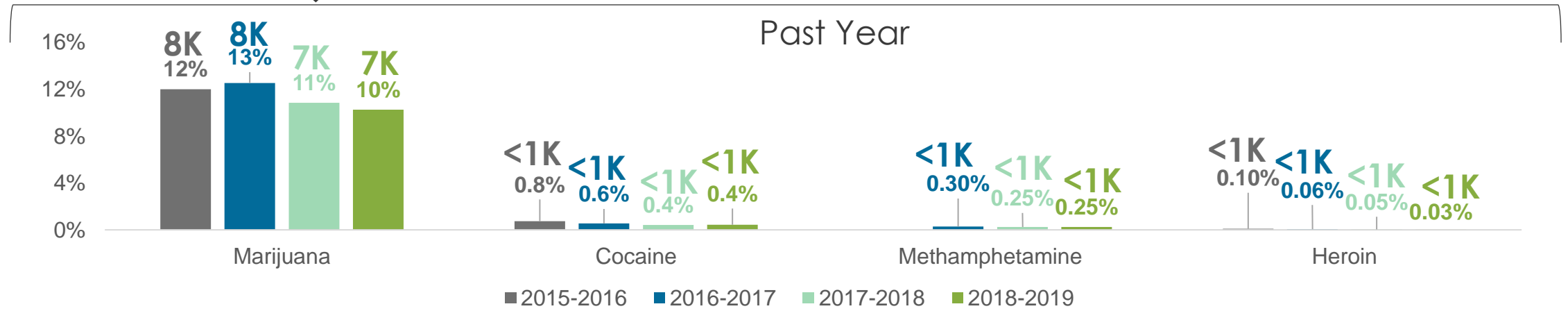
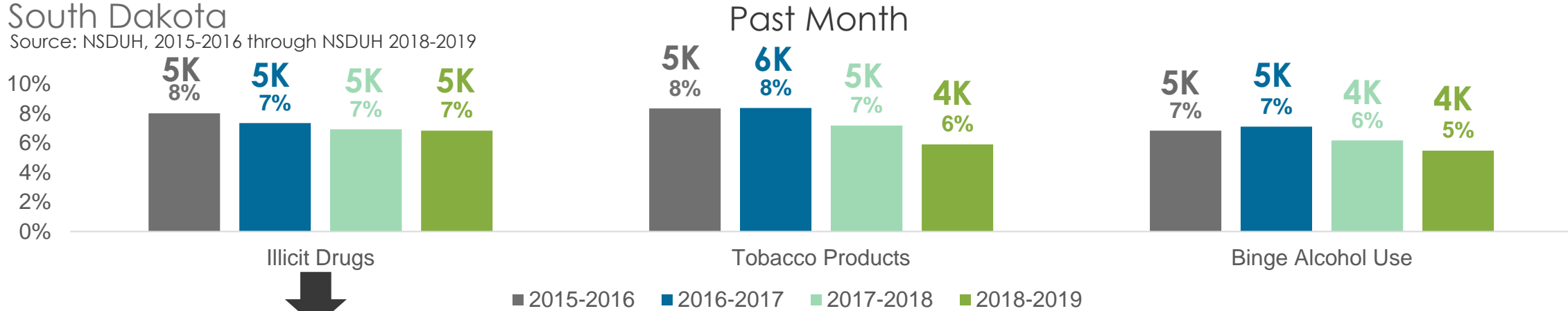
CORRECT
ANSWER



Substance Use, By Type, Youth

Prevalence of youth (12-17) that reported substance use, by type, 2015-2016 through 2018-2019, South Dakota

Source: NSDUH, 2015-2016 through NSDUH 2018-2019



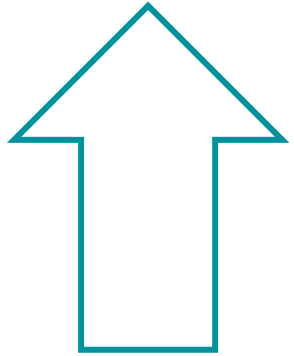
Key Takeaway



Substance use in the past month and past year have **decreased** for youth.

Note: Illicit Drug Use includes the misuse of prescription psychotherapeutics or the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine.

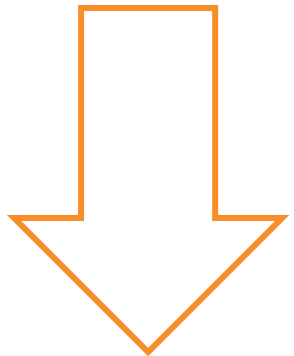
Summary



Mental Health, Between 2014-2015 through 2018-2019 . . .

In South Dakota, young adults (18-25) have experienced an **increase** in Any Mental Illness and Serious Mental Illness. Young adults (18-25) and youth (12-17) have experienced an **increase** in Major Depressive Episode.

Young adults (18-25) are **less likely** to receive mental health services than older adults (26+) in South Dakota among individuals with Any Mental Illness.



Substance Use, Between 2014-2015 through 2018-2019 . . .

Substance use has been **decreasing** for both young adults (18-25) and youth (12-17).

Substance use has remained the **same or slightly** decreased for older adults (26+).



South Dakota
Department of
Social Services



988
—
SUICIDE & CRISIS
LIFELINE

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

Lunch: 12:00 – 1:30 PM

Tours of Pivot Point and Care Campus: 1:30 - 2:30 PM

1. STAKEHOLDER SURVEY

2. Provider is responsive to the needs within the community.
3. Location of services are convenient for client.
4. Provider provides quality services.
5. Provider is supportive of client's needs.
6. Clients report satisfaction of outcomes.
7. Services are available at times convenient for clients.
8. Staff are well trained.
9. Staff are competent to deliver treatment services.

3. Adult and Youth MH Outcome Tool Questions

1. Clients were asked if they were satisfied with the services received: Strongly agree to Strongly Disagree, out of 5.
2. Clients were then asked 5 questions pertaining to the ease and convenience of accessing services: Strongly agree to Strongly Disagree, out of 5.
3. Clients are asked 4 different questions to rate their functioning with ratings of 0 no response to 5 strongly agree.
4. Clients are asked how many times they visited the Emergency Department in the last 6 months.
5. Clients are asked how many days they spent in the hospital for MH care in the past 6 months.
6. Clients are asked how many times in the past 6 month they have attempted suicide.

2. Adult and Youth MH Outcome Tool Questions

Adult and Youth SUD Outcome Tool Questions:

1. Clients were asked if they were satisfied with the services received: Strongly agree to Strongly Disagree.
2. Clients were then asked 5 questions pertaining to the ease and convenience of accessing services: Strongly agree to Strongly Disagree.
3. Clients were asked what their employment status was?
 3. **Youth additional only:** Clients are asked at admission and discharge "have you gotten in trouble as a result of substance use at school/work?"
4. Clients were asked "in the past 30 day, have you been arrested?"
5. Clients were asked at the end of treatment to rate their confidence in their ability to control drug use under different stressful situations they then rank their confidence using (0 not at all to 10 very confident)
6. Clients were asked on a scale of 1- poor to 4- excellent at the end of treatment their ability to control drug use at the beginning of treatment to now.
7. Clients are asked how many nights they spent in a correctional facility including jail in the past 30 days at admission and at discharge.