South Dakota Department of Social Services

FFY 2024-2025 COMBINED BLOCK GRANT APPLICATION

SD BEHAVIORAL HEALTH

STEP 1:
ASSESS THE STRENGTHS AND ORGANIZATIONAL CAPACITY OF THE SERVICE SYSTEM TO ADDRESS THE SPECIFIC POPULATIONS.

STATE DEMOGRAPHICS

The State of South Dakota is spread across more than 77,000 square miles and is home to approximately 895,376 residents. Of South Dakota's 66 counties, 30 are rural and 34 are classified as frontier (less than 6 persons per square mile). The representative population is largely white (80.7%) with 8.2% American Indian/Alaska Native.

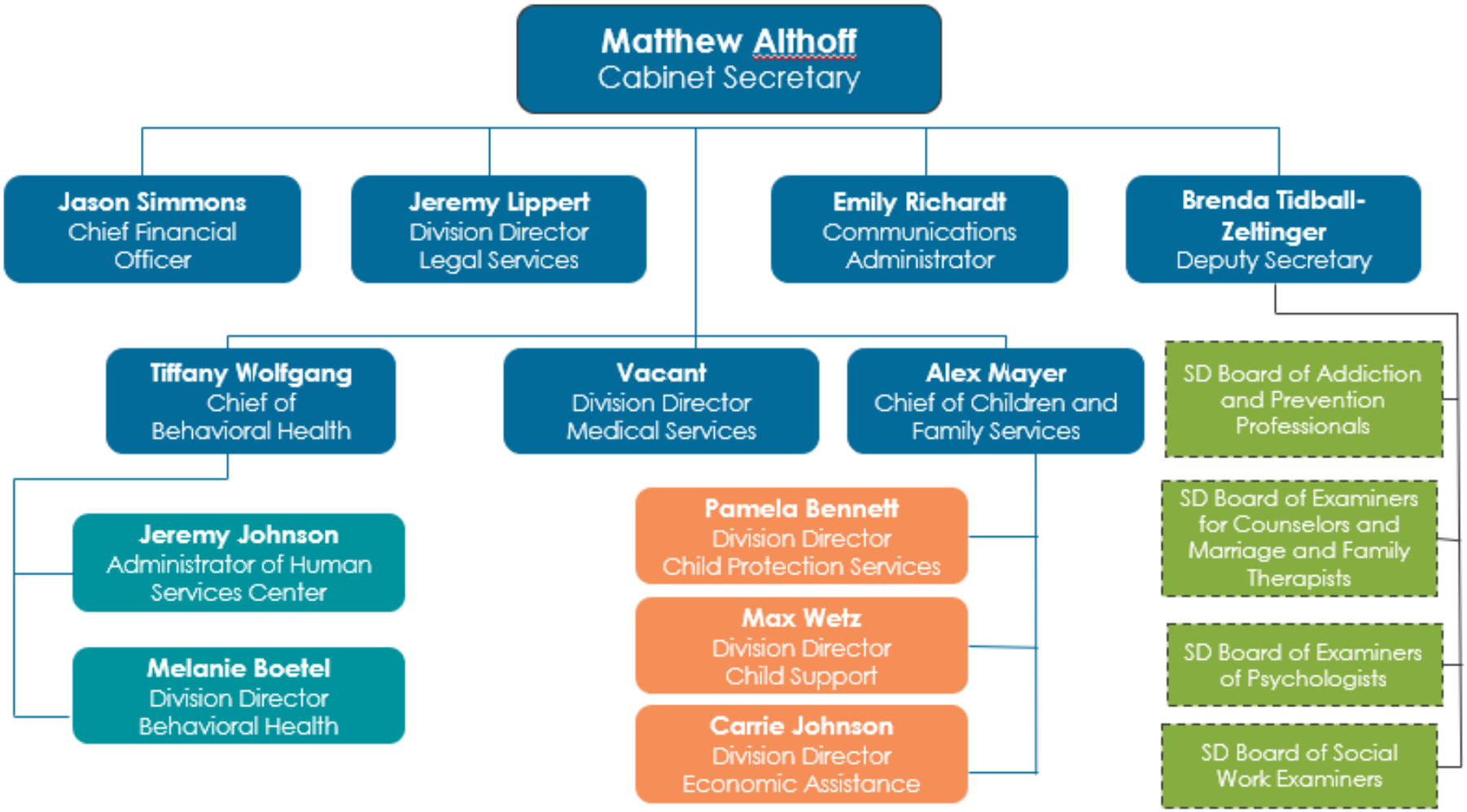
Source: U.S. Census Bureau, U.S. Department of Health and Human Services and U.S. Department of Justice

Other facts:

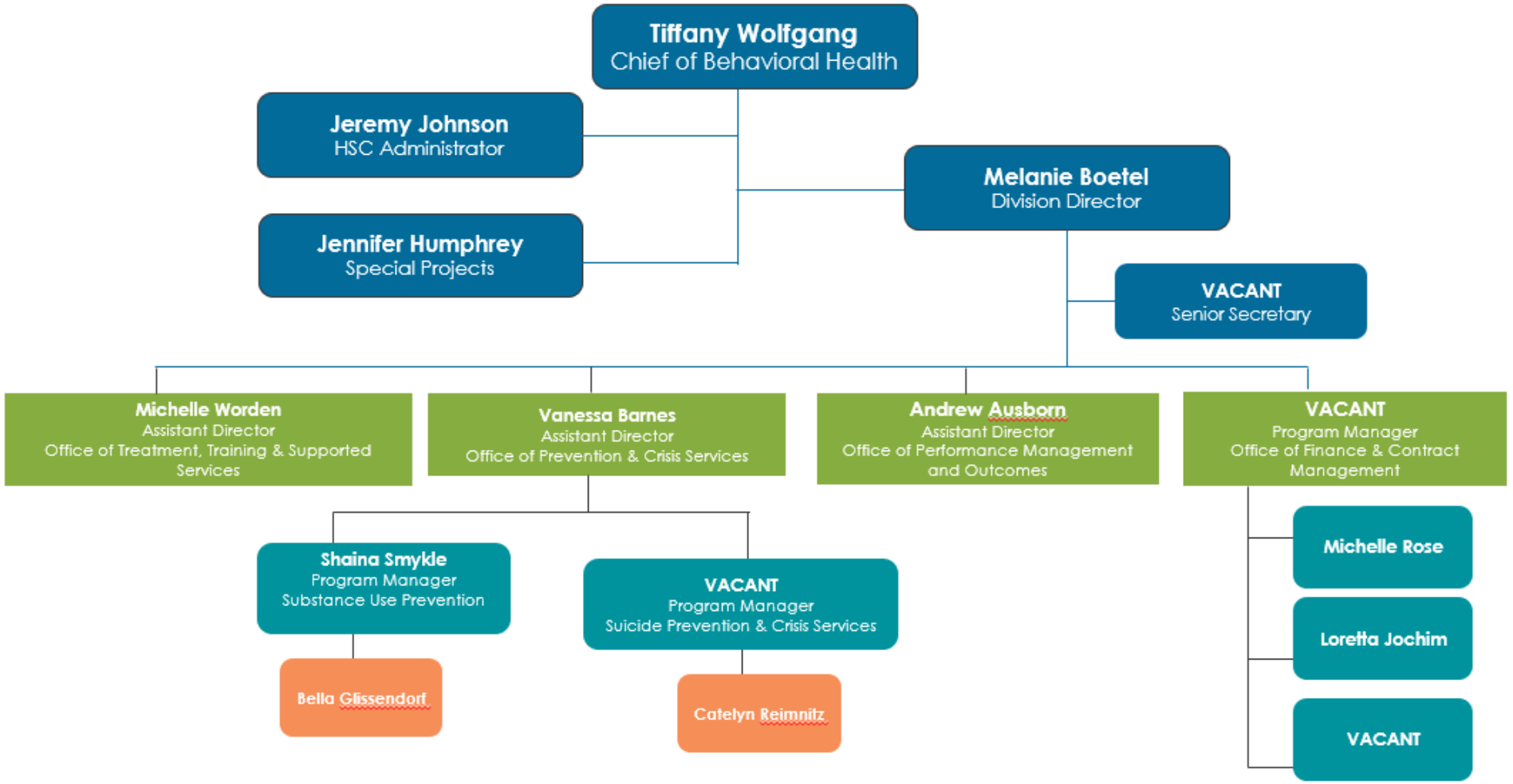
- About one in eight South Dakota residents reported living below the poverty line (12.3%), which is lower than the United States (12.8%). *Source: U.S. Census, 2021: ACS 1-Year Estimates*
- There are 54,403 veterans in South Dakota, which is 8.1% of the state's adult population, while 6.4% of the United States' population are veterans. *Source: U.S. Census Bureau, 2021: ACS 1-Year Estimates Subject Tables*
- In 2010, 44.7% of South Dakota residents lived in rural areas compared to 21.0% nationwide. *Source: U.S. Census Bureau, Decennial Census*
- There are nine federally recognized tribes within South Dakota. About 8% of the population in South Dakota is American Indian/Alaskan Native, while only 1% identify as American Indian/Alaskan Native in the United States.
- 6.0% of South Dakota's workforce were ranchers and farmers, while in the United States ranchers and farmers consisted of less than 1.6% of the labor force. *Source: U.S. Census, 2021: ACS 1-Year Estimates Data Profiles*
- South Dakota had a 1.8% unemployment rate for individuals 16 years and older in the labor force. 3.9% of individuals 16 years and older are unemployed in the United States. *Source: U.S. Census, 2021: ACS 1-Year Estimates Data Profiles*
- 24.6% of South Dakota residents were under age 18 and 17.6% were over age 65. In the United States 22.1% of residents were under the age of 18 years and 16.8% were over age 65. *Source: U.S. Census, 2021: ACS 1-Year Estimates*
- In 2021, 4.2% of South Dakota residents identified as Hispanic or Latino, which is lower than the United States (18.8%). *Source: U.S. Census Bureau, 2021: ACS 1-Year Estimates Data Profiles*

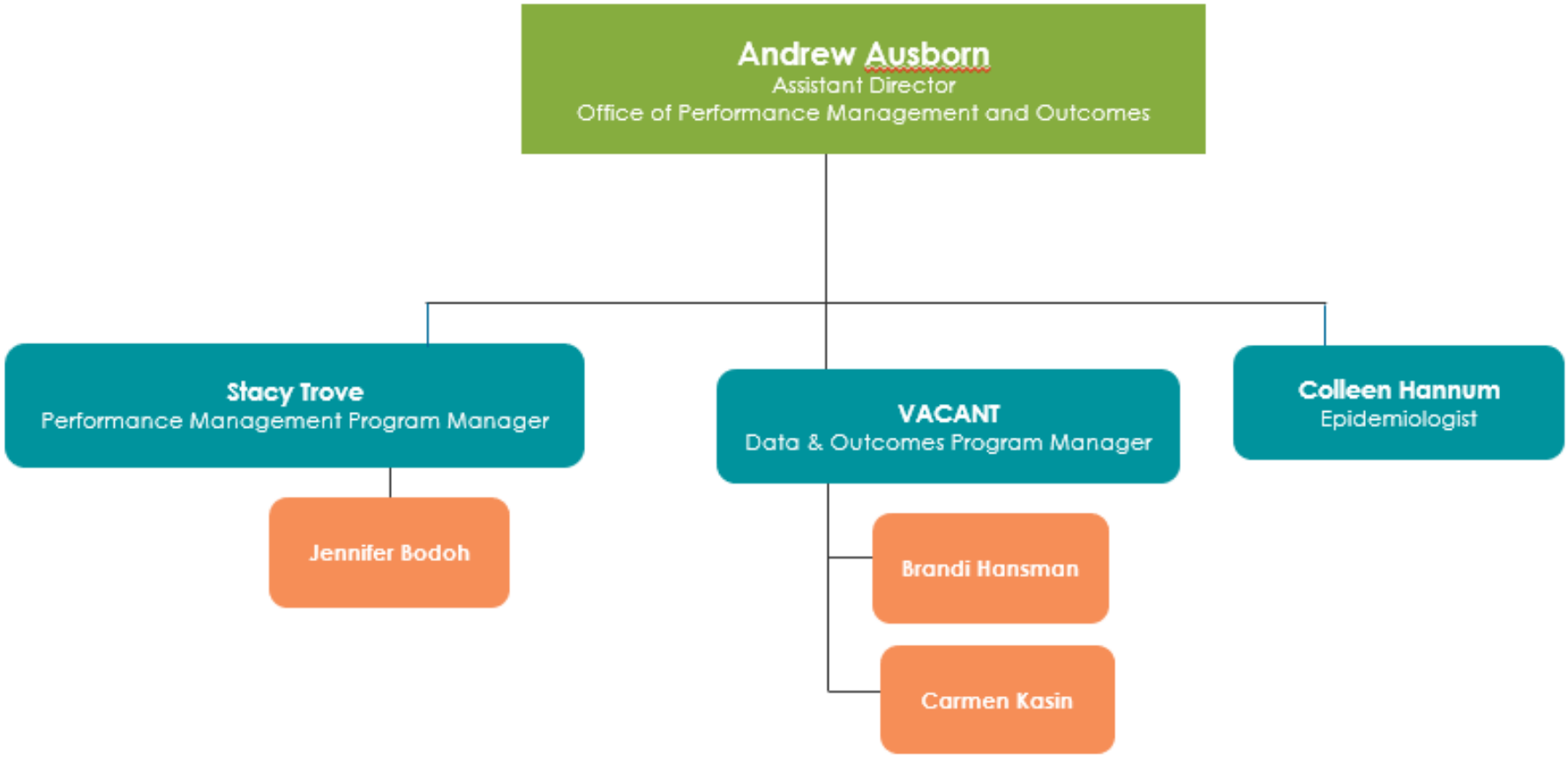
STATE ORGANIZATIONAL STRUCTURE

Department of Social Services



Office of Behavioral Health

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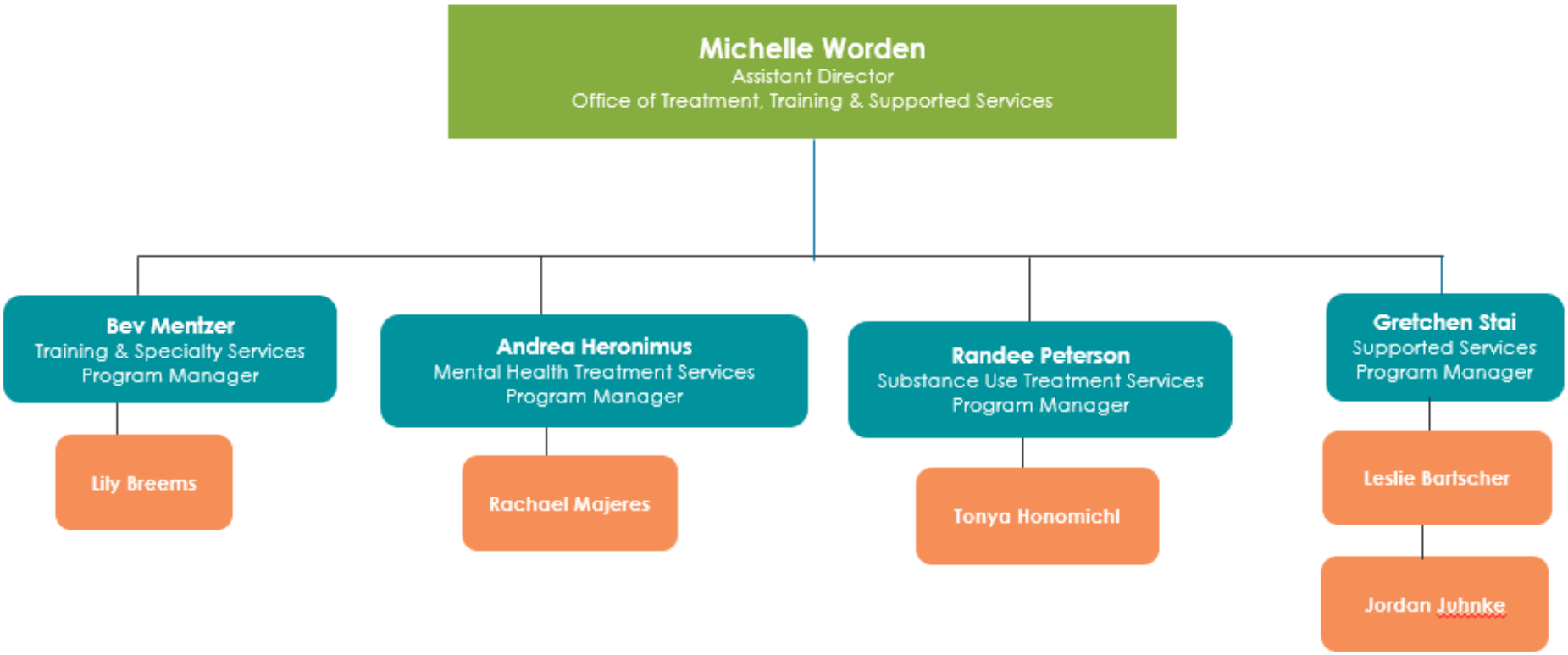
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Department of Social Services

Strengthening families to foster health, wellbeing, and independence.

Department of Social Services (DSS) Strategic Plan: StrategicPlan.pdf (sd.gov)
Strategic Plan Outcomes: outcomes.pdf (sd.gov)

The Department of Social Services is organized into five distinct categories: Behavioral Health Services, Medical Services, Children and Family Services, Legal Services, and the Secretariat. The Management Team was created to include the Chief Financial Officer, Director of Legal Services, Communications Administrator, Chief of Behavioral Health, Director of Medical Services, Chief of Children and Family Services and the Deputy Secretary.

The Deputy Secretary also serves as the Chief of Operations who oversees the operational needs of the Department and provides oversight for the Office of Licensing and Accreditation. This office oversees the licensing and accreditation of family foster homes; child placement agencies; shelter care facilities; group care centers for minors; residential treatment centers; intensive residential treatment centers; independent living preparation programs; registration and licensure of family child care homes; group family child care homes; day care centers; before and after school programs; and accreditation of substance use disorder inpatient and outpatient treatment providers; community mental health centers; and prevention programs.

Under the organizational structure of the Management Team is eight divisions. The Division of Legal Services provides legal services to the department secretary as well as to other programs within the department.

The Division of Economic Assistance provides medical, nutritional, financial, and case management services to promote the well-being of lower income families, children, people with disabilities, and the elderly.

The Division of Child Support helps parents establish a financial partnership to support their children when they do not live together. They also help non-custodial parents, establish paternity, and enforce child support orders and collect and process support payments.

The Division of Child Protection Services works with families in difficult situations by receiving and assessing reports of child abuse and neglect, providing services to families, and connecting parents with resources to help increase their ability to keep children safe. They also administer the state's foster care and adoption services and licensing of child welfare agencies.

The Division of Medical Services oversees all areas of the Medicaid Program, except for the eligibility criteria which is handled by the Division of Economic Assistance. They also work with South Dakota's enrolled Medicaid providers.

The Division of Accounting and Finance provides support services to oversee and manage the department's budget and financial operations.

The Human Services Center provides individuals with a mental health or substance use disorder or both with effective, individualized professional treatment enabling them to achieve their highest level of personal independence in the most therapeutic environment.

The Division of Behavioral health supports children, youth and adults with behavioral health needs through prevention and early intervention services, community-based substance use disorder and mental health services, crisis care services and recovery support services.

The Human Services Center, the Division of Behavioral Health and Office of Prevention and Crisis Services are overseen by the Office of Behavioral Health Services. The Office of Prevention and Crisis Services ensures youth and young adults are provided community-based substance use prevention services to educate, empower

and promote healthy lifestyles.

BEHAVIORAL HEALTH SERVICE STRUCTURE

Substance use disorder treatment services are provided by community-based agencies spread throughout the State of South Dakota. Services include outpatient, intensive outpatient, day treatment, medically monitored intensive inpatient treatment, clinically managed low intensity residential treatment, clinically managed residential detoxification, and specialty programs including intensive methamphetamine treatment and treatment for pregnant and parenting women.

Community-based mental health services are provided by 11 non-profit Community Mental Health Centers (CMHCs). Each CMHC is governed by a local Board of Directors and each CMHC is responsible for providing services in a specific geographic service area. Primary populations include adults with serious mental illness and children with serious emotional disturbances and their families, including those with co-occurring mental health and substance use disorders.

Substance use prevention services are provided by 19 prevention providers who tailor their prevention efforts around the needs of their community, using effective community-based, school-based and/or individual evidence-based programs. South Dakota has three Prevention Resource Centers which provide regional support to students, parents, educators, community groups, community agencies, law enforcement and others interested in prevention resource materials or support.

South Dakota's implementation and expansion of behavioral health crisis care is rooted in the Crisis Now model, led by the National Association of State Mental Health Program Directors. There are three providers who offer short-term crisis stabilization services 24/7 with overnight residential services to stabilize acute psychiatric or behavioral health symptoms. There is an additional provider that offers short term crisis stabilization services 24-hours or less.

Fiscal Management

Mental health and substance use disorder services are provided on a fee-for-service basis through Medicaid, Block Grant, and state general funds.

Funding utilized for mental health services include direct services to individuals with serious mental illnesses and children with serious emotional disturbances as well as outpatient services, emergency services, and services through the Indigent Medication Program. The Indigent Medication Program provides temporary financial support to South Dakotans for medications used to treat mental illness and substance use disorders and related laboratory costs while other funding option are identified.

Funding utilized for substance use disorder services includes prevention, outpatient, intensive outpatient, day treatment, medically monitored intensive inpatient treatment, clinically managed low intensity residential treatment, clinically managed residential detoxification, and specialty programs including intensive methamphetamine treatment and treatment for pregnant and parenting women. South Dakota's Medicaid State Plan covers substance use disorder services for all Medicaid-eligible individuals.

For both mental health and substance use disorder services, all clients undergo a financial eligibility process. Clients are found financially eligible based on 185 percent of the Federal Poverty Level (FPL). If a client's yearly gross income, minus allowable deductions, does not exceed 185 percent of the FPL for a family of comparable size, they are considered indigent and are automatically eligible for state funding for mental health and/or substance use disorder services when there is no other payer available. If a client's yearly gross income, minus allowable deductions, does exceed 185 percent of the FPL for a family of comparable size, they have the option of completing forms requesting a hardship consideration. This process considers any hardship that the client or family may have that would make paying for services an undue financial burden. The Division of Behavioral Health is responsible for determining eligibility based on hardship considerations defined in provider contract requirements.

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

PREVENTION & CRISIS CARE SERVICE SYSTEM

Substance Use Prevention Flyer: SUD_Prev_flyer.pdf (sd.gov)

The Office of Prevention and Crisis Services (OPCS) contracts with 19 substance use prevention providers to provide prevention programming in the state of South Dakota.

Substance use prevention focuses on helping people develop the knowledge, attitude, and skills they need to make good choices about harmful behaviors of substance misuse or use. Each substance use prevention provider tailors their prevention efforts around the needs of their community, using effective community-based, school-based and/or individual evidence-based programs.

School-based programming focuses on classroom presentations, early identification, screening, and referral to services. Community-based programming focuses on establishing or changing community standards, policies, and attitudes towards substance use. Individual-based programming focuses on targeted interventions to high-risk individuals to reduce the likelihood of developing a substance use disorder.

In addition, South Dakota has three Prevention Resource Centers (PRCs) that provide local trainings and are a resource for supporting implementation of evidence-based prevention programming for local communities and schools across the state.

The OPCS oversees the statewide prevention system, maintaining expenditures of not less than 20% of the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant.

South Dakota is divided into three main regions that three PRCs serve, ensuring coverage to all 66 counties of the state. The six identified primary prevention strategies are:

1. *Information Dissemination:* PRCs and prevention providers are responsible for providing knowledge and increasing awareness of the nature and extent of substance use, addiction and the effects on individuals, families, and communities.
2. *Education:* contracted prevention providers provide school-based substance use prevention programming.
3. *Community Based:* contracted prevention providers provide the following services:
    - Building and sustaining substance use prevention coalitions.
    - Creating local needs assessments as well as an individual strategic plan.
    - Providing resources to communities related to substance use and/or abuse.
4. *Environmental:* Contracted prevention providers provide the following services:
    - Assisting with the development and review of local substance use policies within their communities.
    - Assisting communities to maximize enforcement procedures related to the availability and distribution of substances.
5. *Alternatives:* The OPCS support the development and operation of community sponsored substance free events for youth through contracted prevention providers.
6. *Problem Identification and Referral:* The OPCS contracts with prevention providers to offer structured prevention programming for high-risk youth. These programs serve individuals identified at risk of developing a substance use disorder.

With the input and feedback from stakeholders across South Dakota, the OPCS recently published a 2023-2028 Prevention Services Strategic Plan to guide prevention efforts over the next 5 years.

In the summer of 2019, Governor Noem tasked state agencies to develop a statewide suicide prevention strategic plan. Together, the Department of Health, Social Services, Education, Tribal Relations and Agriculture, as well as the Great Plains Tribal Leader's Health Board formed a work group and developed South Dakota's 2020-2025 Suicide Prevention Strategic Plan. The development of the strategic plan included review of the prior work related to suicide prevention and review of national strategies. A framework including guiding principles, goals, objectives, and strategies was created and the drafted strategic plan was distributed to stakeholders and the public in the fall of 2019. The strategic plan was then finalized with the input received. Each year, the workgroup identifies priority strategies from the strategic plan to focus on and highlights achievements through an outcome report.

South Dakota's 2020-2025 Suicide Prevention Strategic Plan: SD_SuicidePreventionPlan_2020-2025.pdf (sdsuicideprevention.org)

South Dakota Suicide Prevention Website: South Dakota Suicide Prevention (sdsuicideprevention.org)

Suicide Prevention Facts Flyer: https://dss.sd.gov/formsandpubs/docs/BH/BHSP03

During the 2020 Legislative Session SDCL 27A-10.1.2 passed allowing other types of providers to seek designation and provide services as Appropriate Regional Facilities. Following this, South Dakota has established short term crisis stabilization services across multiple communities to provide 24/7 overnight residential services to stabilize acute psychiatric or behavioral health symptoms, evaluate treatment needs and develop a crisis stabilization plan affording the ability for individuals to be stabilized closer to home. Through the Behavioral Health Services Delivery Transformation in the Governor's 2021 budget address, $15,000,000 was committed over the next four years to support infrastructure development to meet the needs of all behavioral health regions in South Dakota.

In 2021, the Division of Behavioral Health formed the Behavioral Health Crisis Response Stakeholder Coalition to plan for 988's launch and development of crisis response services. Coalition members are key stakeholders working in South Dakota's behavioral health crisis response system. The coalition remains active to address crisis response amongst all three pillars of the Crisis Now model, someone to talk to, someone to respond and somewhere to go.

Contacts to the Suicide and Crisis Lifeline or 988 are answered in South Dakota by the Helpline Center. 988 is available through call, text and chat and provides 24/7 services. South Dakota was awarded the 988 Implementation Grant to provide funding for the first year of 988 services. Through the 2023 legislative session, general funds were awarded to fully support 988 services in State Fiscal Year 2024.

South Dakota currently has two in-person mobile crisis teams that provide mobile, in-person and telehealth response to four counties. Teams are dispatched through 911 and coordinate with community partners including law enforcement, schools, jails, and hospitals to address emergency mental health situations. South Dakota also has virtual crisis care through Avel eCare that connects mental health professionals to responding law enforcement via telehealth across 38 counties. Information is provided to the local Community Mental Health Center to support follow-up services. Both crisis response options work to increase connection to services, strive to prevent future crisis situations, reduce the pressure on emergency departments and hospitals by resolving crises within the community settings themselves where the individuals are, and help reduce direct law enforcement involvement. Additionally, Division of Behavioral Health was awarded a Rural Mobile Crisis Grant that will begin September 30, 2023, and end on September 29, 2027.

Mental Health Awareness Training Grant (SD MHAT)

The Office of Prevention and Crisis Services (OPCS) was awarded the MHAT grant which is $125,000 per year for the next five years beginning September 30, 2021, through September 29, 2026.

The purpose of this grant is to (1) train individuals (e.g., school personnel, emergency first responders, law enforcement, veterans, armed services members and their families) to recognize the signs and symptoms of mental disorders, particularly serious mental illness (SMI) and serious emotional disturbance (SED); (2) establish linkages with school and community-based mental health agencies to refer individuals with the signs or symptoms of mental illness to appropriate services; (3) train emergency services personnel, law enforcement, fire department personnel, veterans, and others to identify persons with a mental disorder and employ crisis de-escalation techniques; and (4) educate individuals about resources that are available in the community for individuals with a mental disorder. The grant will prepare and train others on how to respond to individuals appropriately and safely with mental disorders, particularly individuals with SMI or SED.

Middle School Meth Prevention

During the 2019 legislative session, Governor Noem proposed, and the legislature approved $731,281 for school-based meth prevention programming. In FY23, 12 contracted prevention providers with meth prevention funding served over 3,200 middle school students. These contracted providers used evidence-based curriculums such as LifeSkills, Too Good for Drugs, Project SUCCESS, Canoe Journey/Medicine Wheel, S.A.F.E., Positive Action, and Project Venture.

Opioid State Targeted Response (STR) Grant
State Opioid Response (SOR) Grant

Avoid Opioid SD

Through the STR and SOR grants received by the Division of Behavioral Health (DBH), the state has supported opioid prevention and education activities including a public awareness campaign and higher education-based prevention programming.

The DBH and Office of Prevention and Crisis Services collaborate with key partners to share relevant and educational information about opioid misuse and addiction through various forms of media, backed by a comprehensive and targeted promotional campaign. Key outcomes include:

- Over 2 million individuals have been reached with AvoidOpioidSD messages since the 7/1/21.
- Over 4,200 South Dakotans have been equipped with safe at home medication storage lockboxes from November 2021 to May 2023.
- Over 1,800 South Dakotans have been equipped with safe at home medication disposal DisposeRx packets from FY20 through FY23.
  Over 1,100 individuals at risk of an overdose have had an improved response after the administration of Narcan.

In FY23, The DBH and Department of Health issued Request for Proposal (RFP) #23-0904006-007, Opioid Abuse and Misuse Prevention Public Education Campaign to further develop and shape the AvoidOpioid campaign's initiatives around prevention, treatment, response and recovery services. The RFP was awarded to Lawrence & Schiller to refresh the campaign began in FY24.

The DBH and OPCS continue to work with key partners to promote evidence-based opioid prevention programs and education materials to middle school and high school aged youth, and community members. Per federal funding requirements, activities are in line with SAMHSA's Opioid Overdose Prevention Toolkit. Programming includes implementation of the LifeSkills opioid lesson, Positive Action, and community town halls.

RECOVERY SUPPORT SERVICE SYSTEM

Through various funding sources, the Division of Behavioral Health has been able to support, in a limited capacity, peer support services for substance use disorder and mental health, supported housing, and intensive case management.

Through the Supported Housing for Addiction Recovery and Empowerment Program, the Division of Behavioral Health (DBH) has been able to partner with nine agencies to address the need of safe and healthy living environments to support the journey of recovery. There are currently a total of 195 beds available across the state of South Dakota within this program. This program is designed to serve men and women ages 18 and older with a substance use disorder or who are experiencing issues related to substance use.

Through the State Opioid Response Grant funds, the DBH health has partnered with four recovery support providers, Bethany Christian Services, Oxford House Inc., Project Recovery, and Face It TOGETHER.

1. Bethany Christian Services provides specialized case management services to support expectant mothers with a history of opioid and/or methamphetamine misuse and prepares them to care for their child. The goal of the ReNew program is to help families stay together by integrating an evidence-based model. The program provides specialized case management and peer-to-peer support services for expectant mothers, allowing them to develop positive, life-changing behaviors in a sustainable way. The model's goals are to promote treatment compliance, maternal health, improve birth outcomes, and reduce the risks and adverse complications of prenatal substance exposure for both mothers and newborns. ReNew integrates evidence-based models and practices across formal systems of child welfare, medical, and substance abuse treatment from pregnancy through the first year of the child's life.
2. Oxford House Inc. provides MOUD-friendly recovery homes across the United States. Oxford Houses are self-run, self-supported addiction recovery homes where groups of recovering individuals live together in an environment that supports recovery. Individuals living in an Oxford House learn or relearn values, responsible behavior, and over time develop positive long-term habits to assure comfortable sobriety-forever. There are currently 16 houses in South Dakota and a total of 148 beds.
3. Face It TOGETHER provides professional, confidential peer coaching to people living with addiction, including loved ones through in-person and virtual sessions.
4. Project Recovery offers peer support services as an integrated part of their treatment for medication of opioid use disorder (MOUD).

COMMUNITY-BASED MENTAL HEALTH SERVICE SYSTEM

ARTICLE 67:62 MENTAL HEALTH
HTTPS://SDLEGISLATURE.GOV/RULES/ADMINISTRATIVE/38542

Interactive County Map for Behavioral Health Services: Department of Social Services (sd.gov)

South Dakota Community Mental Health Center Flyer:
cmhc_flyer.pdf (sd.gov)

Mental Health Services Brochure: mental_health_brochure.pdf (sd.gov)

Mental Health Wellness and Recovery Phone Apps: MentalHealthWellnessRecovery.pdf (sd.gov)

Community Mental Health Centers (CMHCs)

Integral to South Dakota's community-based mental health delivery system are 11 private, non-profit Community Mental Health Centers (CMHCs). Each CMHC is governed by a local board of directors and each CMHC has a specific catchment area for which it provides services.

Mental health services for indigent and/or Medicaid eligible individuals are supported through Mental Health Block Grant funds as authorized under US Title 42 Part B. As a requirement of the funding, a full array of services must be provided and include services to priority populations, children with serious emotional disturbance and

adults with serious mental illness. To ensure fulfillment of the requirements of US Title 42 Part B, South Dakota's Mental Health Block Grant funds are allocated to agencies defined in South Dakota Codified Law 27A-1-1(16) and accredited according to Administrative Rules of South Dakota 67:62.

All CMHCs provide Children, Youth and Family (CYF) services and Comprehensive Assistance with Recovery and Empowerment (CARE) services. Six CMHCs provide Individualized Mobile Program of Assertive Community Treatment (IMPACT) services. Additionally, eleven CMHCs are also accredited substance use disorder treatment agencies and provide a wide array of substance use services.

1. Behavior Management Systems (BMS), Rapid City- Catchment area: Bennett, Butte, Custer, Fall River, Harding, Jackson, Lawrence, Meade, Pennington, and Oglala Lakota counties. The Pine Ridge Indian Reservation falls within the catchment area as well.
    - Additional mental health services: Systems of Care (SOC) and IMPACT. BMS established a First Episode Psychosis Program in 2016, however this program is currently inactive due to staffing shortages.
    - Appropriate Regional Facility, short-term crisis care services for people experiencing a mental health or substance use related crisis.
    - Substance use services: early intervention, outpatient services and clinically managed low intensity residential treatment and medically monitored intensive inpatient treatment for pregnant women and women with dependent children.
    - BMS also provides residential housing supports for individuals with serious mental illness.

2. Brookings Behavioral Health and Wellness (BBHW), Brookings- Catchment area: Brookings county. Additional mental health services: SOC.
    - Substance use services: prevention, and outpatient.
    - BBHW will be undergoing training in Fiscal Year 2024 to bring on a team providing Functional Family Therapy (FFT).

3. Capital Area Counseling Services, Inc. (CACS), Pierre- Catchment area: Buffalo, Haakon, Hughes, Hyde, Jones, Lyman, Stanley and Sully counties. The Lower Brule and Crow Creek Indian Reservations fall within the catchment area as well.
    - Additional mental health services: MRT, ART, and SOC.
    - Substance use services: early intervention, outpatient (.5,1.0,2.1), intensive outpatient, gambling, MRT, ICBT (Integrated Cognitive Behavioral Therapy) for Cannabis Youth Treatment, and Cognitive Behavioral Interventions for Substance Abuse (CBISA).
    - CACS operates a therapeutic foster care program for children placed in the State foster care system and also provides residential housing supports for individuals with serious mental illness.

4. Community Counseling Services, Inc., (CCS), Huron- Catchment area: Beadle, Hand, Jerauld, Kingsbury, Lake, Miner, and Moody counties.
    - Additional mental health services: SOC and IMPACT.
    - Substance use services: prevention, outpatient (.5, 1.0, 2.1), intensive outpatient and CBISA.

5. Dakota Counseling Institute (DCI), Mitchell- Catchment area: Aurora, Brule, Davison, Hanson, and Sanborn counties.
    - Additional mental health services: SOC.
    - Substance use services: outpatient, clinically managed low intensity residential, clinically managed residential detoxification, medically monitored intensive inpatient, CBISA, and intensive methamphetamine treatment.

6. Human Service Agency (HSA), Watertown- Catchment area: Clark, Codington, Deuel, Grant, Hamlin, and Roberts counties. The catchment area includes the Sisseton-Wahpeton Oyate.
    - Additional mental health services: MRT, and SOC.

- Substance use services: prevention, outpatient, clinically managed low intensity residential, clinically managed residential detoxification, and CBISA.
- HSA also provides residential housing supports for individuals with serious mental illness and services to people with developmental disabilities.
- Appropriate Regional Facility, short-term crisis care services for people experiencing a mental health or substance use related crisis.

7. Lewis and Clark Behavioral Health Services (LCBHS), Yankton- Catchment area: Bon Homme, Charles Mix, Clay, Douglas, Hutchinson, Union, and Yankton counties. The catchment area includes the Yankton Sioux Indian Reservation.
    - Additional mental health services: MRT, FFT, SOC and IMPACT.
    - Substance use services: prevention, outpatient, clinically managed detoxification, medically monitored intensive inpatient and CBISA.
    - LCBHS also oversees an assisted living facility targeted to homeless adults with serious mental illness and complex medical needs.
    - Appropriate Regional Facility, short-term crisis care services for people experiencing a mental health or substance use related crisis.

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

9. Southeastern Behavioral HealthCare (SEBHC), Sioux Falls- Catchment area: Lincoln, McCook, Minnehaha, and Turner counties.
    - Additional mental health services: MRT, ART, FFT, SOC and IMPACT. SEBHC established a First Episode Psychosis Program in 2015.
    - Substance use services: prevention and outpatient.
    - SEBHC oversees an assisted living facility targeted to homeless adults with serious mental illness.
    - Additionally, the SEBHC Education and Integration Services Department is certified by the South Dakota Division of Developmental Disabilities as a Community Support Provider with the ability to serve children and adults with developmental disabilities.

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

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

ADULT MENTAL HEALTH SERVICES

The Division of Behavioral Health, the Behavioral Health Advisory Council, and the Community Mental Health Centers (CMHCs) collaborate with one another to ensure that the community-based mental health system provides services that are comprehensive, culturally responsive, and client driven. Moreover, services through the CMHC system provide a recovery focus to all individuals with mental health issues, including individuals with co-

occurring disorders. Although CMHCs provide mental health services to all adults identified with mental health issues, the highest priority target group is adults with a serious mental illness (SMI).

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

- Has undergone psychiatric treatment more intensive than outpatient care more than once in a lifetime, such as, emergency services, alternative residential living, or inpatient psychiatric hospitalization.
- Has experienced a single episode of psychiatric hospitalization with a diagnosis of a major mental disorder.
- Has been treated with psychotropic medication for at least one year; or
- Has frequent crisis contact with a Community Mental Health Center, or another mental health provider, for more than six months because of a mental illness.

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

- Is unemployed or has markedly limited job skills and/or poor work history.
- Is unable to perform basic living skills without assistance.
- Exhibits inappropriate social behavior that results in concern by the community or requests for mental health or legal intervention.
- Is unable to obtain public services without assistance.
- Requires public financial assistance for out-of-hospital maintenance or has difficulty budgeting public financial assistance or requires ongoing training in budgeting skills or needs a payee; or
- Lacks social support systems in a natural environment, such as close friends and family, or the client lives alone or is isolated.

CARE

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

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

The team's highest priority is to provide services according to the unique needs and potential of each client. CARE teams provide outreach services and are available to provide treatment, rehabilitation, and support activities seven days per week, 24 hours per day. CARE teams may provide multiple contacts per week to individuals experiencing severe symptoms and/or significant problems in daily living. Service delivery takes place in a variety of settings including the client's home, within the community, or at the Community Mental

Health Center, dependent upon the client's needs and preferences.

The CARE team is responsible for the following services:

- Case Management
- Crisis assessment and intervention, including telephone and face to face contact available to clients 24 hours per day, seven days per week.
- Liaison services to coordinate treatment planning with inpatient psychiatric hospitals, local hospitals, residential programs, correctional facilities, and in-patient alcohol/drug treatment programs.
- Symptom assessment and management
- Supportive counseling and psychotherapy
- Medication management, administration, monitoring, and education.
- Facilitate access to the necessities of daily life and ensure that clients can perform basic daily living activities.
- Link to resources and services within the community and their respective agency.
- Maintain current assessments and evaluations.
- Participate in the treatment planning process.
- Monitor client progress towards identified goals.
- Support in helping clients find and maintain employment in community-based job sites.
- Provide budgeting and financial management/support, including payee services if applicable.
- Support in locating, financing, and maintaining safe, clean affordable housing
- Development of psychosocial skills and/or psychosocial rehabilitation.
- Assist with locating legal advocacy and representation, if applicable.
- Collaborate with substance use services, as needed.
- Encourage active participation of family and or supportive social networks by providing education, supportive counseling, and conflict intervention and resolution

IMPACT

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

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

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

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

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

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

Per the Behavioral Health Services Workgroup recommendations, the Division of Behavioral Health contracts with a consultant to conduct fidelity reviews of existing IMPACT programs to ensure fidelity to the Assertive Community Treatment model. Fidelity reviews are conducted annually at one-two IMPACT programs per year as well as South Dakota specific expectations for service delivery in a rural state. Results of these reviews consistently reflect a high level of fidelity; however, each program is provided feedback on specific areas upon which they can continue to improve.

Mental Health Court

South Dakota implemented Mental Health Courts (MHCs) beginning January 2019. There are currently two established MHCs, one each on the eastern and western sides of the state. These courts operate at Southeastern Behavioral Healthcare (SEBHC) in Minnehaha County and at Behavior Management Systems (BMS) in Pennington County. Both SEBHC and BMS work jointly with the South Dakota Unified Judicial System. Clients eligible for MHC must be eligible for Individualized Mobile Programs of Assertive Community Treatment services.

Collaboration of CARE and IMPACT with other agencies

Comprehensive Assistance with Recovery and Empowerment (CARE) and Individualized Mobile Programs of Assertive Community Treatment (IMPACT) services encompass physical health, mental health, rehabilitation, and case management services including services for individuals with co-occurring disorders. Staff work with individuals through regular referral/contact with community resources and agencies such as Vocational Rehabilitation, Divisions within the Department of Social Services such as Economic Assistance, other community social service agencies, substance use disorder treatment agencies, primary care physicians, and dentists. The CARE/IMPACT teams address the needs of clients on an individual basis, and treatment plans for that individual include referrals and linkage with other systems. In addition, nine Community Mental Health Centers act as Health Home providers and provide comprehensive care management, care coordination, health promotion, comprehensive transitional care/follow-up, patient and family support, and referral to community and social supports.

Medical/Dental Service Coordination

Comprehensive Assistance with Recovery and Empowerment and Individualized Mobile Program of Assertive Community Treatment teams work with individuals to connect them to necessary primary care and dental services. The teams are familiar with community resources for those who are uninsured and link them to those resources, including the Donated Dental Program and medical providers offering a sliding fee scale. Providers collaborate with other service systems to ensure individuals are receiving quality healthcare for their mental and physical health needs. In addition, the nine Community Mental Health Centers who act as Health Home providers do additional work to ensure medical needs are addressed and all care is coordinated.

Transitional Housing

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

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

Assisted Living Centers

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

The Human Services Center (HSC) and the Division of Long Term Services and Supports worked with a nursing home in Irene to create a specific unit that serves 11 individuals who have behavioral health challenges. This allows individuals who are currently residing in the geriatric program at HSC to transition to a less restrictive community setting.

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

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

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

If the Clinical Review is not successful and less restrictive options have failed, residents are transferred directly to the geriatric program at the HSC for a short stay treatment. The goals of the short stay are to assess the resident, provide treatment in both medication and non-medication forms, and return the resident to their home community.

Discharge Planning between the Human Services Center and Community

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

Preadmission Screening and Resident Review (PASRR)

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

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

The PASRR process is made up of a Level I Screening completed by the Department of Human Services (DHS) Medical Review Team. The team refers all who screen positive for mental illness for a Level II evaluation and determination completed by the Division of Behavioral Health (DBH) in collaboration with the DHS. A Level II review determines if the mental health needs of the individual can be met in the nursing facility or if the individual requires specialized services. This process is consistent with South Dakota's intent to ensure individuals are served in the least restrictive setting and have access to needed behavioral health treatment. The 11 Community Mental Health Centers are available to provide mental health services to individuals residing in a long-term care facility.

The DBH and Division of Medical Services, together with the DHS participated in technical assistance sessions with the PASRR Technical Assistance Center in August 2020 in preparation for a redesign of the South Dakota PASRR program. The Division of Medical Services added a dedicated position to oversee the PASRR program, continue collaboration with DBH, and DHS, and move the redesign forward. Division of Medical Services issued an RFP (request for proposal) for a vendor who will oversee the level II PASRR process for mental health, including completion of face-to-face mental health assessments. Maximus was the selected vendor and contracting is currently underway. DBH will retain its role as the mental health authority in the level II PASRR process. The addition of the vendor is an important step in the overall PASRR redesign.

Projects for Assistance in Transition from Homelessness (PATH)

Through the PATH Formula Grant Program (P.L. 101-645, Title V, Subtitle B), the Division of Behavioral Health (DBH) contracts PATH funds to four accredited Community Mental Health Centers (CMHCs) to provide PATH services to adults with a serious mental illness or co-occurring serious mental illness and substance use disorder, who are homeless or at imminent risk of becoming homelessness.

The allocation amounts of PATH funds are based on the need for services. The urban areas of Sioux Falls and Rapid City have the largest homeless populations in the state. Rapid City has declined PATH funds because of the restrictions and other requirements that are placed on this program, therefore Sioux Falls receives the highest allocation. Rapid City continues to provide services to SMI individuals who are homeless and utilizes other resources within the community to help meet this need.

To make the best use of PATH funds, the DBH has divided funds into two separate categories, Category One and Two. Category One is for the provision of direct mental health services to include (1) outreach services, (2) screening and diagnostic treatment services, (3) habilitation/rehabilitation services, (4) community mental health services, (5) case management, (6) substance use disorder treatment services, (7) referrals for primary health services, (9) job training, and (10) educational services. Category Two funds are used for one-time rental assistance and security deposits.

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

Housing Coordination and Supports

Four of the 11 Community Mental Health Centers (CMHC) receive Projects for Assistance in Transition from Homelessness Grant funds to provide services to adults with a serious mental illness or co-occurring serious mental illness and substance use disorder, who are homeless or at imminent risk of becoming homelessness.

Services include outreach, screening and diagnostic treatment, habilitation and rehabilitation, substance use assessments, case management, primary health care referrals, job training, education, housing supports and community mental health services such as psychiatric medication management, medication monitoring, supportive counseling, and psychotherapy. Other services also provided include technical assistance in applying for housing assistance programs and financial support including security deposits and one-time rental assistance to prevent eviction.

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

There are three agencies within the CMHC system that offer board and care facilities including; 12 beds at Behavior Management Systems in Rapid City, nine beds at Capital Area Counseling Services in Pierre, and 14 beds at the Human Service Agency in Watertown, The Division of Behavioral Health (DBH) has recognized that there is a deficit in available board and care for individuals with serious mental illnesses, particularly those who are coming out of a correctional facility. It is a priority for the DBH to collaborate with providers to explore flexibilities within the current system as well as future funding to expand available housing.

Mental Health Services to Veterans

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

In 2020, the Division of Behavioral Health facilitated conversations between the CMHCs, the Council of Community Behavioral Health, and the VA community engagement and partnership coordinators, to promote effective working relationships. By continuing to work together, the CMHCs can provide additional services to veterans with a serious mental illness, such as case management services and medication monitoring, as well as Coordinated Specialty Care services for veterans with an early serious mental illness that is not currently available within the VA system.

Vocational Coordination

To assist clients with their employment goals, Community Mental Health Centers (CMHCs) coordinate services with the Divisions of Rehabilitation Services (DRS) and Service to the Blind and Visually Impaired (SBVI). DRS and SBVI are referred to as Vocational Rehabilitation (VR) which provides individualized vocational rehabilitation and supportive services to assist individuals with disabilities to reach their employment goals. Several CMHCs have vocational counselors assigned to work closely with them, which allows for increased coordination of services. VR funds the Employment Skills Program which provides individuals the opportunity to try various employment occupations and develop work skills. This is a paid work experience program for adults diagnosed with mental illness to obtain employment skills in the community. It is a temporary placement of up to 250 hours at a job site. VR pay the wages, Federal Insurance Contributions Act, and worker's compensation. VR also purchases services from CMHCs to provide job development and job supports at the employment placement. The placement and services are coordinated with the CMHCs to assure the success of the work experience. VR will also fund tuition fees for eligible individuals with disabilities to further their education through college/trade school attendance.

CHILDREN'S MENTAL HEALTH SERVICES

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

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

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

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

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

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

Children, Youth and Family (CYF) Services

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

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

Vocational Coordination

Community Mental Health Centers support youth with serious emotional disturbances and their families when the youth is seeking employment. Services include assisting the individual in locating, securing, and maintaining employment or accessing other services, such as Project Skills. Project Skills is funded through the Department of Human Services: Divisions of Rehabilitation Services (DRS) and Service to the Blind and Visually Impaired (SBVI) and local school districts across South Dakota. DRS and SBVI are referred to as Vocational Rehabilitation (VR) which provides individualized vocational rehabilitation and supportive services to assist individuals with

disabilities to reach their employment goals. Project Skills offers students with disabilities an opportunity to gain paid employment experience of up to 250 hours while in high school. VR funds the wages, workers compensation, and the Federal Insurance Contributions Act while schools provide job development, job coaching and follow-along for the student at the job site.

Educational Coordination

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

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

The Systems of Care (SOC) Program is a wraparound approach to delivering services to at-risk youth and families, as identified by the school system. Services are provided to students with identified needs in one or more domains including: basic needs, social supports, emotional needs, educational needs, community supports, housing supports, health, or safety. CMHC staff deliver SOC services to at-risk children and families until their identified need is met, based on the family service plan. Referrals to this program are made by the school or other community stakeholders.

Medical/Dental Service Coordination

Case management through Children, Youth and Family (CYF) services is a holistic approach to maintaining physical and mental health. Case managers work with the family's primary health care physician and/or a dentist to address the needs of the child and their family on an individual basis, including referrals and linkage with other systems.

Residential Services

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

In January 2020, the Division of Behavioral Health implemented the Intensive Family Services program which has the primary goals of supporting parents and families of youth in residential facilities, supporting successful reunification of the youth into their family, and reducing the likelihood of youth returning to a residential placement.

Out of State Placement

The Division of Behavioral Health (DBH) does not make out-of-state placements for children. However, DBH staff are included in the process for approving youth in out-of-state facilities through participation in the State Review Team (SRT). The SRT consists of representation from the following: the Department of Human Services, Developmental Disabilities, the Department of Education, Educational Services and Supports, the Department of Social Services to include the DBH, Economic Assistance and Child Protection Services; and the Department of Corrections, the Human Services Center, and the South Dakota Developmental Center. All activities are followed by the Department of Social Services, Auxiliary Placement Program. The Team reviews each child's information to determine if they meet criteria for psychiatric residential treatment care. If the child does not meet criteria for placement, recommendations for home-based services will be made. Out-of-state and in-state out-of-home placements are last resort options. Out of state placement requests must also include denials from in-state residential treatment facilities.

ADULT AND CHILDREN MENTAL HEALTH SERVICES

Services for Transition Age Youth Program – New Alternatives

The intensive independent living program for transition age youth serves young adults diagnosed with a serious emotional disturbance or serious mental illness as they transition into adulthood. The program coordinates housing and mental health services, with an emphasis on employment, independent living skills, education and developing a community support system.

Operated by Lutheran Social Services (LSS), the New Alternatives program in Rapid City can serve up to 12 young adults at one time. The housing component of the program has six two-bedroom apartments to develop and foster the skills needed for independent living. Each apartment is fully furnished and includes two bedrooms, a full kitchen, bathroom and living room. To support the young adults' needs, 24-hour onsite staff supervision and support is provided.

Additionally, LSS coordinates with the Rapid City area community mental health and substance use disorder treatment agencies to provide services to the program participants.

The goal of the program is to provide transition age youth between the ages of 18-21 with community resources and the ability to live independently in any community they choose.

First Episode Psychosis Program

Two First Episode Psychosis (FEP) Programs, utilizing the Coordinated Specialty Care (CSC) evidence-based model, have been established within the State of South Dakota. The DBH initially contracted with OnTrackNY to provide training and technical assistance based on the CSC model to Southeastern Behavioral Health Care (SEBHC), in the eastern part of the state and Behavior Management Systems (BMS), in the western part of the state. SEBHC began serving clients in 2015 and BMS began serving clients in 2017. Providers were initially selected based on the most populous areas of the state, which allows a greater number of individuals the ability to access FEP services. The program at BMS is currently on hold as a result of ongoing staffing issues, however, with expanded telehealth utilization, these services are now able to be delivered statewide through the program located at SEBHC.

Additionally, the DBH offered training in December 2020 to all Community Mental Health Centers (CMHCs) who were interested in learning about the CSC model. The team at SEBHC is open to working with the other CMHCs who have identified individuals who would benefit from these services, which is strengthened by having staff from the CMHC in their area who understand the CSC model.

Health Homes

Health Home services are a systematic and comprehensive approach to the delivery of primary care or behavioral health care that promises better results than traditional care. The Health Home approach is beneficial as it examines a Health Home recipient to reduce the utilization of high cost services. This is accomplished by working with the recipient and their healthcare team to identify health goals, assist with scheduling recommended screenings and appointments, and teaching the recipient preventative measures and healthy choices to reduce the likelihood of getting sick.

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

available. The core services provided include comprehensive care management, care coordination, health promotion, comprehensive transitional care/follow-up, patient and family support, and referral to community and social supports.

Respite Care

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

The Department of Human Services, Division of Developmental Disabilities, operates the Respite Care Program. Respite care is temporary relief care designed for families of children or adults with special needs. Respite care can range from a few hours of care provided on a one-time basis to overnight or extended care sessions. Respite care can be utilized on a regular or irregular basis and can be provided by family members, friends, skilled care providers or professionals. Providers, chosen by the family, care for children or adults with special needs while families take a class, go to a movie, go on a vacation, or enjoy any activity.

Respite care is designed to help families. Caretakers of children or adults with special needs often face serious problems and stress because of balancing the needs of their child or adult with special needs with the needs of other family members. These breaks, that respite care provides, allow families time to tend to the needs of their children, spouses, and themselves.

Any family having a child or adult family member who has a developmental disability, a developmental delay (children only), a serious emotional disturbance, a severe and persistent mental illness, a chronic medical condition (children only), a traumatic brain injury, or a child they have adopted may be considered for respite care services.

For more information, please visit: https://dhs.sd.gov/developmentaldisabilities/respitecare.aspx

Indigent Medication Program

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

The Indigent Medication Program provides temporary financial support to South Dakotans for medications used to treat mental illness and substance use disorders and related laboratory costs while other funding options are identified.

In addition, the DBH works with Community Mental Health Centers to identify patient assistance programs that could aid individuals in obtaining medications. Most individuals served through the Indigent Medication Program are adults. However, on a case-by-case basis, some children whose families are not eligible for Medicaid and could otherwise not afford necessary psychotropic medications are served by this program.

COMMUNITY-BASED SUBSTANCE USE DISORDER SERVICES

ARTICLE 67:61 SUBSTANCE USE DISORDERS
HTTPS://SDLEGISLATURE.GOV/RULES/ADMINISTRATIVE/38390

Interactive County Map for Behavioral Health Services: Department of Social Services (sd.gov)

Substance Use Disorder Services Flyer: sud_flyer.pdf (sd.gov)

Substance Use Disorder Services Brochure: substance_use_brochure.pdf (sd.gov)

The substance use disorder service delivery system in South Dakota has built a solid foundation and infrastructure to include:

- Seven intensive community-based methamphetamine treatment programs located at Pennington County Sheriff's Office dba Pennington County Sheriff's Office Addiction Treatment Services in Rapid City, Keystone Treatment Center in Sioux Falls, Dakota Counseling Institute-Stepping Stones in Mitchell, Carroll Institute in Sioux Falls, The Glory House of Sioux Falls, Avera Addiction Care-Saint Luke's in Aberdeen, and Rosebud Sioux Tribe in Rosebud.
- Two specialized community-based treatment programs for pregnant women located at Behavior Management Systems-Full Circle in Rapid City and Volunteers of America- New Start in Sioux Falls.
- Services to individuals with co-occurring disorders.
- Seven clinically managed residential detoxification treatment programs located at the Minnehaha Detoxification Center in Sioux Falls, Pennington County Sherriff dba Pennington County Sherriff's Office Addiction Treatment Services in Rapid City, Keystone Treatment Center in Canton, Dakota Counseling Institute in Mitchell, the Human Service Agency in Watertown, and Lewis & Clark Behavioral Health Services in Yankton, and Avera Addiction Care Center-St. Luke's in Aberdeen, which became available in April 2021.
- A full continuum of care is in place for youth and adolescents, including psychiatric residential facilities providing programming for substance use disorders.

As of April 2023, there are 52 substance use disorder treatment programs accredited by the Office of Licensure and Accreditation. The Division of Behavioral Health (DBH) contracts with 33 of them. The broad spectrum of services includes:

- Early intervention
- Outpatient services (early intervention, outpatient treatment and intensive outpatient treatment)
- Day treatment
- Clinically managed residential detoxification
- Clinically managed low intensity residential services
- Medically monitored intensive inpatient treatment
- Pregnant women and women with dependent children services
- Intensive Methamphetamine treatment

Any individual with a co-occurring disorder related to the client's primary substance use disorder may utilize block grant dollars if indigent funding requirements are met. Eleven accredited/contracted substance use disorder treatment agencies receive state funding from lottery and gaming revenue to specifically target individuals with a primary gambling disorder.

ADULT AND CHILD SUBSTANCE USE DISORDER SERVICES

Pregnant Women and Women with Dependent Children

Pregnant women are high priority for admission to services. Clients meeting this status must be admitted to the program no later than 14 days from the initial clinical assessment. 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 clinical assessment. 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 Public Health Service 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 in Sioux Falls both serve adult women. Both programs accept clients statewide and provide medically monitored inpatient, low intensity residential, outpatient services, case management, aftercare, and interim services. Agencies can provide recovery support services before admission and after discharge to assist the women and their families in accessing services that support establishing healthy lifestyles and recovery.

The DBH continues to track specific services provided to this population via the State Treatment Activity Reporting System (STARS). 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 monitored by DBH staff through STARS, including interim services. Monitoring specific services provided and agency capacity level allows the DBH to track utilization rates and to identify those service areas that are greatest in need. Additionally, the DBH implements a "daily open bed" report which captures the daily open bed and next available bed date status for all inpatient and residential treatment services.

The mission of these programs is to provide a supportive living environment in which women who have completed primary substance use disorder treatment can, along with their dependent children (0-10 years of age), obtain the assistance they need to make a successful transition back to their community.

Persons Who Inject Drugs (PWID)

Contracted substance use disorder treatment providers prioritize and provide outreach and intervention services to those identified as needing treatment for intravenous drug use. As per section 1923(a) (2) of the Public Health Services Act and 45 CFR 96.126 (b), clients are placed into services within 2-14 days after a request for treatment has been made by the referring agency. If an individual cannot be placed into services within 48 hours, the referring agency will provide interim services until a placement can be made. 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. Each provider is required to develop, adopt, and implement policies and procedures to ensure that everyone who requests and needs treatment for intravenous drug use is admitted per these guidelines.

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

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 the DBH when needed. To ensure compliance with 4.42 U.S.C. 300x-23(b), the DBH specifies in contract the requirement to conduct outreach activities for this specific population. The DBH monitors compliance by reviewing the data submitted to STARS by providers and the Office of Licensure and Accreditation ensures policies and procedures are in place for this during regular on-site accreditation reviews.

Targeted Services for Justice-Involved Youth

In collaboration with the Unified Judicial System and the Department of Corrections, the Division of Behavioral Health (DBH) contracts with Community Mental Health Centers (CMHCs) and Lutheran Social Services to provide Functional Family Therapy (FFT) services. In 2021, FFT services became available statewide via telemedicine.

Other treatment services for justice-involved youth include Moral Reconation Therapy, Aggression Replacement Training, Cognitive Behavioral Interventions for Substance Abuse, and Cognitive Behavioral Therapy.

In addition, the DBH contracts with 10 out of the 11 CMHCs to provide Systems of Care (SOC) within their catchment area. In FY22, there were 43.5 SOC Care Coordinators, serving families in 41 counties across the state. 729 families were served in SOC with over 2,000 youth benefitting from those services.

JJRI Flyer: JJRI_flyer.pdf (sd.gov)

Targeted Services for Justice-Involved Adults

The Division of Behavioral Health (DBH) contracts with providers to provide substance use disorder treatment and criminal thinking programming. There is a minimum of one substance use provider and one criminal thinking provider in each circuit court district with multiple substance use providers in larger areas. Providers are trained in Cognitive Behavioral Interventions for Substance Abuse which is an evidence-based curriculum for substance use, Moral Recognition Therapy to address criminal thinking patterns and Motivational Interviewing. Additionally, providers may submit proposals to offer additional evidence-based programming to address the needs of this population for consideration by the DBH. Services are available in person or via telehealth to ensure ability to access treatment.

Outcome measure tools are collected by providers at the time of intake and discharge and DBH staff conduct follow-up surveys six months post completion of treatment.

CJI Flyer: CJI_flyer.pdf (sd.gov)

Referral & Assessment Process

Clinicians complete an assessment to determine the clinical need and the appropriate level of care for each client. Clinicians utilize an integrated assessment that addresses co-occurring treatment needs for mental health, substance use disorders, or both. Recommendations for substance use disorder treatment are based on the admission criteria from the American Society of Addiction Medicine (ASAM) placement criteria. The ASAM placement criteria are the basis for eligibility criteria for levels of care in the Administrative Rules of South Dakota.

The Division of Behavioral Health (DBH) partnered with the Central Rockies Addiction Technology Transfer Center (ATTC) and then with the Mountain Plains ATTC to support workforce development and to ensure that the application of the ASAM placement criteria is consistent across the state. These sessions included an ASAM introductory webinar for South Dakota providers, an ASAM integration enhanced professional learning series, as well as an ASAM integration enhanced professional leaning series debrief session for individuals who participated in part 2.

Prior authorization from the DBH is required for the following levels of care: intensive inpatient services for adults and children, clinically managed low intensity residential treatment for pregnant women and women with dependent children and intensive methamphetamine treatment.

Quarterly phone calls are hosted by the DBH to facilitate open communication and reduce barriers for clients in accessing needed treatment.

Development of Group Homes

The Division of Behavioral Health does not have plans to utilize a loan fund for developing group homes.

Through State Opioid Response (SOR) funds, efforts were expanded in 2020 to support the establishment of drug-free, MOUD-friendly recovery homes, in partnership with Oxford House Inc.

Through state general funds allocated in 2019, the Supported Housing for Addiction Recovery and Empowerment (SHARE) program provides structure and support outside of a formal treatment setting including supported housing and related services to individuals 18 and older diagnosed with a substance use disorder or experiencing issues related to substance use, including those with co-occurring mental illness, who due to their challenges, are unable to live independently without additional support. Supportive services must include, at a minimum, case management services targeting life domains that have been impacted by the SUD (or substance related issues) and are preventing the individual from living independently. Supportive services may include the following:

- Direct assistance to obtain basic life necessities.
- Assistance to perform daily living activities.
- Liaison services.
- Employment services.
- Other case management services based on the needs of the individual.

Hypodermic Needle Program

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

Tuberculosis (TB) services to individuals receiving substance use disorder treatment

According to Administrative Rules of South Dakota (ARSD), 67:61:05:01, the TB screening requirements for employees of accredited substance use disorder treatment agencies are as follows:

1. 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.
2. 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.
3. 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
4. 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.

Also, according to ARSD 67:61:07:12, providers screen clients 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 Department of Social Services, Office of Licensure and Accreditation monitors adherence to TB screening requirements during accreditation reviews by reviewing clinical and personnel files.

HIV (Human Immunodeficiency Virus)

The State of South Dakota is not considered a high-risk state in relation to HIV infection rates.

State Opioid Response (SOR) Grant

The Division of Behavioral Health (DBH) partnered with the Helpline Center to develop the South Dakota Opioid Resource Hotline. The Helpline Center answers calls 24 hours a day, seven days a week, 365 days a year. It provides resources for treatment, support, and referrals for individuals or loved ones of individuals who are seeking assistance with substance use. Individuals can also utilize the texting support program to access local resources. The DBH supports care coordination through the Helpline Center, which is a free, confidential service available to all South Dakotas with trained specialists who have additional training for opioid misuse support. Care Coordinators assist with locating behavioral health centers, treatment and payment options, peer coaching, scheduling health care appointments, and finding resources for other critical life areas, such as housing, employment, and food assistance.

The DBH has continued to collaborate with the Department of Health to support overdose education and Naloxone distribution to first responders.

Increased access to MOUD across South Dakota has been a significant accomplishment; prior to the STR and SOR funding, access was very limited. The DBH currently contracts with four MOUD providers, one of which is a county jail, that offer access via office-based and telehealth strategies so that individuals in need of MOUD can access treatment despite South Dakota's predominantly rural and frontier demography. In addition, two of the contracted MOUD providers continue to work with the SOR team to expand access statewide. Project Recovery has established agreements with Pine Ridge, where clients now have access to MOUD via telemedicine five days per week. Lewis & Clark Behavioral Health Services has continued to establish sites with Winner, Huron, Mitchell, Watertown, Pierre, Rapid City, and Lemmon. Delivery of care is both office-based and via telemedicine. SOR funding has allowed these efforts to continue.

The DBH utilized STR and SOR funds to support the Indigent Medication Program which provides temporary financial support for medications used for MOUD to eligible individuals while other funding options are identified.

In addition, the DBH utilized the SOR and STR funds to develop a partnership with Face It Together to provide Peer Recovery Support. Peer Coaching can be completed in person, through a secure video conference or phone coaching. Financial assistance has been made available for individuals with an opioid use disorder, including their loved ones to support the cost for coaching. Since July 1, 2018, a total of 2,695 coaching sessions have taken place. A total of 460 persons with the disease or loved ones engaged in peer recovery coaching sessions. Of those 460 persons, 85 identified their primary substance as opioids.

Beginning October 2020, Bethany Christian Services of Western South Dakota (Bethany) initiated support for expectant and new mothers impacted by opioid and/or stimulant use through evidence-based specialized case management services. Deployment of the ReNew (Recovering Mothers with Newborns) model - a signature prevention program managed by Bethany that supports mothers through the integration of evidence-based specialized case management and practices - focused initially on Sioux Falls and Rapid City. The program has capacity to serve up to 30 women per cohort (one cohort per community), using a dyad staffing model supported by a peer support specialist and a case manager.

Through the STR and SOR grants received by the Division of Behavioral Health (DBH), the state has supported opioid prevention and education activities including a public awareness campaign, and youth, community and higher education-based prevention programming.

The DBH and Office of Prevention Services (OPS) collaborated with key partners to share relevant and educational information about opioid abuse and misuse through various forms of media, backed by a comprehensive and targeted promotional campaign. The campaign, AvoidOpioidSD, includes four testimonials featuring stories of South Dakota residents with lived experience, a website, social media, and print materials including brochures, business cards, and display materials. Key outcomes include:

- Over 834,000 individuals have been reached with AvoidOpioidSD messages since the beginning of the campaign.
- AvoidOpioidSD branded television testimonial TV spots have been broadcast over 23,900 times, reaching over 94.5% of the target audience (adults aged 18-64).
- In FY20, over 408,000 South Dakotans were reached with messaging on safe at-home medication disposal options via social media.
- In FY21, website visits continue to increase and as of March 2021, website visits have surpassed previous year levels for the 18th straight month.

Culturally appropriate American Indian focused video segments have been developed and aired in tribal schools and clinics using the GoodHealthTV® closed network.

The DBH and OPS continues to work with key partners to promote evidence-based opioid prevention programs and education materials to middle school and high school aged youth, and community members. Per federal funding requirements, activities are in line with SAMHSA's Opioid Overdose Prevention Toolkit. Programming includes implementation of the LifeSkills opioid lesson, Positive Action, and community town halls.

Intensive Methamphetamine Treatment

As methamphetamine use continues to be problematic in South Dakota, the DBH continues to offer Intensive Methamphetamine Treatment for moderate to severe stimulant use disorders utilizing evidenced- based practices.

The DBH currently contracts with a total of seven intensive methamphetamine providers, which utilize the Matrix Curriculum as the core program for those involved in IMT services. Additional services can include residential programming, referrals to Moral Reconation Therapy, Dialectal Behavior Therapy, individual counseling, medication management, and case management. Agencies are also trained in Motivational Interviewing, Community Reinforcement Approach, Contingency Management, and exercise.

The DBH supports ongoing training in the EBPs and continues to contract with national expert consultants for ongoing TA related to best practices in the treatment of stimulant use disorder.

Care Coordination

Like case management services for those with mental health needs, individuals with substance use disorder treatment needs also benefit from case management (care coordination) services. Substance use disorder treatment providers are expected to provide care coordination as needed for individuals involved in treatment at any level to coordinate additional wrap-around services as part of the overall program delivery. As identified in the technical assistance received for best practices in the treatment of stimulant use disorder, due to the complex needs of individuals with moderate to severe stimulant use disorders, care coordination is a critical component to the successful treatment of this population and is therefore a separate reimbursable component of the intensive methamphetamine treatment program rate.

Independent Peer Reviews

The Division of Behavioral Health (DBH) supports peer reviews of accredited substance use disorder treatment agencies which are conducted annually under contractual agreement with Mountain Plains Evaluation, LLC. The DBH selects a 5% sample of providers and on-site reviews are conducted with the clinical director, policies and procedures are reviewed along with a random sample of client files following Administrative Rules of South Dakota and the criteria below.

Criteria 1**:** A treatment program for substance use disorders which provides an organized American Society of Addiction Medicine admission criteria specific to the program and an intake process that provides for an appropriate referral based on the client's needs.

Criteria 2: A treatment program for substance use disorders which has a written procedure for obtaining a client assessment and history and establishing a diagnostic impression.

Criteria 3: A treatment program for substance use disorders which provides a written procedure to ensure that a treatment plan is developed on each client receiving services.

Criteria 4: A treatment program for substance use disorders which provides a written procedure to ensure that documentation of treatment services is completed in a timely manner.

Criteria 5: A treatment program for substance use disorders which provides discharge and continued care criteria specific to each client, which includes the client's reason for admission, the client's problems, treatment and response to treatment, the reason for discharge and the continued care plan and referrals made.

ADDRESSING THE NEEDS OF CULTURAL AND GENDER MINORITIES

The Division of Behavioral Health (DBH) contracts with Swiftbird Consulting, LLC to provide Native American Curriculum training to behavioral health service providers. Native American instructors provide a cultural competency educational program for non-native professionals. These trainings are offered multiple times per year to all accredited mental health and substance use disorder treatment and prevention providers, as well as community stakeholders, through a combination of in person and virtual trainings.

Additionally, families have their own culture and live in the context of a wider community, state, and national culture. Community Mental Health Centers (CMHCs) and substance use disorder treatment providers work to ensure staff are identifying cultural issues and providing appropriate services according to the individual and/or family desires and needs. All treatment providers are required to administer an outcome tool that includes questions regarding whether the family feels their culture is respected and if the services they received are appropriate for their culture.

The DBH encourages providers to examine cultural trends in their communities and provide ongoing training as an integral component of workforce development. During the Department of Social Services onsite accreditation reviews, staff surveys and client chart reviews place specific emphasis on cultural sensitivity and training to ensure the needs of all clients and families are met.

In primary prevention, contracted prevention providers provide culturally considerate programing within their communities and schools. Five contracted prevention providers provide culturally specific activities focusing on Native American youth. Also, provided through the Center for the Application of Prevention Technologies, prevention providers participate in Native American culturally specific trainings, and webinars for immigrant and LBGTQIA2S+ (Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex, Asexual, Two-Spirit) populations.

The DBH remains in partnership with the Department of Tribal Relations to plan and deliver the STOMP – State Tribal Opioid & Meth Prevention Summit (formerly known as the State Tribal Meth Summit). At the 2022 in person Meth Summit 5, Chief Tiffany Wolfgang accepted a Partner of the Year Award on behalf of DSS. The STOMP summit will celebrate its 6th year in person in October of 2023.

In 2020, the DBH submitted a technical assistance (TA) request to the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Tribal Technical Assistance Center (TTAC), following feedback from CMHCs involved in two SAMHSA Crisis Counseling Program grants implemented in 2019-2020 about challenges in outreaching tribal members and leaders. In collaboration with SAMHSA's TTAC, a three-part virtual Learning Community was delivered in April 2021, with Great Plains Tribal Leaders Health Board and local tribal leaders sharing information and engaging in a dialogue with treatment providers statewide about culturally appropriate practices. Over 100 individuals attended one or more of the TA sessions.

The DBH also engages in regular collaboration with the Great Plains Tribal Leaders' Health Board related to behavioral health treatment needs and resources.

The DBH also participates in quarterly meetings held by South Dakota Medicaid and tribes to share information related to behavioral health services, resources, and programming.

PROFESSIONAL WORKFORCE DEVELOPMENT AND TRAINING

Educational Coordination

The Division of Behavioral Health (DBH) supports professional training opportunities for prevention and treatment professionals across the state and collaborates with providers to determine training needs. In addition, providers are responsible for ensuring their staff receives appropriate training to adequately fulfill their job duties. In 2023, the DBH collaborated with the Council of Community Behavioral Health, Inc. to determine training needs which resulted in the addition of three evidence-based trauma informed care trainings added to FY24 training opportunities.

Work Force Development Strategic Planning

The Division of Behavioral Health (DBH) conducts quarterly Access to Service Surveys which indicated workforce shortages are impacting ability of publicly funded mental health and substance use disorder treatment providers to provide services within their service areas. In July of 2022, the DBH issued a professional work order to coordinate a comprehensive work force development strategic plan. The DBH partnered with Sage Project Consultants to conduct a landscape analysis of current workforce challenges to include:

- researching current resources supporting behavioral health workforce development, and
- surveying in-state technical and post-secondary schools with programs tied to behavioral health services and high school students seeking careers in behavioral health, and
- researching current South Dakota agencies with workforce development programs and determining what opportunities are available to collaborate or mimic their program, and
- researching and recommending current workforce development models in other states comparable to South Dakota and identifying options that could be implemented and sustained, and
- convening a workgroup of key stakeholders to gain input about vacancies, recruitment, and retention, including geographic variances and other external barriers.

Upon completion of the landscape analysis, a strategic plan will be developed to address workforce shortages to include development of a DBH webpage with workforce information for employers, employees, and future employees.

The DBH has also joined with the Department of Health to promote behavioral health careers during Scrubs Camps which are Health Career Exploration for High School Students across South Dakota. The DBH has included local contracted mental health and substance use disorder treatment providers as presenters at the camps to aid in recruitment of future employees in their local service area.

The DBH has also joined with institutions of higher learning to provide students with exposure and information on careers in the publicly funded behavioral health field.

Technology Transfer Center Network

The Division of Behavioral Health partners with the Mountain Plains Addiction Technology Transfer Center (MP-ATTC), the Mountain Plains Mental Health Technology Transfer Center (MP-MHTTC), and the Mountain Plains Prevention Technology Transfer Center (MP-PTTC) to provide a variety of trainings and services to the behavioral health workforce within South Dakota. These trainings are designed to raise awareness of evidence-based and promising treatment and recovery practices, build skills to prepare the workforce to deliver state of the art services, and to change practice by enhancing services to improve addictions treatment and recovery outcomes.

The MP-ATTC has provided trainings to the state substance use disorder workforce in the areas of American Society of Addiction Medicine and Skill Based Videoconferencing, among others.

The MP-MHTTC has provided trainings to the mental health provider workforce in South Dakota in areas such as school-based mental health, including considerations for indigenous youth, and rural mental health.

Additionally, the DBH coordinated training from the MP-ATTC and MP-MHTTC for the South Dakota Department of Health's Special Supplemental Nutrition for Women, Infants and Children (WIC) program's nursing staff on Screening, Brief Intervention and Referral to Treatment (SBIRT).

The Office of Prevention and Crisis Services (OPCS) collaborates with the MP-PTTC to provide training and technical assistance to South Dakota's prevention network. Supported training has included strategic planning, methamphetamine prevention and Motivational Interviewing.

Disability Rights South Dakota

Disability Rights South Dakota - Formerly SD Advocacy Services (drsdlaw.org)

Disability Rights South Dakota (DRSD) is a non-profit legal services agency dedicated to protecting and advocating for rights and inclusion of South Dakotans with disabilities. DRSD is the federally funded, gubernatorial designated Protection and Advocacy (P&A) system for the state of South Dakota. As the designated P&A system the staff have specific authority to enter into institutions to provide rights information and monitor conditions in those facilities. It is important that management and staff understand this authority in order to avoid delay in protecting the rights of people in the facility. The DBH partners with DRSD on case consultations and advocacy efforts for individuals and children/families receiving services in the state's behavioral health system. The DBH values collaboration with DRSD and the Behavioral Health Advisory Council's By-Laws include membership from the Executive Director or designee from DRSD to ensure input into the planning and delivery of behavioral health programming.

Council of Community Behavioral Health, Inc.

Executive Directors of Community Mental Health Centers and accredited substance use disorder providers are members of the Council of Community Behavioral Health, Inc. This organization meets regularly and employs one individual serving as Executive Director. The Council of Community Behavioral Health, Inc. in close collaboration with the Division of Behavioral Health, provide review and system improvement feedback on transformational activities associated with the development of recovery-oriented, integrated systems of care for adults, children, and families. Although this is an important stakeholder group in South Dakota, the Council does not fully represent substance use disorder treatment agencies across the state.

National Alliance on Mental Illness-South Dakota (NAMI-South Dakota)

National Alliance on Mental Illness | Health Organization (namisouthdakota.org)

The National Alliance on Mental Illness (NAMI) South Dakota is a public nonprofit organization, founded in 1987 and managed by a Board of Directors and an Executive Director. The Board of Directors must be comprised of at least 50% of people who are living with a mental illness, or family members. The other members are those who embrace the mission of NAMI. The mission is to provide education and support for individuals and families impacted by brain-based (mental illnesses), advocate for the development of a comprehensive system of services and lessen the stigma in the public.

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

- *Connection* is a recovery-focused support group led by trained mental health consumers for adults living with a mental illness.
- *NAMI Basics,* an educational program for parents and family caregivers of children and teens who are experiencing a mental illness.

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

NAMI South Dakota:

- Partnered in the development of Crisis Intervention Teams and Crisis Response Teams in Sioux Falls and Rapid City.
- Provides technical assistance and training to other communities to increase the number of officers trained in Crisis Intervention Team programming.
- Collaborates with the eleven Community Mental Health Centers to provide support and education to their clients and family members.
- Adapted to the COVID-19 pandemic to offer online education and support group to continue supporting members.
- Developed and launched a NAMI-SD podcast to support members virtually.

South Dakota Association of Addiction and Prevention Professionals

The South Dakota Association of Addiction and Prevention Professional's (SDAAPP's) mission is to promote professional leadership and excellence in prevention and treatment of addictions. Those who are members of the SDAAP are also included in the membership of The Association for Addiction Professionals.

The SDAAPP holds an annual conference with continuing educational opportunities, advocacy for counselors and prevention professionals and peer assistance. The SDAAPP also provides information for legislators, law enforcement, schools, other professionals, and the public about addictions treatment and prevention needs and issues. The Division of Behavioral Health (DBH) collaborates with the SDAAPP on the planning and training opportunities provided at the annual conference. The DBH frequently provides speakers to keep attendees updated on state level activities and outcomes. The DBH also provides scholarship opportunities for the substance use disorder treatment and prevention workforce to attend the annual conference.

Development of Community Crisis Services

During the 2020 Legislative Session SDCL 27A-10.1.2 passed allowing other types of providers to seek designation and provide services as Appropriate Regional Facilities. Following this, South Dakota has established Short-Term Crisis Centers across multiple communities to provide 24/7 overnight residential services to stabilize acute psychiatric or behavioral health symptoms, evaluate treatment needs and develop a crisis stabilization plan affording the ability for individuals to be stabilized closer to home. Through the Behavioral Health Services Delivery Transformation in the Governor's 2021 budget address, $15,000,000 was committed over the next four years to support infrastructure development to meet the needs of all behavioral health regions in South Dakota. During State Fiscal Year 2023, federal funding from the American Rescue Plan Act was used to support the development and expansion of ARFs. Through a Request for Proposal process, funding was awarded to three agencies.

SRCs are designed to provide 24/7 overnight residential services to stabilize acute psychiatric or behavioral health symptoms, evaluate treatment needs and develop a crisis stabilization plan affording the ability for individuals to be stabilized closer to home. Behavior Management Systems in Rapid City opened their crisis

receiving center, Pivot Point, in February 2023 with 8 recliners offering assessment services. Once the stabilization center is open, there will be 16 crisis beds serving the western region of the state. Human Service Agency in Watertown opened an SRC in July 2023 serving region 3 with four beds. Lewis and Clark Behavioral Health in Yankton is in the process of a new construction building that will have 14 beds once open. In the meantime, they rent 8 crisis beds from Avera Sacred Heart Hospital in Yankton to provide crisis stabilization services. Lastly, Avera St. Luke's in Aberdeen is in the process of renovating their current hospital to add 5 crisis beds to serve 11 counties in the northern region of the state.

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

Additionally, South Dakota operates a virtual crisis care program through Avel eCare. This was initially piloted in 2020, and law enforcement officers in sheriff's offices across the state having 24/7 access to a behavioral health specialist at Avel eCare via an iPad device, when the law enforcement officers engage with individuals experiencing a behavioral health crisis.

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

The Division of Behavioral Health supports SOAR training efforts in South Dakota and encourages substance use disorder and mental health providers to train staff to better assist those who are homeless or at risk of homelessness in applying for SSI/SSDI benefits. Provider staff can access the 20-hour SOAR Online Training at any time and complete it at their own pace.
SOAR in Your State: South Dakota | SOAR Works! (samhsa.gov)

Qualified Mental Health Professional Training

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

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

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

Suicide Prevention and Mental Health Promotion Training

The Office of Prevention and Crisis Services (OPCS) receives a combination of state general and federal funds to support suicide prevention and mental health promotion training. Supported training includes:

- Mental Health First Aid (MHFA)
    - Specialty modules include Higher Education; Military Members, Veterans & Their families; Public Safety; Older Adults; Rural Communities
- Youth Mental Health First Aid (YMHFA)
- NAMI Ending the Silence (ETS)
- Applied Suicide Intervention Skills Training (ASIST)
- Question, Persuade, Refer (QPR)
- Question, Persuade, Refer, Treat (QPRT)

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

Housing for the Homeless Consortium

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

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

The Consortium was formed in January 2001. Involved in the Consortium are private businesses, disability service organizations, local cities/towns, public housing authorities, landlords, formerly homeless individuals, housing developers, regional community action agencies and state agencies, which include the Division of Behavioral Health. The Consortium meets quarterly to provide opportunities for networking with other providers across the state, problem solve difficult situations, share ideas about "what works," share resource information, and to gain knowledge of new funding opportunities. In addition, the Consortium gives South Dakota a mechanism to apply for federal homeless assistance funds from the U.S. Department of Housing and Urban Development. Several projects have been funded over the years including vocational programs, transitional housing programs, Shelter Plus Care Programs, Emergency Shelter Programs, two assisted living programs (specifically for individuals with mental illness and chronic medical issues), and many others.

Housing for the Homeless Consortium: Housing for the Homeless Homepage | SDHDA

BEHAVIORAL HEALTH ADVISORY COUNCIL

The Behavioral Health Advisory Council (BHAC) advises the Division of Behavioral Health with the planning, coordination, and implementation of the state's behavioral health services plan. BHAC members assist with the establishment of goals for the state plan while also monitoring and reviewing fiscal and programmatic information to evaluate the adequacy of services for individuals with behavioral health needs. The BHAC also provides input towards potential services and/or funding expansion.

To view agendas, meeting minutes and supporting documents; current bylaws and membership list: Boards and Commissions (sd.gov)

The Division of Behavioral Health continues to work towards a data driven decision-making process when assessing prevention and treatment needs for behavioral health. The following details the data sources used to identify unmet service needs and critical gaps of the required priority populations relevant to each block grant, and how South Dakota plans to meet those needs and gaps.

IDENTIFICATION OF DATA SOURCES USED TO IDENTIFY NEEDS AND GAPS

State Treatment Activity Reporting System (STARS)

The Division of Behavioral Health (DBH) utilizes STARS, a management information system, to collect treatment data. STARS collects and reports publicly funded mental health and substance use disorder client level, program level, provider level, and state level data; and is used to help identify needs and gaps for programs and services throughout the state.

STARS also collects client outcome measures. Data is collected at intake, discharge, and every six months until the client discharges from mental health or substance use disorder services. Data points collected include client perception of treatment services, perception of health, utilization of emergency room visits, hospital stays as a result of mental health issues, arrests, and nights spent in jail. In addition, substance use disorder services collect data on an individual's ability to control their substance use from admission to discharge, and motivation to not use drugs at discharge. STARS is also utilized to monitor waitlist information for priority populations such as pregnant women, individuals who inject drugs, and others in need of high intensity substance use services.

Currently, the DBH can generate reports through the STARS that includes aggregate client level data that does not contain client identifying information. In turn, providers can generate reports in order to review data specific to their agency and to identify the effectiveness of their programs or any outstanding trends. Overall, through STARS and other data sources, DBH can track state behavioral health trends, needs and gaps in services, which is used to drive the state's planning efforts.

The DBH currently utilizes the MOSAIX Management Information System for all state prevention providers. This system records the number and type of programs and activities conducted, in addition to the number of individuals served. MOSIAX is also used as the billing system for prevention services. The DBH has discussed further expanding STARS to collect and report prevention related data as this will move would align billing practices and data reporting in South Dakota for all behavioral health services including placing all provider data into one system.

South Dakota State Epidemiological Outcomes (SD SEO)

https://www.sdseow.org/

The Division of Behavioral Health's Epidemiologist oversees the SD SEO's state and regional data collection and analysis procedures that provide accurate and comprehensive assessments of behavioral health needs for targeted programming efforts. The SD SEO Website was launched in January of 2021 and serves as a central location for professionals and citizens to access behavioral health data.

Behavioral Health Outcome Tool Data

Through a work group, the Division of Behavioral Health (DBH) developed behavioral health outcome tools for adults and youth receiving publicly funded services to measure the impact of services. The DBH utilizes this data to monitor outcome measures and performance indicators. This information is then compared to national data points including the Uniform Reporting System and Treatment Episode Data Set to help make informed, data driven decisions regarding behavioral health services. Annually, the DBH generates a state and provider profile report to ensure behavioral health data collected by agencies is fed back in a usable and understandable manner. The reports include demographic information, diagnostic information, and outcome data.

The DBH established an expectation of a 60% outcome tool return rate to ensure an accurate reflection of outcomes and performance indicators. The DBH monitors the rate of return on expected outcome tools for

clients admitted to services and implemented a monthly reporting process of feedback to agencies. The DBH also compiles information into a state and agency profile for accredited and contracted agencies to see their performance and compare themselves to statewide outcomes. In FY 2021, DBH began updating the data and outcomes reporting standards to incorporate Power BI to allow for more robust analyses and the ability to work with real-time data.

Access to Services Survey

The DBH utilizes the quarterly Access to Services Survey to obtain additional data from accredited and contracted mental health and substance use disorder treatment providers about wait-list and access/capacity concerns. This information is used to monitor clients' wait-time, workforce shortages across the state, and walk-in assessment accessibility. This information is monitored, and areas of concerns are addressed, if identified. The results of the Access to Services Survey are shared with providers quarterly.

Access to high intensity substance use disorder treatment services is also collected through the Access to Services Survey, requesting bed availability for admission on a daily basis. Bed availability is shared with providers daily. However, the DBH has identified a gap in collecting real-time bed availability data and making it available to providers. The DBH is researching secure web-based platforms in order to provide real-time bed availability to providers and individuals seeking services, as well as availability of outpatient services.

Other Sources

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

NEXT STEPS IN ADDRESSING UNMET SERVICE NEEDS AND CRITICAL GAPS

Through a needs and gaps analysis completed by the Human Services Research Institute in 2021, DBH has identified additional priority areas outside the required priority populations based on unmet service needs and critical gaps within the current delivery system. Each identified priority has been determined as an area to improve treatment and recovery needs of South Dakotans.

- Develop certified peer specialists for mental health.
- Expand the crisis response system (to include transportation services).
- Explore additional capacity of what may be needed for supported housing or transitional living services for SUD/MH.
- Continue the enhanced flexibility of telehealth services prompted by the pandemic.
- Continue public education campaigns targeting stigma related to behavioral health conditions and suicide prevention.
- Maintain Partnerships with Tribes on Initiatives.
- Workforce development amongst behavioral health professionals (landscape analysis).

Peer Support Services

The Division of Behavioral Health supports peer recovery services at Face It TOGETHER and Project Recovery through State Opioid Response (SOR) grant funding. SOR funding is utilized to support specialized case management combined with peer support services through the ReNew Maternal Wraparound Program (Recovering Mothers with Newborns) at Bethany Christian Services. The ReNew Program supports pregnant women with substance use disorders by empowering and equipping them for successful recovery before and after the birth of their child. CRRSA and ARPA funds are currently being utilized to fund pilot programs for peer support services for mental health and substance use disorders. Aspects of these pilot programs include development of requirements for an individual to practice peer support services as well as understanding how these services compliment services already being provided within treatment agencies and community mental health centers. The DBH initiated conversations with the South Dakota Board of Prevention and Addiction

Professionals to discuss the peer certification process within the state of South Dakota, at which time they declined involvement and oversite. The DBH is reviewing the National Model Standards for Peer Support Certification published by SAMHSA, attending collaborative meetings with other states through participation in NASMHPD and NASADA to gain additional information regarding peer support certification, and exploring options for implementation of a certification process within South Dakota.

Crisis Response System

South Dakota's implementation and expansion of behavioral health crisis care is rooted in the Crisis Now model and the Best Practice Toolkit from SAMHSA that view the crisis system in three core components. The Suicide and Crisis Lifeline (988) was launched in South Dakota on July 16th, 2022. 988 is available through call, text and chat and provides 24/7 services. Two agencies support Mobile Crisis Response Teams covering four counties. In addition, The Division of Behavioral Health funds Virtual Crisis Care in 38 of the 66 counties, with plans to add additional counties within the next year.

Additionally, through grant funding, South Dakota is piloting mobile crisis response models in Union, Ziebach and Dewey counties that are specifically adapted for rural communities to bridge connections for follow-up care. Crisis response case managers will coordinate with responding service units, such as law enforcement, 911 dispatch and the 988-call center. Building off the legislation to support Appropriate Regional Facilities in 2020, South Dakota has continued to expand short-term crisis stabilization services across the state to address mental health and substance use disorder crisis needs as well as mental health emergency holds. South Dakota currently has two providers who offer up to five days of short-term crisis stabilization services and two providers who offer less than 24-hour crisis stabilization services. These are an alternative to placing someone in jail or a hospital during a time of behavioral health crisis. Region 2 remains a service area gap for crisis care and South Dakota is actively working through a plan to develop short-term crisis stabilization services in that region of the state with support from key stakeholders.

Supported Housing/Transitional Living

Through State Opioid Response (SOR) funds, efforts were expanded in 2020 to support the establishment of drug-free, MOUD-friendly recovery homes, in partnership with Oxford House Inc. Currently, there are 16 Oxford Houses throughout the state of South Dakota and efforts are being made to continue this expansion in rural areas of the state. Through state general funds allocated in 2019, the Supported Housing for Addiction Recovery and Empowerment (SHARE) program provides structure and support outside of a formal treatment setting including supported housing and related services to individuals 18 and older diagnosed with a substance use disorder or experiencing issues related to substance use, including those with co-occurring mental illness, who due to their challenges, are unable to live independently without additional support.

Supportive services must include, at a minimum, case management services targeting life domains that have been impacted by SUD (or substance related issues) and are preventing the individual from living independently. There are currently 9 providers funded through this program and each provider is unique in their service delivery. The DBH is also actively participating in reviewing applications that were submitted in request for funds to support Residential Alternative Care Programs. Depending upon the submissions there may be additional capacity to support housing and transition needs. The DBH remains committed to exploring additional opportunities to expand supported housing and transitioning living opportunities to rural and underserved areas.

Access to Services

The Division of Behavioral Health continues to support and expand telehealth availability. Effective August 22nd, 2021, there was an ARSD revision package approved by the legislative rules committee, which allowed audio only telehealth service delivery. This revision provided expanded opportunities to overcome geographical barriers to provide greater access to services for those in need. Through the Project Aware partnership and DOE, there has been outreach to all schools throughout South Dakota to raise awareness of services available for students via telehealth through contracted agencies. The DBH works diligently with community providers to assess and ensure access to services through the utilization of a quarterly Access to Services Survey and the

DBH maintains record of daily open beds for prior authorized services and shares that information with agencies and clinicians statewide to further ensure access. The DBH continues to explore options to create a live open bed dashboard for providers to access online. The DBH has identified workforce shortages as a primary factor contributing to access to services. The DBH has contracted a workforce landscape analysis from which a strategic plan to address workforce shortages will be developed. In collaboration with the Council for Community Behavioral Health, expansion of evidenced based practices, specifically trauma informed care, were identified needs for the workforce. DBH offered an expansion of trainings for FY24.

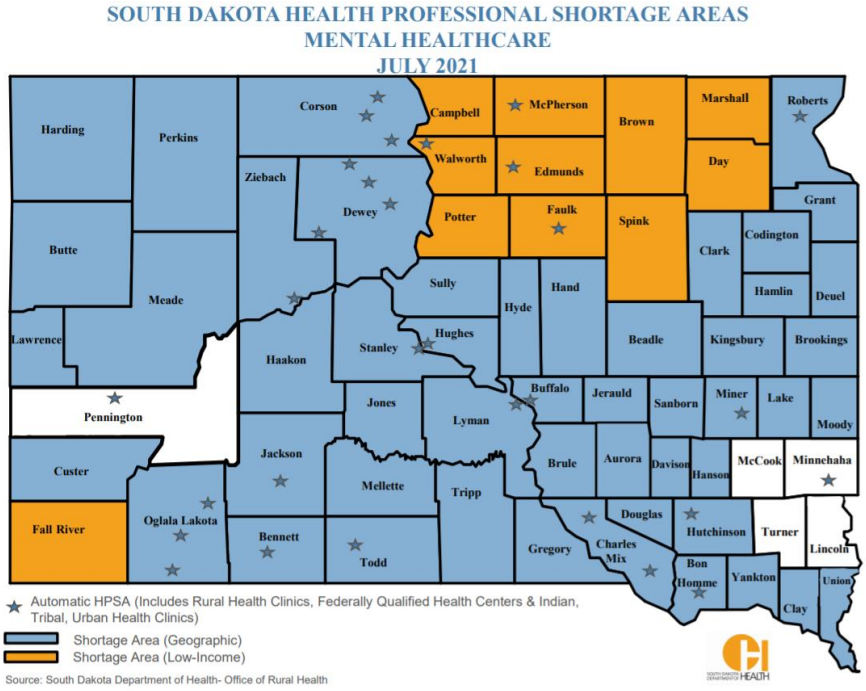
Overall Behavioral Health/988 Awareness Campaign

In 2022, the Division of Behavioral Health (DBH) issued a Request for Proposal seeking a qualified vendor to develop a five-year strategic plan to support an all-encompassing statewide campaign of publicly funded behavioral health services. Lawrence & Schiller was awarded the RFP. The purpose of the campaign is to support the de-stigmatization of behavioral health disorders, provide education and awareness to available resources and supports including 211 as a general information resource option, 1-800-920-4343 for behavioral health resource information and 988 as the behavioral health crisis line; incorporate messaging with current awareness campaigns supported by the DBH including the support of social marketing efforts to maximize and support public engagement; and support publicly funded behavioral health providers with activities to promote localized efforts, building upon the statewide campaign. In November of FY23, Lawrence & Schiller was awarded the RFP.

Tribal Partnerships

The Division of Behavioral Health (DBH) has a longstanding history of consultation and collaboration with tribal partners. Ongoing consultation sessions with the Great Plains Tribal Leaders Health Board as well as individual tribes, focus on discussing prevention services, crisis services, mental health and substance use disorder treatment, and recovery support services and other needs. The DBH also continues to participate in quarterly meetings held with South Dakota Medicaid and tribes to share information related to behavioral health services, resources, and programming. The DBH also works collaboratively with the Department of Tribal Relations and actively participates in supporting their State Tribal Opioid and Methamphetamine Prevention Summit. The DBH hosts cultural awareness trainings with Ed Parcells for Community Mental Health Centers and Substance Use Disorder Treatment facilities across the state. These trainings have been offered for professional counseling staff as well as for direct support professionals. The DBH has been working collaboratively with Oxford House to expand services to rural and underserved areas, as a development of those efforts, the Oxford House has been working with the Cheyenne River Sioux Tribe to open a house in Eagle Butte, SD. Another expanded effort to engage tribal partners is through the work of Face It Together, who has partnered with Coteau de Prairie in Sisseton, SD to provide in-person peer support services weekly. The DBH continues to provide support and technical assistance to the Rosebud Sioux Tribe for the facilitation of intensive methamphetamine treatment programming. The DBH partners with the Department of Tribal Relations and the Great Plains Tribal Leaders Health Board for suicide prevention efforts in alignment with the Suicide Prevention Strategic Plan. The DBH is committed to continuing to foster engagement and relationship building efforts with tribal entities in order to address the unmet behavioral health service needs across tribal nations.

Workforce Development



Workforce recruitment and retention is an issue in South Dakota. Much of the state is designated as a Health Professional Shortage Area by the Health Resources and Services Administration, including mental healthcare with both geographic and low-income shortages.

There are shortages in clinical staff, providers, counselors, case managers and technicians across the state with rural and frontier areas being most affected. Additional issues include staff turnover and retention trainings in evidence-based practices to build the competencies of the existing workforce in order to improve outcomes in service delivery as well as to improve staff retention by providing clinical staff with effective tools to do their work.

The Division of Behavioral Health (DBH) has worked to create a long-term training and quality assurance plan that provides training on specific evidence-based practices (EBPs). Refresher trainings and learning collaboratives are offered to build upon and develop the skills and competencies needed for the delivery of EBPs. The DBH has partnered with the Mountain Plains Mental Health Technology Transfer Center and the Mountain Plains Addiction Technology Transfer Center, to provide trainings that support competency development. DBH staff members also participate in Region VIII meetings related to workforce development. The DBH contracts with several entities to provide training, consultation, and technical assistance to clinicians in the state to enhance their competency in delivering a variety of EBPs.

Additionally, the DBH collaborated with the South Dakota Health Education Centers to build a virtual training series on Screening, Brief Intervention and Referral to Treatment, to engage individuals interested in behavioral health careers and provide them with tools to feel comfortable addressing behavioral health needs. Additionally, the DBH has presented at the annual South Dakota HOSA (Future Health Professionals) Leadership Conference to engage with high school students interested in behavioral health occupations.

In July of 2022, DBH issued a professional work order to coordinate a comprehensive workforce development strategic plan. The DBH partnered with Sage Project Consultants to conduct a landscape analysis of current workforce challenges to include:

- researching current resources supporting behavioral health workforce development;

- surveying in-state technical and post-secondary schools with programs tied to behavioral health services and high school students seeking careers in behavioral health;
- researching current South Dakota agencies with workforce development programs and determining what opportunities are available to collaborate or mimic their program;
- researching and recommending current workforce development models in other states comparable to South Dakota and identifying options that could be implemented and sustained; and
- convening a workgroup of key stakeholders to gain input about vacancies, recruitment, and retention, including geographic variances and other external barriers.

Upon completion of the landscape analysis, a strategic plan will be developed to address workforce shortages to include development of a DBH webpage with workforce information for employers, employees, and future employees.

The DBH collaborate with institutions of higher learning to provide students with exposure and information on careers in the publicly funded behavioral health field. The DBH attends symposiums and career fairs at institutions of higher learning to provide behavioral health career information to students.

Lastly, via a funding request process, the DBH has begun making federal technical assistance and training dollars available to contracted behavioral health providers to address localized workforce development and training needs.

Block Grant Priority Populations

Adults with Serious Mental Illness and Children with Serious Emotional Disturbance

In South Dakota, Community Mental Health Centers provide publicly funded mental health services to adults and children identified with mental health issues, and the highest priority target groups are adults with a serious mental illness (SMI) and children with serious emotional disturbance (SED). The Division of Behavioral Health (DBH) continues to ensure adults with SMI and children with SED have access to services that meet their needs. The DBH monitors access to services with a quarterly Access to Services Survey that reports the waitlist and access to services by level of care, funding source and referral source as well as staff vacancies that impact waitlists. The DBH reviews the results to monitor capacity and has used this information to determine the need for budget requests or reallocations of block grant dollars.

In addition, South Dakota has prioritized serving clients who experience their first psychosis episode. Two first episode psychosis programs were established in the two largest cities, Sioux Falls and Rapid City. While the program in Rapid City is currently on hold due to ongoing staffing issues, with the expansion of telehealth utilization this service is available statewide through the program located in Sioux Falls. South Dakota is currently using the OnTrackNY evidence-based Coordinated Specialty Care (CSC) model and uses this model to monitor program fidelity. The DBH has established program goals including meeting and maintaining a set client engagement rate and is looking to expand this to include Early Serious Mental Illness more broadly.

Substance Use Disorder Priority Populations

South Dakota's substance use disorder treatment providers utilize a full continuum of services to youth and adults identified with substance use issues, with the highest priority of targeted groups as follows:

1. Pregnant Women (including Pregnant Women Who Inject Drugs)
2. Persons Who Inject Drugs
3. Women with Dependent Children and
4. Adolescents with a substance use disorder.

The Division of Behavioral Health (DBH) identified a gap in monitoring access to substance use disorder services. As a result, the DBH implemented a new tool to survey substance use providers regarding the number of days a client may wait for an assessment, outpatient services, or admission into a residential service. In addition, the DBH recognized a need to monitor access to inpatient substance use disorder treatment. The DBH continues to monitor bed capacity surrounding high intensity and low intensity residential services on a daily basis. The DBH

monitors access to services each quarter through the Access to Services Survey, including access to assessments, individual and group therapy, and residential services. . In addition to increasing treatment capacity, the Division of Behavioral Health has partnered with Bethany Christian Services to offer services through their ReNew program. The ReNew Program supports pregnant women with substance use disorder by empowering and equipping them for successful recovery before and after the birth of their child by providing specialized case management and peer support services.

Finally, the DBH also utilizes information from referral sources to identify barriers effecting access to services and to address barriers with providers.

Pregnant women are at highest priority for admission followed by people who inject drugs. Those individuals meeting this status must be admitted to services no later than 14 days from the initial clinical assessment. If the recommended services do 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 clinical assessment. The referring provider will ensure the client is provided interim services until an alternative placement can be located. In addition to increasing treatment capacity, the Division of Behavioral Health has partnered with Bethany Christian Services to offer services through their ReNew program. The ReNew Program supports pregnant women with substance use disorder by empowering and equipping them for successful recovery before and after the birth of their child by providing specialized case management and peer support services.

Adolescents in need of substance use treatment are the fourth priority as identified by the State of South Dakota. A full continuum of care is in place for adolescents, from assessment and early intervention to psychiatric residential treatment facilities providing treatment for substance use disorders. As noted above, the DBH monitors bed capacity for inpatient levels of care and monitors access to services each quarter through the Access to Services Survey, including access to assessments, individual and group therapy, and residential services.

Regarding individuals at risk for tuberculosis (TB), substance use disorder treatment providers must follow the TB screening requirements of their employees as per Administrative Rules of South Dakota (ARSD) 67:61:05:01.

Also, substance use disorder treatment providers of outpatient treatment, intensive outpatient, day treatment, clinically-managed low intensity residential treatment, clinically managed detoxification, and intensive inpatient treatment services also screen and refer clients per ARSD 67:61:07:12. The Department of Social Services, Office of Licensure and Accreditation monitors agency compliance with TB screening of staff and of clients served during the accreditation review process and provides technical assistance and/or training to agencies when needed based on the results.

For individuals in need of primary prevention services, 19 contracted substance use prevention providers tailor their prevention efforts around the needs of their community, using effective community-based, school-based and/or individual evidence-based programs. School-based programming focuses on classroom presentations, early identification, screening, and referral to services. Community-based programming focuses on establishing or changing community standards, policies, and attitudes towards substance use. Individual based programming focuses on targeted interventions to high risk individuals, to reduce the likelihood of an individual developing a substance use disorder. In addition, South Dakota has three Prevention Resource Centers that provide regional support across the state to students, parents, educators, community groups, community agencies, law enforcement and any other interested entity looking for prevention resource materials or support. Each PRC has a resource library with videos, DVDs, books, CDs, brochures, and curriculums available to the public for use. PRC staff are also able to provide training and education in the areas of prevention. The Office of Prevention Services (OPS) monitors requests for primary prevention services through contracted prevention providers. When requests are made, the OPS works with the contracted prevention provider around the request, or the PRC serving the region, to fulfill gaps in programming.

Access to Care, Integration, and Care Coordination

1. **Describe your state's efforts to improve access to care for mental disorders, substance use disorders, and co-occurring disorders, including detail on efforts to increase access to services for:**
    a. **Adults with serious mental illness**
        i. The Division of Behavioral Health (DBH) has designated counties or catchment areas to each of the 11 Community Mental Health Centers (CMHCs) across the state. This ensures that every individual in SD meeting SMI criteria, including those residing in rural areas of the state are able to access mental health services. Services are provided in community based settings and telehealth services are also utilized when needed.
        ii. The 11 CMHCs provide crisis assessment and intervention services 24 hours per day.
    b. **Pregnant women with substance use disorders**
        i. Pregnant women are high priority for admission to services. Clients meeting this status must be admitted to the program no later than 14 days from the initial clinical assessment. 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 clinical assessment. The referring provider will ensure the client is provided interim services until an alternative placement can be located.
        ii. The Division of Behavioral Health (DBH) complies with Section 1922(c) of the Public Health Service 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.
        iii. 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 in Sioux Falls both serve adult women. Both programs accept clients statewide and provide medically monitored inpatient, low intensity residential, outpatient services, case management, aftercare, and interim services. Agencies can provide recovery support services before admission and after discharge to assist the women and their families in accessing services that support establishing healthy lifestyles and recovery.
        iv. The DBH modified the State Treatment Activity Reporting System (STARS) to allow the tracking of specific services provided to pregnant women. 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 monitored by DBH staff through STARS, including interim services. Monitoring specific services provided and agency capacity level allows the DBH to track utilization rates and to identify those service areas that are greatest in need. Additionally, the DBH implements a "daily open bed" report which captures the daily point-in-time open bed and next available bed date status for all inpatient and residential treatment services.

v. The mission of these programs is to provide a supportive living environment in which women who have completed primary substance use disorder treatment can, along with their dependent children (0-10 years of age), obtain the assistance they need to make a successful transition back to their community.
vi. The Division of Behavioral Health has partnered with Bethany Christian Services through the State Opioid Response Grant to provide specialized case management services to support expectant mothers with a history of opioid and/or methamphetamine misuse and prepares them to care for their child.

c. Women with substance use disorders who have dependent children

i. The Division of Behavioral Health has partnered with Oxford House Inc. to establish MOUD-friendly recovery homes across South Dakota. Some Oxford Houses are able to accept women with dependent children.

d. Persons who inject drugs

i. Contracted substance use disorder treatment providers prioritize and provide outreach and intervention services to those identified as needing treatment for intravenous drug use. As per section 1923(a) (2) of the Public Health Services Act and 45 CFR 96.126 (b), clients are placed into services within 2-14 days after a request for treatment has been made by the referring agency. If an individual cannot be placed into services within 48 hours, the referring agency will provide interim services until a placement can be made.
ii. Each provider receiving block grant funds complies with the established referral process for this high-risk population to facilitate access to services, testing, and the appropriate level of treatment. Language was written into each provider's contract to assure state compliance with the federal rules governing the notification of 90% program capacity. The capacity of each program is tracked through State Treatment Activity Reporting System.
iii. Each contracted provider is required to develop, adopt, and implement policies and procedures to ensure that all in need of treatment for intravenous drug use is admitted to the program no later than 14 days from the initial clinical assessment. 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 disorder treatment program. The purpose of interim services is to reduce the adverse health effects of such use, promote the health of the individual, and to 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 the steps to 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 clinical assessment.
iv. 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 the DBH when needed. To ensure compliance with 4.42 U.S.C. 300x-23(b), the DBH specifies in contract the requirement to conduct outreach activities for this specific population. The DBH monitors compliance by reviewing the data submitted to STARS by providers and the Office of Licensure and Accreditation ensures policies and procedures are in place for this during regular on-site accreditation reviews.

e. Persons with substance use disorders who have, or are at risk for, HIV or TB

i. According to Administrative Rules of South Dakota (ARSD), 67:61:05:01, the TB screening requirements for employees of accredited substance use disorder treatment agencies are as follows:

1. 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.
2. 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.
3. 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
4. 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.

ii. Also, according to ARSD 67:61:07:12, providers screen clients 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.

iii. The Department of Social Services, Office of Licensure and Accreditation monitors adherence to TB screening requirements during accreditation reviews by reviewing clinical and personnel files.

f. Persons with substance use disorders in the justice system

i. The Division of Behavioral Health (DBH) contracts with providers to provide substance use disorder treatment and criminal thinking programming. There is a minimum of one substance use provider and one criminal thinking provider in each circuit court district with multiple substance use providers in larger areas. Providers are trained in Cognitive Behavioral Interventions for Substance Abuse which is an evidence-based curriculum for substance use, Moral Recognition Therapy to address criminal thinking patterns and Motivational Interviewing. Additionally, providers may submit proposals to offer additional evidence-based programming to address the needs of this population for consideration by the DBH. Services are available in person or via telehealth to ensure ability to access treatment.

ii. Outcome measure tools are collected by providers at the time of intake and discharge and DBH staff conduct follow-up surveys six months post completion of treatment. The Public Safety Initiative Oversight Council, which released outcomes of the Criminal Justice Initiative Program annually, dissolved in 2018 based on statute.
iii. Oxford House Inc., Kingdom Boundaries Prison Aftercare Ministries, Bethany Christian Services, and Face It Together are three recovery support services that have put a specific focus on serving persons with substance use disorders in the justice system. All sober living providers strive to work closely with parole agents to ensure that they services each person is receiving align with parole requirements.

g. Persons using substances who are at risk for overdose or suicide

i. The DBH contracts with the Helpline Center and provides a free confidential treatment resource hotline that is staffed with trained professionals 24/7, 365 days per year.

h. Other adults with substance use disorders

i. The DBH contracts with agencies to provide a wide array of services from outpatient to inpatient, which are inclusive of culturally appropriate materials.

i. Children and youth with serious emotional disturbances or substance use disorders

i. Children and youth with serious emotional disturbance (SED) receive a comprehensive array of services and supports through the CMHC system that address needs identified in each life domain and are individualized based a child's unique needs and potential.
ii. The 11 CMHCs across the state provide services to children and youth with SED in community based settings including school and home. Telehealth services are also available to increase access to services.
iii. Crisis assessment and intervention services are available 24 hours per day.
iv. The DBH contracts with agencies to provide specialized youth services from outpatient to inpatient SUD. This is also inclusive of individuals at risk or involved with the criminal justice system, which provides evidenced based programming.

j. Individuals with co-occurring mental and substance use disorders

i. Through various funding sources, the Division of Behavioral Health has started two pilot programs looking at peer support services for individuals with substance use disorder and mental health concerns. Aspects of these pilot programs include development of requirements for an individual to practice peer support services as well as understanding how these services compliment services already being provided within treatment agencies and community mental health centers.

2. Describe your efforts, alone or in partnership with your state's department of insurance and/or Medicaid system, to advance parity enforcement and increase awareness of parity protections among the public and across the behavioral and general health care fields.

3. Describe how the state supports integrated behavioral health and primary health care, including services for individuals with mental disorders, substance use disorders, and co-occurring mental and substance use disorders. Include detail about:

a. Access to behavioral health care facilitated through primary care providers

i. <u>Provider Expectations</u>

1. All accredited Community Mental Health Centers (CMHCs) and substance use disorder treatment providers are required through Administrative Rules of South Dakota (ARSD) to assess for co-occurring behavioral health needs. The contract language for CMHCs requires them to provide co-occurring capable mental health and substance use services. Substance use disorder treatment providers are required

in ARSD to refer for and coordinate care for other resources that will assist a client's recovery, including mental health care. Substance use disorder treatment agencies may employ appropriately credentialed mental health professionals to deliver co-occurring treatment services. Ten of the 11 CMHCs are also accredited as substance use disorder treatment providers and/or prevention providers. One of the dually accredited CMHCs, Lewis and Clark Behavioral Health in Yankton has developed Memorandums of Understanding with the other CMHCs for Medication Assisted Treatment.

b. Efforts to improve behavioral health care provided by primary care providers

i. Screening, Brief Intervention and Referral to Treatment Grant (SBIRT)
1.The DBH received a Notice of Grant Award in 2016 from the Substance Abuse and Mental Health Services Administration for the SBIRT Grant. The focus of the grant includes the integration of SBIRT services into primary care clinics and community behavioral health systems in South Dakota. A more detailed description of the grant's activities can be found in Planning Step One.

c. Efforts to integrate primary care into behavioral health settings

i. Nine CMHCs act as Health Home providers which include: comprehensive care management, care coordination, health promotion, comprehensive transitional care/follow up, patient and family support, and referral to community and social supports. A more detailed description of Health Homes can be found in Planning Step One.

4. Describe how the state provides care coordination, including detail about how care coordination is funded and how care coordination models provided by the state vary based on the seriousness and complexity of individual behavioral health needs. Describe care coordination available to: Adults with serious mental illness

a. Adults with substance use disorders

i. Like case management services for those with mental health needs, individuals with substance use disorder treatment needs also benefit from case management (care coordination) services. Substance use disorder treatment providers are expected to provide care coordination as needed for individuals involved in treatment at any level to coordinate additional wrap-around services as part of the overall program delivery. As identified in the technical assistance received for best practices in the treatment of methamphetamine use disorder, due to the complex needs of individuals with severe methamphetamine use disorders, care coordination is a critical component to the successful treatment of this population and is therefore a separate reimbursable component of the intensive methamphetamine treatment program rate.

b. Children and youth with serious emotional disturbances or substance use disorders

5. Describe how the state supports the provision of integrated services and supports for individuals with co-occurring mental and substance use disorders, including screening and assessment for co-occurring disorders and integrated treatment that addresses substance use disorders as well as mental disorders. Please describe how this system differs for youth and adults.

a. Integrated Assessments

Integrated assessments are used to address co-occurring treatment needs for mental health, substance use disorders, or both. For substance use disorders, recommendations are made for treatment based on the American Society of Addiction Medicine (ASAM) Criteria, which forms the basis for eligibility criteria for levels of care in ARSD. The Division of Behavioral Health (DBH) continues to partner

with the Mountain Plains Addiction Technology Transfer Center to provide training on the ASAM criteria, building upon previous training in the state in collaboration with the Central Rockies Addiction Technology Transfer Center.

b. Services through the 11 CMHCs are intended to be comprehensive, person-centered, relationship and recovery focused, and co-occurring capable within an integrated system of care. 10 of the 11 CMHCs are also accredited substance use disorder treatment agencies so are uniquely able to address co-occurring needs.

Health Disparities

1. **Does the state track access or enrollment in services, types of services received and outcomes of these services by: race, ethnicity, gender, sexual orientation, and age? a) race**
    a. race ☒ Yes ☐ No
    b. ethnicity ☒ Yes ☐ No
    c. gender ☒ Yes ☐ No
    d. sexual orientation ☐ Yes ☒ No
    e. gender identity ☐ Yes ☒ No
    f. age ☒ Yes ☐ No

2. **Does the state have a data-driven plan to address and reduce disparities in access, service use, and outcomes for the above subpopulation?** ☐ Yes ☒ No

3. **Does the state have a plan to identify, address, and monitor linguistic disparities/language barriers?** ☐ Yes ☒ No

4. **Does the state have a workforce-training plan to build the capacity of M/SUD providers to identify disparities in access, services received, and outcomes and provide support for improved culturally and linguistically competent outreach, engagement, prevention, treatment, and recovery services for diverse populations?** ☐ Yes ☒ No

5. **If yes, does this plan include the Culturally and Linguistically Appropriate Services (CLAS) Standards?** ☐ Yes ☒ No

6. **Does the state have a budget item allocated to identifying and remediating disparities in M/SUD care?** ☐ Yes ☒ No

Evidence-Based Practices for Early Interventions to Address Early Serious Mental Illness (ESMI) – 10% set aside.

1. **Please name the model(s) that the state implemented including the number of programs for each model for those with ESMI using MHBG funds.**

Model(s)/EBP(s) for SMI/FEP	Number of programs
OnTrack NY CSC Model	2 (1 is currently inactive)

2. **Please provide the total budget/planned expenditure for ESMI/FEP for FY 24 and FY 25 (only include MHBG funds).**

FY2024	FY2025

3. **Please describe the status of billing Medicaid or other insurances for ESMI/FEP services? How are components of the model currently being billed? Please explain.**
   Services are funded through the MHBG funds 10% set-aside for those individuals without another payor source and demonstrating financial need. For those with Medicaid or private insurance, this payor source is billed for psychiatric services.
4. **Please provide a description of the programs that the state funds to implement evidence-based practices for those with ESMI/FEP.**
   The DBH contracts with OnTrack NY to provide training and technical assistance based on the Coordinated Specialty Care (CSC) model.
5. **Does the state monitor fidelity of the chosen EBP(s)?** ☒ Yes ☐ No
   Fidelity reviews are completed on a biannual basis or annually if the team is not meeting fidelity expectations.
6. **Does the state provide trainings to increase capacity of providers to deliver interventions related to ESMI/FEP?** ☒ Yes ☐ No
7. **Explain how programs increase access to essential services and improve client outcomes for those with an ESMI/FEP?**
   Access to the state's CSC program called OnTrack SD is available statewide via telehealth with in-person support from the local CMHC to assist with service delivery.
8. **Please describe the planned activities in FY2024 and FY2025 for your state's ESMI/FEP programs.**
   The OnTrack SD Team will continue to receive training and technical assistance in the CSC model through OnTrack NY.
9. **Please list the diagnostic categories identified for your state's ESMI/FEP programs.**
   Eligibility criteria are the following:
   a. Age of target population: Age 15-40
   b. Maximum time of illness onset: Duration of Untreated Psychosis: 24 months or less
   c. Non-Affective Psychosis: psychosis not related to emotions or moods. Schizophrenia and delusional disorders are examples of non-affective psychosis as opposed to bipolar disorder which is an affective psychosis as it involves emotional and mood abnormalities.

Exclusion Criteria:

a. Substance-Induced Psychosis
b. Affective Psychosis
c. Psychosis Due to a General Medical Condition
d. Intellectual disability

10. What is the estimated incidence of individuals with a first episode psychosis in the state?

11. What is the state's plan to outreach and engage those with a first episode psychosis who need support from the public mental health system?

Outreach and engagement is an integral part of the CSC model. The OnTrack SD Team provides ongoing outreach to referral sources as well as works to engage individuals referred to services. Expectations for outreach for contracted CSC providers is as follows: The outreach team will utilize a variety of materials (e.g., brochures, website, flyers, and newsletters) for the purpose of distributing information about the CSC program to other providers, service seekers and family members, once per quarter. Program presentations and regular check-in meetings should also be scheduled with potential and ongoing referral sources (e.g., mental health inpatient units, emergency departments, jails, mobile crisis teams, schools/colleges, community/consumer and family organizations) in order to develop and maintain relationships.

Person Centered Planning (PCP)
MHBG

1. **Does your state have policies related to person centered planning?**
   ☒ Yes ☐ No

2. **If no, describe any action steps planned by the state in developing PCP initiatives in the future.**

3. **Describe how the state engages consumers and their caregivers in making health care decisions and enhance communication.**
   The state supports the promotion, implementation, and sustainability of a person-centered approach to services. Services provided through the state's 11 Community Mental Health Centers (CMHCs) are intended to be a comprehensive, person-centered; relationship and recovery focused, and co-occurring capable within an integrated system of care which provides individually planned treatment, rehabilitation, and support services to identified clients with a serious mental illness or serious emotional disturbance, including those with co-occurring or complex needs conditions (substance use disorders, developmental disabilities, etc. or who experience cultural and/or linguistic barriers). Article 67:62 Mental Health of the Administrative Rules of South Dakota describes the person-centered approach and requires CMHCs to have written policies and procedures for the delivery of those services, to include telemedicine. Implementation of person-centered services is also a part of each provider's contractual agreement. A key element of the person-centered approach is to also work collaboratively with other providers outside of the CMHC system to ensure all available services and resources are provided to those with complex needs.

4. **Describe the person-centered planning process in your state.**
   The person-centered planning process is an ongoing problem-solving process used to help people identify goals and objectives that promote recovery. The team focuses on the person's goals and then identifies opportunities necessary to achieve those goals. The process builds upon the person's strength and abilities while also considering their individual preferences, choices, and abilities. The process can involve parents/guardians, family members, friends and any professionals or advocates the individual wishes to be involved.

   The Administrative Rules of South Dakota require children and adult mental health services to be provided according to the individualized needs and strengths of the client, while also being responsive to cultural differences and special needs. Services provided based on the individualized needs of the client may include:

   1. Integrated assessment, evaluation, and screening.
   2. Case management.
   3. Individual therapy.
   4. Group therapy.
   5. Parent or guardian group therapy.
   6. Family education, support, and therapy.
   7. Crisis assessment and intervention services available 24 hours per day, seven days per week.
   8. Psychiatric services with the primary purpose of prescribing or reviewing a client's use of pharmaceuticals, including psychiatric assessments, treatment, and prescription of pharmacotherapy.
   9. Psychiatric nursing services including components of physical assessment, medication assessment and monitoring, and medication administration for clients unable to self-administer their medications.

10. Collateral contacts; and
11. Liaison services to facilitate treatment planning and coordination of services between mental health and other entities.

Evidence of the client's or client's parent or guardian's participation and meaningful involvement in treatment planning must be documented in the case file.

5. What methods does the SMHA use to encourage people who use the public mental health system to develop Psychiatric Advance Directives (for example, through resources such as SAMHSA's A Practical Guide to Psychiatric Advance Directives?

Program Integrity

1. **Does the state have a specific policy and/or procedure for assuring that the federal program requirements are conveyed to intermediaries and providers?** ☒ Yes ☐ No

2. **Does the state provide technical assistance to providers in adopting practices that promote compliance with program requirements, including quality and safety standards?** ☒ Yes ☐ No

3. **Does the state have any activities related to this section that you would like to highlight?**

Administrative Rules of South Dakota (ARSD)
The ARSD are used to implement, interpret, or prescribe expectations of accredited mental health and substance use providers as well as actions that may be taken by the Division of Behavioral Health (DBH) in relation to accredited and contracted mental health and substance use providers.

Provider Contracts
Mental health and substance use providers who receive funding by the DBH enter into a contractual agreement with the DBH for the procurement of those services. Contract language includes state and federal requirements which are required for the delivery of those services.

Accreditation Reviews
The Department of Social Services' Office of Licensure and Accreditation conducts onsite reviews of accredited/contracted mental health, substance use disorder treatment and prevention programs across the state. 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, as outlined in the ARSD and provider contracts.

Also, through the accreditation reviews, opportunities for technical assistance and training are identified. At times, DBH staff provide follow up technical assistance and training.

State Treatment Activity Reporting System (STARS)
The STARS is a web-based management information system containing data for clients receiving mental health, substance use services or both, funded through the Division of Behavioral Health (DBH). Through STARS, the DBH has the capability to capture demographic information, service eligibility, services provided, outcomes and cost data for clients. The data is used for both clinical and fiscal monitoring and evaluating the effectiveness of the services delivered.

Tribes

1. **How many consultation sessions have the state conducted with federally recognized tribes?**

   The Division of Behavioral Health (DBH) has a longstanding history of consultation and collaboration with tribes, building from a series of consultation sessions with tribes in 2016 and 2017, and continued collaboration with the Great Plains Tribal Leaders Health Board and individual tribes on an ad hoc basis regarding prevention services, crisis services, mental health and substance use disorder treatment, and recovery support services and needs..

   The DBH also continues to participate in quarterly meetings held by South Dakota Medicaid and tribes to share information related to behavioral health services, resources, and programming.

2. **What specific concerns were raised during the consultation session(s) noted above?**

   The DBH is currently working with a tribe to bring virtual crisis care services availability to its members, following participation in a series of meetings about crisis care needs.

3. **Does the state have any activities related to this section that you would like to highlight?**

   The DBH maintains a collaborative relationship with the Great Plains Tribal Leaders Health Board so that the state can be a resource to tribes and tribal members.

   DBH continues to participate in the South Dakota 2020-2025 Suicide Strategic Plan as directed by Governor Noem in conjunction with other state agencies including the Departments of Health, Education, Tribal Relations and Agriculture, as well as the Great Plains Tribal Leaders Health Board.

   These consultation activities allow for continued conversation and collaboration with tribal entities and the DBH remains committed to exploring opportunities for partnerships.

Statutory Criterion for MHBG

Criterion 1: Comprehensive Community-Based Mental Health Service Systems

1. **Describe available services and resources to enable individuals with mental illness, including those with co-occurring mental and substance use disorders to function outside of inpatient or residential institutions to the maximum extent of their capabilities.**

Within South Dakota's community-based mental health delivery system, there are eleven private, non-profit Community Mental Health Centers (CMHCs). All CMHCs provide Children or Youth and Family (CYF) services for youth with Serious Emotional Disturbances (SED) and Comprehensive Assistance with Recovery and Empowerment (CARE) services for adults with Serious Mental Illness (SMI). Five CMHCs provide Individualized Mobile Program of Assertive Community Treatment (IMPACT) services.

Ten out of eleven CMHCs are co-occurring capable and provide a wide array of substance use services.

Nine CMHCs serving 13 locations, act as Health Home providers to individuals with chronic physical and behavioral health conditions. Health Home services are a collaborative and comprehensive approach to the delivery of primary care or behavioral health care that promises better results than traditional care. This approach is beneficial as it focuses on the Health Home recipient as a whole person, builds a team to help the recipient meet their health goals, and has proven to be effective in reducing overall cost of healthcare.

The State of South Dakota currently also has 34 accredited and contracted substance use providers, which provide a full continuum of services including prevention, outpatient, intensive outpatient, day treatment, medically monitored intensive inpatient treatment, clinically managed low intensity residential treatment, and clinically managed residential detoxification. The Division of Behavioral Health (DBH) also has intensive methamphetamine treatment programs.

For individuals in need of primary prevention services, 19 contracted substance use prevention providers tailor their prevention efforts around the needs of their community, using effective community-based, school-based and/or individual evidence-based programs. School-based programming focuses on classroom presentations, early identification, screening and referral to services. Community-based programming focuses on establishing or changing community standards, policies and attitudes towards substance use. Individual based programming focuses on targeted interventions to high risk individuals identified at risk of developing a substance use disorder.

In addition, South Dakota has three Prevention Resource Centers (PRCs) that provide regional support across the state to students, parents, educators, community groups, community agencies, law enforcement and any other interested entity looking for prevention resource materials or support. Each PRC has a resource library with videos, DVDs, books, CDs, brochures and curriculums available to the public for use. PRC staff are also able to provide training and education in the areas of prevention.

2. **Does your state provide the following services under comprehensive community-based mental health service systems?**

a. Physical Health ☐ Yes ☒ No
b. Mental Health ☒ Yes ☐ No
c. Rehabilitation services ☒ Yes ☐ No
d. Employment services ☒ Yes ☐ No
e. Housing services ☒ Yes ☐ No
f. Educational services ☒ Yes ☐ No
g. Substance use prevention and SUD treatment services ☒ Yes ☐ No
h. Medical and dental services ☐ Yes ☒ No
i. Support Services ☒ Yes ☐ No
j. Services provided by local school systems under the Individuals with Disabilities Education Act (IDEA). ☒ Yes ☐ No
k. Services for persons with co-occurring M/SUDs. ☒ Yes ☐ No

3. Describe your state's case management services.

Administrative Rules of South Dakota (ARSD), Article 67:62, Mental Health, requires case management services be provided for the following mental health services; CARE, IMPACT, CYF services and Outpatient services. Case management services is defined in ARSD as a collaborative process which assesses, plans, implements, coordinates, and monitors; and evaluates the options and services to meet an individual's health needs as identified in the treatment plan.

4. Describe activities intended to reduce hospitalization and hospital stays.

During 2020, the South Dakota legislature called an interim committee, the Mental Health Service Delivery Task Force, to explore mental health service delivery in South Dakota and to make recommendations for improvements. Several recommendations included supporting telehealth utilization in crisis support and emergencies, and funding was appropriated in 2021 to support Appropriate Regional Facilities to provide crisis stabilization services, which is anticipated to reduce hospitalizations and hospital stays.

Some other activities the DBH has accomplished to reduce hospitalizations include working with the Human Services Center (HSC) to build a seamless system of care as patients leave inpatient hospitalization and move to community-based services. By streamlining the discharge planning process ensures all individuals, once discharged from HSC, is aware of and has immediate access to mental health services in the community. In 2021, the DBH is coordinating a workgroup consisting of CMHC and HSC staff to further explore opportunities to improve service delivery.

Also, to reduce the number of inappropriate admissions of geriatric clients to the HSC, a clinical review process was established that provides psychiatric reviews/consultations to nursing facilities and assisted living centers. To assist with clients who have challenging behaviors or behavioral health needs, an HSC Clinical Review Team provides the nursing home or assisted living center with resources and interventions that will allow the client to live in the least restrictive environment possible.

The DBH's outcome data demonstrates that hospitalizations and emergency department admissions are reduced when clients enter mental health services provided by CMHCs. In addition, five CMHCs provide IMPACT services. IMPACT teams are organized as a mobile group of mental health professionals who merge clinical, medical and rehabilitation expertise within one service delivery system, for those clients who would likely need residential or institutional placement if these more intensive community-based services are not provided.

Furthermore, nine CMHCs act as Health Home providers, which promise the reduction of high-cost services, emergency room visits and inpatient hospitalizations. To be served in a Health Home, recipients must have a chronic condition, which includes a serious mental illness or serious emotional disturbance.

Community crisis services also assist with reducing unnecessary hospitalizations. There are mobile crisis teams operated by CMHCs available in Sioux Falls and Pierre. The other CMHCs have staff available to take crisis calls but are not mobile.

The DBH continues to support the National Alliance on Mental Illness to provide training and support to law enforcement across the state, including those with or interested in establishing Crisis Intervention Teams, which partner with the local CMHC. The DBH also delivers training to new law enforcement officers and dispatchers on mental illness, signs and symptoms, how to respond to someone experiencing a mental health crisis, and the resources available in the community which may help reduce unnecessary hospitalizations.

In addition, the DBH has supported the implementation of Zero Suicide in South Dakota. Zero Suicide is a commitment to suicide prevention in health and behavioral health care systems, and a specific set of tools and strategies. It is both a concept and a practice. By establishing suicide specific screening and referral protocols, in addition to utilize treatment modalities specific to suicide, people can receive care in their communities, in turn reducing unnecessary hospitalizations.

5. **Please indicate areas of technical assistance needed related to this section.**

Criterion 2: Mental Health System Data Epidemiology

Contains an estimate of the incidence and prevalence in the state of SMI among adults and SED among children; and have quantitative targets to be achieved in the implementation of the system of care described under Criterion 1.

1. **To complete column B of the table, please use the most recent SAMHSA prevalence estimate or other federal/state data that describes the populations of focus. Column C requires that the state indicate the expected incidence rate of individuals with SMI/SED who may require services in the state's behavioral health system.**

MHBG Estimate of statewide prevalence and incidence rates of individuals with SMI/SED		
Target Population (A)	**Statewide Prevalence (B)**	**Statewide Incidence (C)**
SMI	5.34%	35,000
SED	8%	8,569

2. **Describe the process by which your state calculates prevalence and incidence rates and provide an explanation as to how this information is**

used for planning purposes. If your state does not calculate these rates, but obtains them from another source, please describe. If your state does not use prevalence and incidence rates for planning purposes, indicate how system planning occurs in their absence.

The DBH does not calculate prevalence and incident rates but relies on national data sources such as the National Surveys on Drug Use and Health (NSDUH) and the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide prevalence information for mental health and substance use disorders. According to the NSDUH, in 2019 South Dakota's statewide prevalence rate for individuals with SMI was 5.34% or roughly 35,000 individuals. The DBH does not have a method to determine how many of the estimated 35,000 individuals with SMI may qualify for publicly funded behavioral health services in South Dakota. Also, according to the SAMHSA State Prevalence Document, 8% or 8,569 youth were estimated to meet the diagnostic requirements for SED in 2019.

Criterion 3: Children's Services

1. **Provides for a system of integrated services for children to receive care for their multiple needs. Does your state integrate the following services into a comprehensive system of care?**
    a. Social Services ☒ Yes ☐ No
    b. Educational services, including services provided under IDE. ☒ Yes ☐ No
    c. Juvenile Justice Services ☒ Yes ☐ No
    d. Substance misuse prevention and SUD treatment services ☒ Yes ☐ No
    e. Health and mental health services ☒ Yes ☐ No
    f. Establishes defined geographic area for the provision of the services of such a system ☒ Yes ☐ No

    The following coordination of services is detailed within Planning Step One to include:

    - Child Welfare, Juvenile Services and Criminal Justice Coordination
    - Medical/Dental Service Coordination
    - Vocational and Educational Coordination
    - Housing Coordination and Support
    - Criminal Justice Initiative
    - Juvenile Justice Reinvestment Initiative
    - Correctional Resource Coordination
    - Health Homes

Criterion 4: Targeted Services to rural and Homeless Populations and to Older Adult

1. **Provides outreach to and services for individuals who experience homelessness; community-based services to individuals in rural areas; and community-based services to older adults.**
    a. Describe your state's targeted services to rural population. See SAMHSA's Rural Behavioral Health page for program resources (https://www.samhsa.gov/rural-behavioral-health).

b. Describe your state's targeted services to people experiencing homelessness. See SAMHSA's Homeless Programs and Resources for program resources55
c. Describe your state's targeted services to the older adult population. See SAMHSA's Resources for Older Adults webpage for resources56

To ensure community-based behavioral health services across the state, including rural areas, the Behavioral Health Work Group final report recommended a regional approach to ensure access to essential services. Essential services, as defined by the Work Group are prevention services, assessment and referral, community crisis intervention, care coordination, supported living services, inpatient specialty services, outpatient specialty services and family support.

To increase access to essential services, the Work Group concluded with the selection of five regional areas. These regions mirror the five call center regions developed for the Aging and Disability Resource Connections. These regions were selected because they reflect locations where people access medical care and other necessary services across the state.
Current essential services within each region were assessed and critical caps were identified. The state continues to their progress towards meeting the recommendations given to ensure all essential services are provided within each identified region.

To assist with services to the rural population, the DBH establishes expectations through the Administrative Rules of South Dakota (ARSD) that CMHCs deliver services across the counties in their assigned catchment areas. A rural rate has been developed to allow for higher reimbursement of services when providers travel distances greater than 20 miles from their office location to deliver services. Additionally, the DBH supports the use of telemedicine to deliver services when appropriate.

To assist with homelessness, four of the 11 CMHCs receive Projects for Assistance in Transition from Homelessness funds to provide services to individuals with serious mental illness and/or co-occurring substance use disorders, who are homeless or at imminent risk of homelessness. Services include outreach, screening and diagnostic treatment, habilitation and rehabilitation, substance use assessments, case management, primary health care referrals, job training, education, housing supports and community mental health services such as medication management, supportive counseling and psychotherapy. Other services also provided include technical assistance in applying for housing assistance and financial support including security deposits and one-time rental assistance to prevent eviction.

To assist with the older adult population, South Dakota also has two assisted living centers that are designated specifically for individuals with serious mental illnesses. Service needs may be more intense for those who have significant medical issues and/or are homeless. Licensed through the Department of Human Services, Division of Long Term Services and Supports, Cedar Village and Cayman Court are in the Southeastern part of the State (Yankton and Sioux Falls, respectively). They have approximately a 48-bed capacity between the two of them and are operated by the CMHCs in those areas. Individuals living in these assisted living centers receive Comprehensive Assistance with Recovery and Empowerment services through the CMHCs.

The DBH also assists with Preadmission Screening and Resident Reviews which is a federal mandate that ensures individuals are not inappropriately placed in nursing homes for long term care. All individuals who screen positive for a mental illness are referred for a Level II evaluation and the determination is completed by the DBH. A Level II review determines if the mental health needs of the individual can be met in the nursing facility or if the individual requires specialized services, including referrals to the local CMHC to treat the mental illness.

Lastly, the HSC developed a clinical review process that provides psychiatric reviews/consultations to nursing facilities and assisted living centers. To assist with clients who have challenging behaviors or behavioral health needs, an HSC Clinical Review Team provides the nursing home or assisted living center with resources and interventions that may allow the client to live in the least restrictive environment possible.

Criterion 5: Management Systems

1. **States describe their financial resources, staffing, and training for mental health services providers necessary for the plan; provides for training of providers of emergency health services regarding SMI and SED; and how the state intends to expend this grant for the fiscal years involved.**
    a. Describe your state's management systems.
    b. Describe your state's current telehealth capabilities, how your state uses telehealth modalities to treat individuals with SMI/SED, and any plans/initiatives to expand its use.

The Division of Behavioral Health (DBH) consists of a Treatment, Training and Support Services team, a Performance Management and Data and Outcomes team, and a team within the Office of Prevention Services, each with an Assistant Director who reports to the Division Director, along with the Strategic Initiatives Program Specialist who reports to the Behavioral Health Chief. Program Specialists also perform fiscal functions and other projects. The DBH employs 80 staff and is the Single State Agency for South Dakota providing both mental health and substance use disorder treatment services.

Mental health services are provided on a fee-for-service basis through Medicaid, Block Grant, and state general funds. Funding utilized for mental health services include direct services to individuals with serious mental illnesses and children with serious emotional disturbances as well as outpatient services, emergency services, and services through the Indigent Medication Program. It is the state's intent to expend the Mental Health Bock Grant funding for Federal Fiscal Years 2024 and 2025 as it has been expended in the past, with the majority be allocated for direct services, 10 percent to address early serious mental illness and 5 percent for administrative costs.

Regarding workforce development, the DBH supports professional training opportunities for mental health and substance use treatment professionals across the state and works with providers to determine training needs. The DBH collaborates with the Mountain Plains Addiction Technology Transfer Center, Mental Health Technology Transfer Center, and the Prevention Technology Transfer Center to provide a variety of trainings and technical assistance to the DBH staff as well as direct service providers in the communities on topics such as Motivational Interviewing, Telemedicine, First Episode Psychosis, American Society of Addiction Medicine Criteria and other statewide initiatives. The DBH continues to contract with a consultant to provide cultural awareness training to clinicians four times per year, and currently contracts with OnTrackNY to provide consultation, training and technical assistance to the DBH and to the First Episode Psychosis program staff providing Coordinated Specialty Care services.

South Dakota also supports suicide prevention and mental health promotion training. Supported training includes:

- Mental Health First Aid
- Specialty modules include Higher Education; Military Members, Veterans & Their families; Public Safety; Older Adults; Rural Communities

- Youth Mental Health First Aid
- NAMI Ending the Silence
- Applied Suicide Intervention Skills Training
- Question, Persuade, Refer
- Question, Persuade, Refer, Treat

The Office of Prevention Services receives a combination of state general and federal funds to support training.

In May 2015, the Qualified Mental Health Professional (QMHP) training became available online and includes information regarding the involuntary commitment process, mental health status examinations, reviews South Dakota laws relative to inpatient hospitalizations; hearing procedures for QMHPs in the commitment process of an individual and an overview of the medical capabilities of the state psychiatric hospital. This follows ARSD, Chapter 67:62:14.

The DBH supports SOAR (SSI/SSDI Outreach, Access, and Recovery) training efforts in South Dakota and encourages substance use disorder and mental health providers to train staff to better assist those who are homeless or at risk of homelessness in applying for SSI/SSDI benefits. Provider staff can access the 20-hour SOAR Online Training at any time and complete it at their own pace.

Primary Prevention – SUPTRS BG

Assessment

1. **Does your state have an active State Epidemiological and Outcomes Workgroup (SEOW)?** ☐ Yes ☒ No
2. **Does your state collect the following types of data as part of its primary prevention needs assessment process? (check all that apply):**
   a. ☒ Data on consequences of substance-using behaviors
   b. ☒ Substance-using behaviors
   c. ☒ Intervening variables (including risk and protective factors)
   d. ☐ Other (please list)
3. **Does your state collect needs assessment data that include analysis of primary prevention needs for the following population groups? (check all that apply):**
   a. ☐ Children (under age 12)
   b. ☒ Youth (ages 12-17)
   c. ☒ Young adults/college age (ages 18-26)
   d. ☒ Adults (ages 27-54)
   e. ☒ Older adults (ages 55 and above)
   f. ☒ Cultural/ethnic minorities
   g. ☐ Sexual/gender minorities
   h. ☒ Rural communities
   i. ☐ Other (please list)
4. **Does your state use data from the following sources in its primary prevention needs assessment? (check all that apply):**
   a. ☐ Archival indicators (please list)
   b. ☒ National Survey on Drug Use and Health (NSDUH)
   c. ☒ Behavioral Risk Factor Surveillance System (BRFSS)
   d. ☒ Youth Risk Behavior Surveillance System (YRBS)
   e. ☐ Monitoring the Future
   f. ☐ Communities that Care
   g. ☐ State-developed survey instrument
   h. ☒ Other (please list) Contracted provider data
5. **Does your state use need assessment data to make decisions about the allocation of SUPTRS BG primary prevention funds?** ☒ Yes ☐ No
   a. If yes, please explain. The Department of Social Services requires the use of the Strategic Prevention Framework among contracted prevention providers. Contracted prevention providers complete a local needs assessment as part of the SPF to create a logic model with the identified needs, selected interventions, and anticipated outcomes. This information is utilized by contracted prevention provider when requesting SUPTRS BG funding each fiscal year.
   b. If no, please explain how SUPTRS BG funds are allocated.
6. **Does your state integrate National CLAS Standards into the assessment step?**
   a. ☒ Yes ☐ No
      i. If yes, please explain. The Department of Social Services (DSS) requires contracted prevention providers to weave cultural competence throughout the use of the Strategic Prevention Framework. While DSS does not require the utilization of the National CLAS Standards specifically, the 2023-2028 prevention services strategic plan places a focus on strengthening cultural competence in prevention services across South Dakota.
      ii. If no, please explain.
7. **Does your state integrate sustainability into the assessment step?**
   a. ☒ Yes ☐ No
      i. If yes, please explain. Sustainability is integrated into the assessment step in South Dakota by building relationships with data keepers and stakeholders who can help sustain local

prevention efforts over time. The Department of Social Services (DSS) requires contracted prevention providers to integrate sustainability throughout the use of the Strategic Prevention Framework.

ii. If no, please explain.

Capacity Building

1. **Does your state have a statewide licensing or certification program for the substance use disorder prevention workforce?** ☒ Yes ☐ No
   a. If yes, please describe: The SD Board of Addiction and Prevention Professionals has a certification process for Prevention Specialist.
2. **Does your state have a formal mechanism to provide training and technical assistance to the substance use disorder prevention workforce?** ☒ Yes ☐ No
   a. If yes, please describe mechanism used. The Department of Social Services collaborates with three Prevention Resource Centers to provide training and technical assistance within their region to communities, schools, and contracted prevention providers. In addition, the state partners with the Mountain Plains Prevention Technology Transfer Center and utilizes supplemental technical assistance funding from the Substance Abuse and Mental Health Services Administration to meeting training needs.
3. **Does your state have a formal mechanism to assess community readiness to implement prevention strategies?** ☒ Yes ☐ No
   a. If yes, please describe mechanism used: DSS requires the use of the Strategic Prevention Framework among contracted prevention providers. Contracted prevention providers complete a local needs assessment, which determines the community's readiness to change.
2. **Does your state integrate the National CLAS Standards into the capacity building step?**
   a. ☒ Yes ☐ No
      i. If yes, please explain. The Department of Social Services (DSS) requires contracted prevention providers to weave cultural competence throughout the use of the Strategic Prevention Framework. While DSS does not require the utilization of the National CLAS Standards specifically, the 2023-2028 prevention services strategic plan places a focus on strengthening cultural competence in prevention services across South Dakota.
      ii. If no, please explain.
4. **Does your state integrate sustainability into the capacity building step?**
   a. ☒ Yes ☐ No
      i. If yes, please explain. Sustainability is integrated into the capacity building step by promoting public awareness and partnerships who will be champions for local prevention efforts. During this step, prevention professionals are helping to build a system that can respond to changing issues with innovative solutions. The Department of Social Services (DSS) requires contracted prevention providers to integrate sustainability throughout the use of the Strategic Prevention Framework.
      ii. If no, please explain.

Planning

1. **Does your state have a strategic plan that addresses substance use primary prevention that was developed within the last five years?** ☒ Yes ☐ No
   a. If yes, please attach the plan in WebBGAS
2. **Does your state use the strategic plan to make decisions about use of the primary prevention set-aside of the SUPTRS BG?** ☒ Yes ☐ No ☐ Not applicable (no strategic plan)
3. **Does your state's prevention strategic plan include the following components? (check all that apply):**
   a. ☒ Based on needs assessment datasets the priorities that guide the allocation of SUPTRS BG primary prevention funds

b. ☒ Timelines
c. ☒ Roles and responsibilities
d. ☒ Process indicators
e. ☒ Outcome indicators
f. ☒ Cultural competence component (i.e., National CLAS Standards)
g. ☒ Sustainability component
h. ☐ Other (please list)
i. ☐ Not application/no prevention strategic plan

4. **Does your state have an Advisory Council that provides input into decisions about the use of SUPTRS BG primary prevention funds?** ☒ Yes ☐ No
5. **Does your state have an active Evidence-Based Workgroup that makes decisions about appropriate strategies to be implemented with SUPTRS BG primary prevention funds?** ☐ Yes ☒ No
    a. If yes, please describe the criteria the Evidence-Based Workgroup uses to determine which programs, policies and strategies are evidence-based.
3. **Does your state integrate the National CLAS Standards into the planning step?**
    a. ☒ Yes ☐ No
        i. If yes, please explain. The Department of Social Services (DSS) requires contracted prevention providers to weave cultural competence throughout the use of the Strategic Prevention Framework. While DSS does not require the utilization of the National CLAS Standards specifically, the 2023-2028 prevention services strategic plan places a focus on strengthening cultural competence in prevention services across South Dakota.
        ii. If no, please explain.
5. **Does your state integrate sustainability into the planning step?**
    a. ☒ Yes ☐ No
        i. If yes, please explain. Sustainability is integrated into the planning step when prevention professionals consider how prevention interventions fit within local needs, capacity, and culture. The better the intervention fits, the more likely the intervention will be both successful and sustainable. The Department of Social Services (DSS) requires contracted prevention providers to integrate sustainability throughout the use of the Strategic Prevention Framework.
        ii. If no, please explain.

Implementation

1. **States distribute SUPTRS BG primary prevention funds in a variety of different ways. Please check all that apply to your state:**
    a. ☐ SSA staff directly implements primary prevention programs and strategies.
    b. ☐ The SSA has statewide contracts (e.g. statewide needs assessment contract, statewide workforce training contract, statewide media campaign contract).
    c. ☐ The SSA funds regional entities that are autonomous in that they issue and manage their own sub-contracts.
    d. ☒ The SSA funds regional entities that provide training and technical assistance.
    e. ☒ The SSA funds regional entities to provide prevention services.
    f. ☐ The SSA funds county, city, or tribal governments to provide prevention services.
    g. ☒ The SSA funds community coalitions to provide prevention services.
    h. ☐ The SSA funds individual programs that are not part of a larger community effort.
    i. ☐ The SSA directly funds other state agency prevention programs.
    j. ☐ Other (please describe)
2. **Please list the specific primary prevention programs, practices and strategies that are funded with SUPTRS BG primary prevention dollars in each of the six prevention strategies. Please see instructions for definitions of the six strategies.**
    a. ☒ Information Dissemination: See Attachment D - Prevention Strategies & Programs

b. ☒ Education: See Attachment D - Prevention Strategies & Programs
c. ☒ Alternatives: See Attachment D - Prevention Strategies & Programs
d. ☒ Problem Identification and Referral: See Attachment D - Prevention Strategies & Programs
e. ☒ Community-Based Processes: See Attachment D - Prevention Strategies & Programs
f. ☒ Environmental: See Attachment D - Prevention Strategies & Programs

2. **Does your state have a process in place to ensure that SUPTRS BG dollars are used only to fund primary prevention services not funded through other means?** ☒ Yes ☐ No
   a. If yes, please describe: The Department of Social Services reimburses contracted prevention providers on a fee for service basis. Each month contracted providers submit an invoice into the MOSAIX Impact billing and data collection system. Office of Prevention and Crisis Services staff review and approve invoices based on allowable expenditures under the block grant. In addition, fiscal audits are conducted to ensure that contracted providers have billed appropriate services to the appropriate funding stream with corresponding documentation.

4. **Does your state integrate the National CLAS Standards into the implementation step?**
   a. ☒ Yes ☐ No
      i. If yes, please explain. The Department of Social Services (DSS) requires contracted prevention providers to weave cultural competence throughout the use of the Strategic Prevention Framework. While DSS does not require the utilization of the National CLAS Standards specifically, the 2023-2028 prevention services strategic plan places a focus on strengthening cultural competence in prevention services across South Dakota.
      ii. If no, please explain.

3. **Does your state integrate sustainability into the implementation step?**
   b. ☒ Yes ☐ No
      i. If yes, please explain. Sustainability is integrated into the implementation step by prevention professionals ensuring they are working with partners to deliver EBPs as intended, they are celebrating small wins and successes as a way to create buy-in to the programming, and they are beginning to weave prevention into the fabric of the community. The Department of Social Services (DSS) requires contracted prevention providers to integrate sustainability throughout the use of the Strategic Prevention Framework.
      ii. If no, please explain.

Evaluation

1. **Does your state have an evaluation plan for substance use disorder prevention that was developed within the last five years?** ☐ Yes ☒ No
   a. If yes, please attach the plan in WebBGAS

2. **Does your state's prevention evaluation plan include the following components? (check all that apply):**
   a. ☐ Establishes methods for monitoring progress towards outcomes, such as targeted benchmarks.
   b. ☐ Includes evaluation information from sub-recipients
   c. ☐ Includes SAMHSA National Outcome Measurement (NOMs) requirements
   d. ☐ Establishes a process for providing timely evaluation information to stakeholders
   e. ☐ Formalizes processes for incorporating evaluation findings into resource allocation and decision-making
   f. ☐ Other (please describe)
   g. ☒ Not applicable/no prevention evaluation plan

3. **Please check those process measures listed below that your state collects on its SUPTRS BG funded prevention services:**
   a. ☒ Numbers served
   b. ☐ Implementation fidelity
   c. ☒ Participant satisfaction
   d. ☒ Number of evidence-based program/practices/policies implemented

e. ☒ Attendance
f. ☒ Demographic information
g. ☐ Other (please describe)

4. Please check those outcome measures listed below that your state collects on its SUPTRS BG funded prevention services:

a. ☒ 30-day use of alcohol, tobacco, prescription drugs, etc.
b. ☐ Heavy use
c. ☒ Binge use
d. ☒ Perception of harm
e. ☐ Disapproval of use
f. ☒ Consequences of substance use (e.g. alcohol-related motor vehicle crashes, drug-related mortality)
g. ☐ Other (please describe)

5. Does your state integrate the National CLAS Standards into the evaluation step?

a. ☒ Yes ☐ No
   i. If yes, please explain. The Department of Social Services (DSS) requires contracted prevention providers to weave cultural competence throughout the use of the Strategic Prevention Framework. While DSS does not require the utilization of the National CLAS Standards specifically, the 2023-2028 prevention services strategic plan places a focus on strengthening cultural competence in prevention services across South Dakota.
   ii. If no, please explain.

6. Does your state integrate sustainability into the evaluation step?

c. ☒ Yes ☐ No
   i. If yes, please explain. Sustainability is integrated into the evaluation step through prevention professionals continually looking at data to make mid-course corrections. They are also continually identifying what practices are worth expanding and sustaining and making plans on how to sustain positive outcomes. The Department of Social Services (DSS) requires contracted prevention providers to integrate sustainability throughout the use of the Strategic Prevention Framework.
   ii. If no, please explain.

Evidence Based Program	Information Dissemination	Education	Community Based	Environmental	Problem ID & Referral	Alternatives
Canoe Journey Life's Journey: Life Skills for Native Adolescents	Culturally specific prevention activities.	Culturally specific prevention activities.	Culturally specific prevention activities.	Culturally specific prevention activities.		Canoe Journey Life's Journey: Life Skills for Native Adolescents - Culturally specific prevention activities.
LifeSkills Training	Classroom cognitive skills training. Staff training, implementation planning and evaluation.	Classroom cognitive skills training. Staff training, implementation planning and evaluation.	Classroom cognitive skills training. Staff training, implementation planning and evaluation.			
Project SUCCESS	Classroom prevention educational programming. Prevention awareness efforts.	Classroom prevention educational programming. Prevention awareness efforts. Provide student assistance services for at risk youth.	Environmental and outreach efforts. Prevention awareness efforts.	Environmental and outreach efforts. Prevention awareness efforts.	Provide student assistance services for at risk youth.	Prevention awareness efforts.
Project Venture	Community-oriented service learning and service leadership projects throughout the year.	Culturally specific classroom prevention activities delivered throughout the school year.	Community-oriented service learning and service leadership projects throughout the year.			Skill-building experiential and challenge activities delivered after school, weekend or during the summer.
Positive Action	Classroom prevention education programming. Staff training, implementation planning and evaluation.	Classroom prevention education programming. Staff training, implementation planning and evaluation.	Staff training, implementation planning and evaluation			
S.A.F.E. (Student Assistance and Family Education)	Classroom prevention educational programming. Environmental and outreach efforts. Provide student assistance services for at risk youth. Prevention awareness efforts.	Classroom prevention educational programming. Environmental and outreach efforts. Provide student assistance services for at risk youth. Prevention awareness efforts.	Environmental and outreach efforts. Prevention awareness efforts.	Environmental and outreach efforts. Prevention awareness efforts.	Provide student assistance services for at risk youth.	Prevention awareness efforts.
CMCA (Communities Mobilizing for Change on Alcohol)	Community projects that address youth access to alcohol. Strategy team approaches that address youth access to alcohol.	Community projects that address youth access to alcohol.	Social norm marketing campaign(s) to address misperceptions about alcohol. Community projects that address youth access to alcohol. Strategy team approaches that address youth access to alcohol.	Enforcement efforts that address youth access to alcohol. Strategy team approaches that address youth access to alcohol.		Community projects that address youth access to alcohol.
CCAA (Challenging College Alcohol Abuse)	Promotion of non-alcohol social events that provide healthy options other than traditional drinking occasions.	Social norm marketing campaign(s) to address misperceptions about alcohol.	Promotion of non-alcohol social events that provide healthy options other than traditional drinking occasions. Social norm marketing campaign(s) to address misperceptions about alcohol. Community projects that address youth access to alcohol.	Promotion of non-alcohol social events that provide healthy options other than traditional drinking occasions. Social norm marketing campaign(s) to address misperceptions about alcohol.		Promotion of non-alcohol social events that provide healthy options other than traditional drinking occasions.
Strengthening Families Program for Parents and Youth 10-14	Providing family skills training.	Providing family skills training.				
Prime for Life					Intensive prevention education programming for repeat offenders (ages 20 and under). Primary prevention education programming for youth (18 and under). Young adult alcohol diversion programming for young adults (19-20 year olds).	
BASICS					College students (Ages 18-20) at risk of alcohol abuse due to family background, prior alcohol offense, etc. Two session approach to alcohol education and prevention.	
CHOICES	Social norms efforts.			Social norms efforts.	Alcohol education programming engaging students in in-class journaling and participation.	
e-CHECKUP To Go (e-CHUG)	Social norms efforts.		Social norms efforts.	Social norms efforts.	On-line questionnaire that focuses on drinking/drinking behavior and nicotine use with a focus on alcohol education and prevention.	
Interactive Journaling (Alternatives)					Structured writing that allows students (12-20 who have alcohol related offenses) to write about their alcohol problem and its association with their current negative life situation.	
Too Good for Drugs (TGFD)	Classroom prevention educational programming. Prevention awareness efforts.	Classroom prevention educational programming. Prevention awareness efforts. Provide student assistance services for at risk youth.	Environmental and outreach efforts. Prevention awareness efforts.	Environmental and outreach efforts. Prevention awareness efforts.		Prevention awareness efforts.

Behavioral Health Prevention Services Five-Year Strategic Plan

2023-2028

South Dakota Department of Social Services

Division of Behavioral Health

Office of Prevention and Crisis Services

South Dakota Department of Social Services
Strong Families - South Dakota's Foundation and Our Future

A Letter from the Division of Behavioral Health

The South Dakota Department of Social Services (DSS) is proud to release a new *Behavioral Health Prevention Services Five Year Strategic Plan for 2023 to 2028* which is the result of engagement with providers, prevention networks, persons with lived experience and other stakeholders.

Behavioral Health prevention services are critically important to the South Dakota citizens we serve. Delivering effective prevention services can help reduce risk factors for mental health and substance use disorder conditions that impact the quality of life, the ability of our youth and adults to take the highest advantage of opportunities for education, work, and positive engagement in our communities.

Beginning in Spring 2022, DSS worked with Guidehouse, a national consulting firm, to help develop this new Strategic Plan for behavioral health prevention services adapting national best practices to reflect South Dakota values and goals, as well as listening to individuals across the state. The knowledge, experience and feedback of South Dakotans is reflected in this new strategic plan.

This new plan will serve as an operational roadmap to guide and track key prevention initiatives such as prevention programming, expansion of prevention partnerships, and education and communication to elevate and make available behavioral health prevention services for all South Dakotans.

We are excited about the opportunity that the new *Behavioral Health Prevention Services Five Year Strategic Plan for 2023 to 2028* presents and we look forward to engaging with all South Dakotans to ensure its success.

Sincerely,

South Dakota Department of Social Services,
Division of Behavioral Health

South Dakota Department of Social Services
Strong Families - South Dakota's Foundation and Our Future

Table of Contents

Introduction

The mission of DSS and the purpose of the continuum of behavioral health services in South Dakota is to foster independent and healthy children, adults, and families. The *Behavioral Health Prevention Services Five Year Strategic Plan for 2023-2028* ("Strategic Plan" or "Plan") was developed as a successor to the prior DSS Prevention Program Five Year Plan, 2015-2020. This new Plan will enable the DSS Division of Behavioral Health (DBH) and its Office of Prevention and Crisis Services to achieve their goal of strengthening and supporting children and adults with behavioral health needs through prevention services as one of the critical components of the behavioral health services continuum.

In issuing this new Strategic Plan, DBH is identifying and communicating key focus areas, programmatic goals, and action steps that will guide an integrated behavioral health prevention system in addressing both mental health and substance use disorders. This new Plan will continue to enhance the prevention system in its programming, appropriate use of data, growth of partnerships, education of the role and outcomes of behavioral health prevention programs, and communication across the state of available behavioral health prevention services.

The overall goals of the new Strategic Plan are to:

Strengthen community prevention efforts through leadership, education, and support

Increase access to mental health and substance use disorder prevention services for all South Dakotans

Reduce risks factors for substance use disorders and mental illness

As illustrated in Figure 1, there are five key focus areas and related action steps that will help DSS drive outcomes towards these goals.

Figure 1. Strategic Plan Focus Areas

The Strategic Plan first describes the role of behavioral health prevention services and related prevention strategies. It then outlines the current South Dakota landscape highlighting accomplishments of the prior 2015-2020 Prevention Program Strategic Plan, work of the South Dakota prevention networks in the intervening years, and data supporting the need for continued prevention services. The Strategic Plan provides details on DBH's methodology and approach supporting the current planning effort, including, of note, the incorporation of benchmarking analyses with other states, stakeholder interview findings from providers, prevention networks, and persons with lived experience, listening sessions, and a statewide

survey regarding current state and desired future goals. The Plan also presents a Strategic Prevention Framework, which is a set of guiding principles reflecting national best practices and local experience that informs the key considerations and actionable steps that DBH will implement to drive the goals of the new Plan over the next five years.

Our Vision

South Dakota supports stronger families, stronger individuals, and stronger communities. DBH seeks improved behavioral health and wellness across the lifespan of all South Dakota children, adults, and families. Figure 2 depicts DBH commitments to promoting behavioral health and wellness for all South Dakotans.

Figure 2. DBH Commitments

A stigma-free environment in which all those who seek behavioral health prevention and treatment services feel empowered to reach out

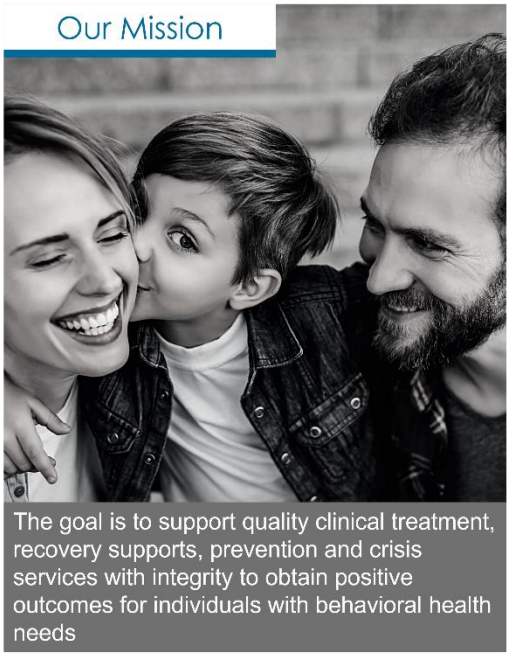
A full array of behavioral health prevention services that will help to lower the risks for mental health and substance use disorder conditions

Strong local and regional partnerships that enable all providers and communities to learn from each other and help fulfill the vision of effective prevention programs

Our Mission

As illustrated in Figure 3, the DBH mission is to support quality clinical treatment, recovery supports, prevention and crisis services with integrity to obtain positive outcomes for individuals with behavioral health needs.

Figure 3. DBH Mission



South Dakota Current Behavioral Health Landscape

DBH partners with numerous prevention providers, substance use disorder treatment providers, community mental health centers, and recovery support providers to offer full-spectrum services across the continuum based upon an established Behavioral Health Continuum of Care Model. The goal of the model is to foster independent and healthy individuals and families in South Dakota.[1]

Figure 4 illustrates the Behavioral Health Continuum of Care Model, which is a comprehensive approach to addressing behavioral health issues through promotion, prevention, treatment, recovery, and maintenance.[2] The model was originally developed by the Institute of Medicine and is cited by the Substance Abuse and Mental Health Services Administration (SAMHSA). Although DBH supports behavioral health services across the continuum of care, it leverages the model here to focus on prevention strategies and health promotion. Health promotion strategies are aimed at cultivating supportive environments, building communities and resilient individuals to withstand potential challenges.[3] South Dakota prevention efforts aim to engage, empower, and support South Dakotans to develop healthy sustainable lifestyle choices that reduce behavioral health disorder likelihood. The role of prevention services in South Dakota is further described in the subsequent section.

Figure 4. Behavioral Health Continuum of Care, Institute of Medicine

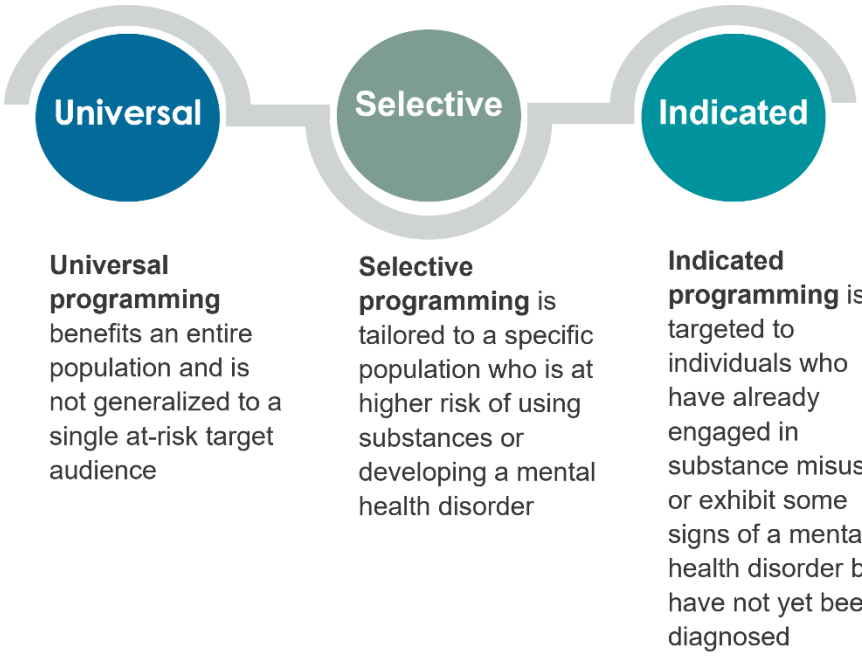
[1] *About Behavioral Health Services.* South Dakota Department of Social Services. https://dss.sd.gov/behavioralhealth/about.aspx
[2] *Continuum of Care*. Mountain Plains Prevention Technology Transfer Center. https://pttcnetwork.org/centers/content/mountain-plains-pttc
[3] *Center for the Application of Prevention Technologies Fact Sheet*. SAMHSA. https://www.mass.gov/doc/samhsa-behavioral-health-continuum-of-care-overview-9232019/download

The Role of Prevention Services

Prevention services aim to educate and empower individuals across South Dakota by addressing risk factors associated with mental health and substance use disorders. Prevention activities are key to building resiliency among individuals to mitigate potential challenges that substance use disorders, mental illnesses, and co-occurring disorders may have on one's quality of life. According to SAMHSA, both mental health and substance use disorders are leading conditions associated with disabilities across our nation.[4] We understand the importance and magnitude of this, therefore focus on prevention as a means to promote both behavioral and physical health.

In 2016, the South Dakota Legislature acknowledged the role of prevention by updating standards for the accreditation of substance use disorder prevention and treatment facilities.[5] Under administrative rules of South Dakota, South Dakota substance use disorder prevention programs are to encompass "current research, theory and practice-based strategies and activities implemented through prevention strategies." [6] Substance use disorder prevention programs are categorized into three distinct areas aligned with the strategies within the continuum of care and vary based on the target audience the program intends to reach, as shown in Figure 5.

Figure 5. Categories of Prevention Programs



DBH utilizes federal and state funds to partner with state-based prevention networks that offer evidence-based substance use disorder prevention programming. Providers engage key community members such as law enforcement, schools, Tribal entities, healthcare

[4] *Prevention of Substance use disorder and Mental Health Disorders, Substance use disorder & Mental Health Services Administration (SAMHSA), https://www.samhsa.gov/find-help/prevention*
[5] *SL 2016, Ch.15 §12, codified at SD Title 34-20A-27.*
[6] *Chapter 67:61:11 Prevention Program*. South Dakota Administrative Rules. https://sdlegislature.gov/Rules/Administrative/38484

organizations, veterans, and active-duty service members to provide prevention for substance use disorder programming. Programming is tailored to meet unique individual and community needs. Figure 6 highlights the three approaches for South Dakota's substance use disorder prevention services: community-based, school-based, and individual-based programming. [7,8]

Figure 6. Substance Use Disorder Prevention and Mental Health Promotion Approaches

School-based programming is provided to youth, young adults, and school administrative staff to educate about the harmful effects of substances, identify signs and symptoms of substance use and mental health disorders and provide referrals to community resources. [9]

Community-based programming includes community outreach events and environmental strategies (e.g., policies) to increase knowledge and change perceptions surrounding mental health and substance use issues. [10]

Individual-based programming reduces the likelihood of an individual developing a behavioral health disorder through targeted interventions and individualized support services.

In addition, DBH collaborates with the Department of Health (DOH) as part of an interagency suicide prevention plan and uses federal funds and state general funds to support the following mental health promotion training:

- Applied Suicide Intervention Skills Training
- Zero Suicide Workshops
- Mental Health First Aid, Youth Mental Health First Aid & Teen Mental Health First Aid
- Natural Helpers Training
- National Alliance on Mental Illness Ending the Silence
- Collaborative Assessment and Management of Suicidality
- Assessing and Managing Suicide Risk
- Question, Persuade, Refer Training

These workshops and training efforts educate South Dakotans about behavioral health issues, reduce social stigmas, and empower communities to utilize prevention resources. In addition, the State supports a variety of prevention campaigns to raise awareness about behavioral health and available prevention resources that continue to evolve over time.

Risk and Protective Factors

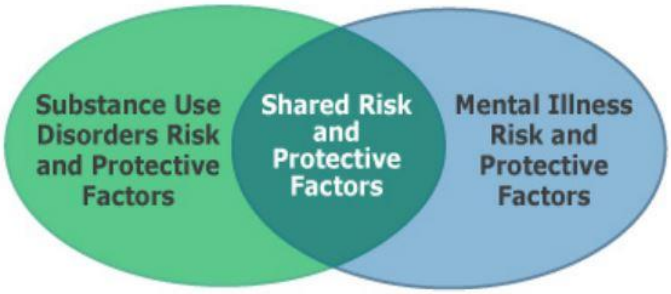
Certain external factors such as family history, living conditions, and societal norms can influence the likelihood that one may develop a mental health or substance use disorder. External factors are further classified into two domains:

[7] *South Dakota Prevention Network: Substance Use Prevention Services*. Department of Social Services. https://dss.sd.gov/formsandpubs/docs/BH/SUD_Prev_flyer.pdf
[8] South Dakota *DBH Full-Service Summary FY 2021*. DSS Department of Behavioral Health.
[9] *South Dakota FY 2022/2023 Combined MHBG Application*. Center for Substance Abuse Prevention Division of State Programs.
[10] *South Dakota FY 2022/2023 Combined MHBG Application*. Center for Substance Abuse Prevention Division of State Programs.

- **Risk factors:** external factors associated with an increased likelihood of engaging in substance use or progression of a mental illness (e.g., peer pressure, family history, negative coping mechanisms)
- **Protective factors**: "protect" against the development of substance use disorders or progression or likelihood of suicidal ideation and mental illness (e.g., strong social and professional support)

DBH recognizes individuals who develop a serious mental illness and/or a substance use disorder often share common risk and protective factors as shown in Figure 7. DBH prevention programs aim to increase the protective factors and decrease influence of risk factors that contribute the progression of mental illness and substance misuse.

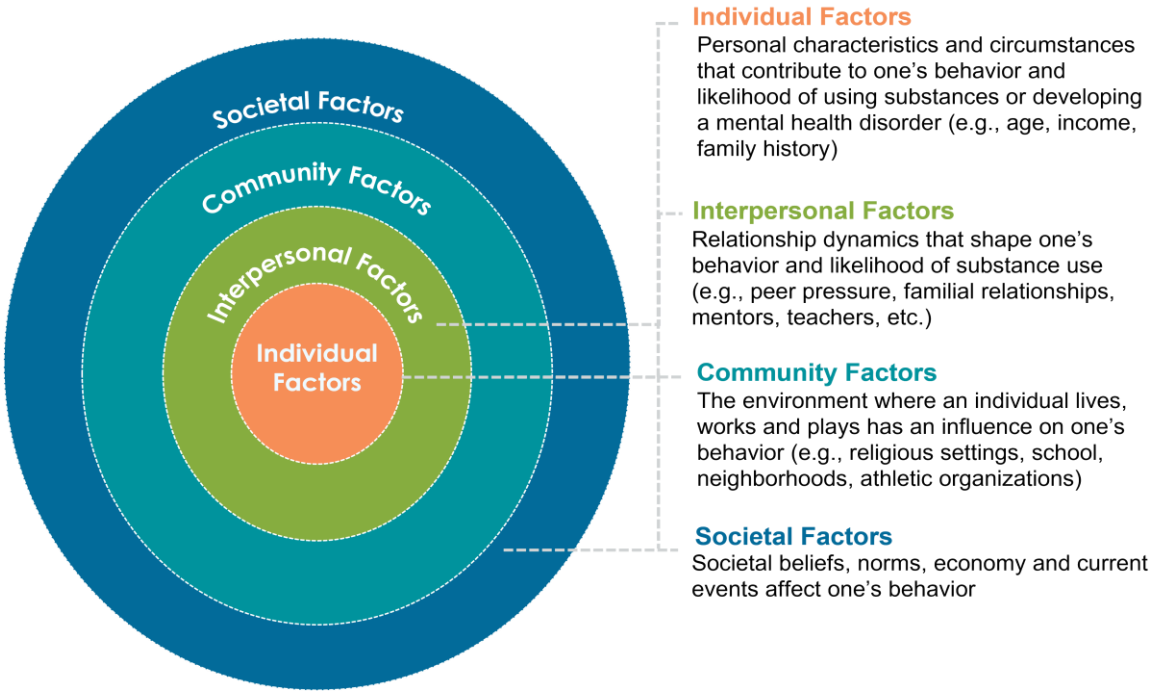
Figure 7. Substance Use Disorder and Mental Health Risk Factors [11]



These risk factors are not exclusive of one another and often overlap; therefore, prevention specialists often turn to a socio-ecological model to understand certain risk and protective factors. Socio-ecological models examine not only the individual factors but also social factors including relationships, housing conditions, environment, current policies, among others that influence a person's behavioral health. Prevention specialists may use this integrated model to understand target population needs and select effective evidence-based prevention strategies to enable the greatest behavioral change for a target population.[6] Figure 8 depicts the varying contexts to understand the underlying risk and protective factors.

[11] *Risk and Protective Factors*. SAMHSA. https://www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf

Figure 8. Socio-Ecological Model



Key Accomplishments

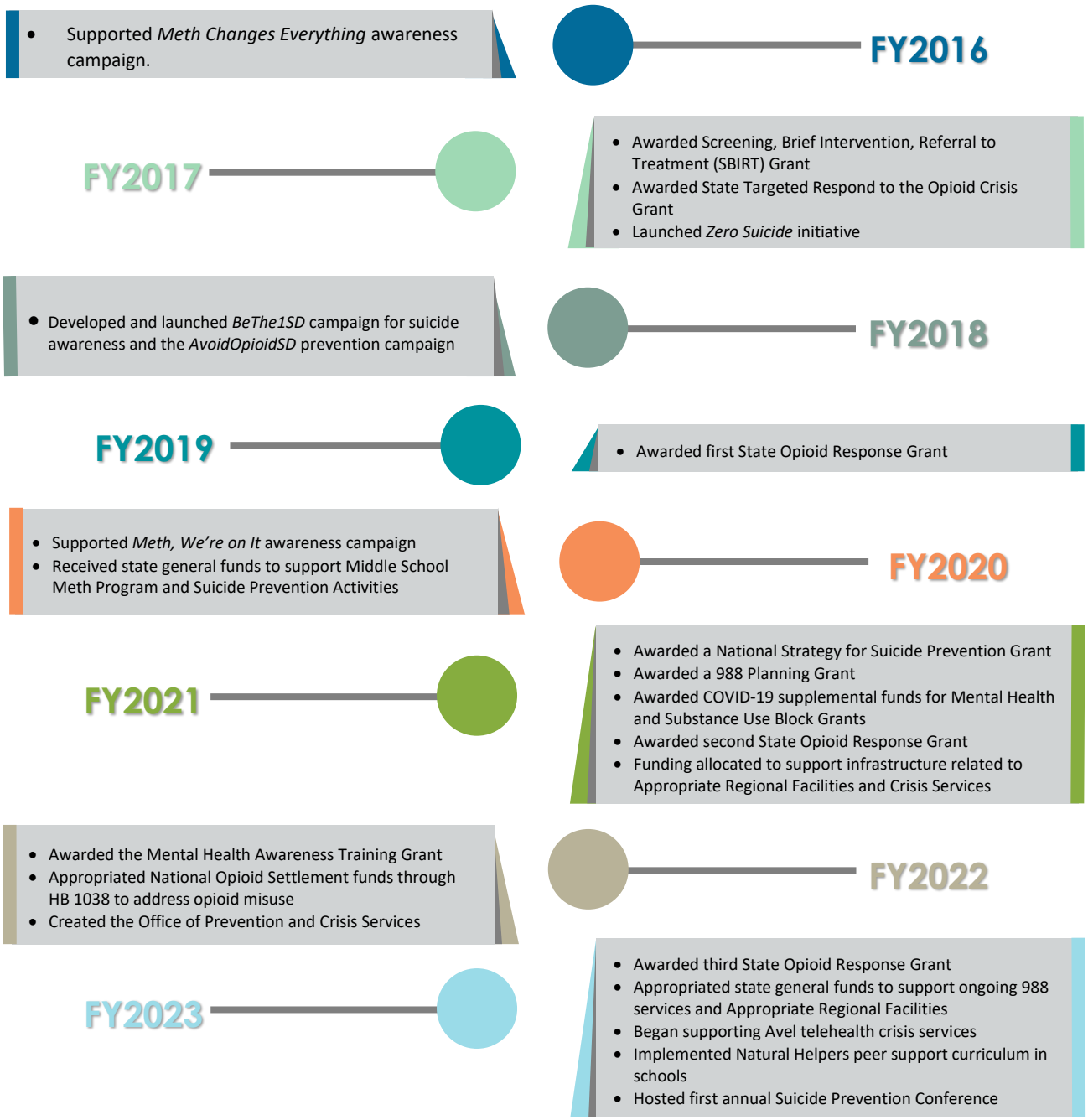
Since the previous Prevention Program Five Year Strategic Plan (2015-2020), DBH and its partners implemented several strategies to advance behavioral health and wellness through leadership, education, and local support. These include:

- Collaboration with key partners to expand prevention's footprint such as:
  - Participation in the Interagency Suicide Prevention Workgroup
  - Collaboration with the Department of Tribal Relations for the Annual Meth Summit
  - Partnerships with Departments of Education, Health, and Public Safety as well as the University of South Dakota's school psychology program and its Center for the Prevention of Child Maltreatment through the Well-Being of School Aged Youth Collaborative
- Quarterly prevention network meetings to discuss prevention priorities, identify gaps and collaborate on prevention resources,
- Expanded access to suicide prevention/mental health awareness training,
- Hosting South Dakota's first annual Suicide Prevention Conference in 2022,
- Publishing a Behavioral Health Services County map with treatment providers and a prevention for substance use services flyer to plainly identify available prevention and treatment services available across the state,

- Hosting six (6) informational webinars to inform on community and correctional based behavioral health services, prevention services and data to inform decision making in SFY2021,[12]
- Releasing mental health and substance use disorder indicator data to the State Epidemiological Outcomes website to identify needs of prevention target populations.

Additional accomplishments are listed in Figure 9.

Figure 9. Timeline of Key Prevention Accomplishments [13]



[12] *Resources*. South Dakota Department of Social Services. https://dss.sd.gov/behavioralhealth/resources.aspx
[13] *DBH Services Summary FY 2021.* Division of Behavioral Health.

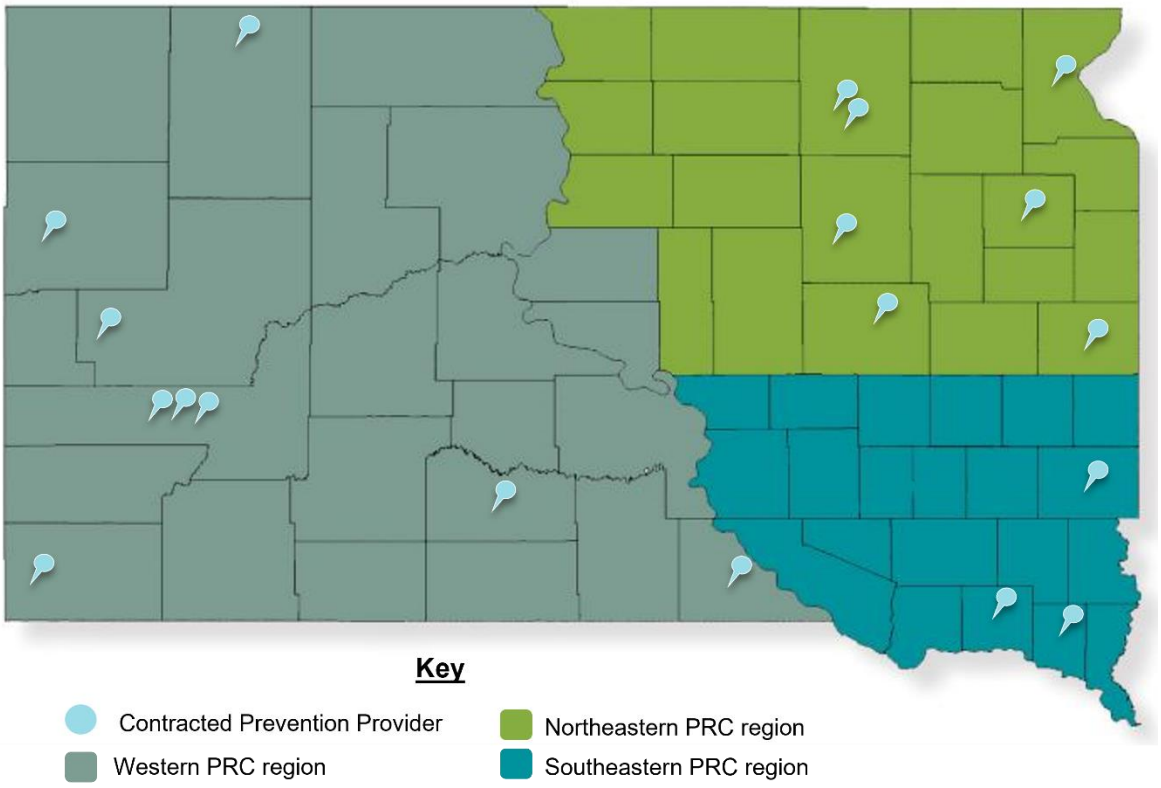
Prevention Provider Network

To promote access to high quality prevention services, DBH contracts with 19 local prevention coalitions and three prevention resource centers (PRCs) to provide substance use disorder prevention programming, mental health promotion, and suicide prevention training.

The role of the prevention provider network is to deliver targeted, evidence-based prevention programming and health promotion trainings within the South Dakota Behavioral Health Continuum of Care to reduce behavioral health stigma, identify appropriate referral sources, and encourage active community engagement in prevention efforts.

The three PRCs provide regional technical assistance, local training and resources to the coalitions, communities, and individuals across the state. A map of the South Dakota prevention network, including regional PRC coverage area, is shown in Figure 10. A complete list of the providers and associated locations is found in Appendix C.

Figure 10. South Dakota Prevention Network [14]



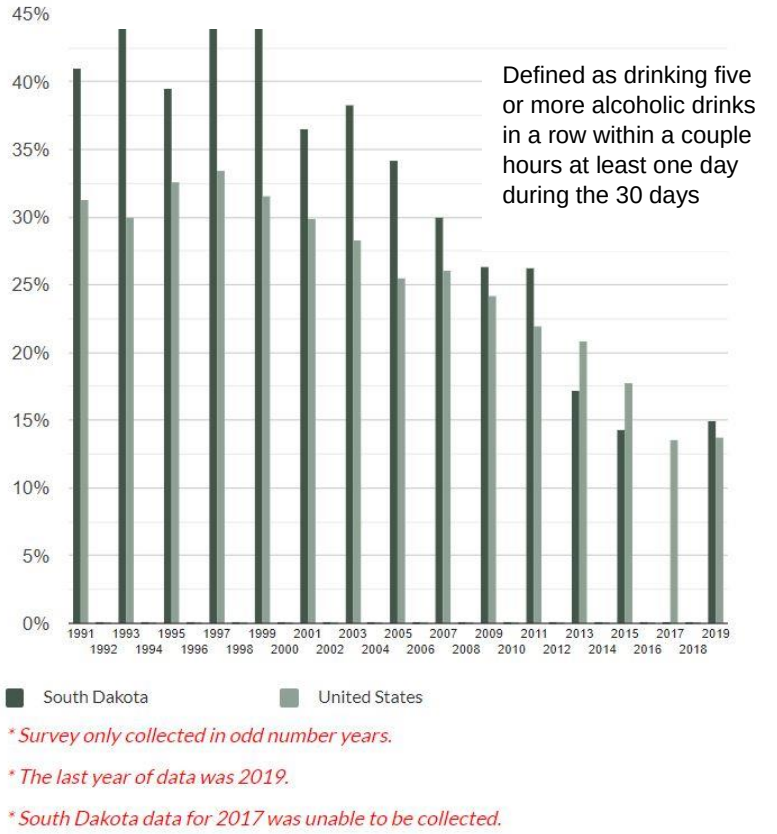
[14] *South Dakota Prevention Network Substance Use Prevention Services*. DSS. https://dss.sd.gov/formsandpubs/docs/BH/SUD_Prev_flyer.pdf

The Continued Need for Prevention Services

Data suggests that there is an increasing need for prevention services nationally. In 2021, Youth Risk Behavior Survey (YRBS) data indicated approximately 21.5% of South Dakota high school students reported seriously considering suicide in the past 12 months.[15] General mental and emotional health challenges also exist among adults. In 2020, nearly 9.4% of adults in South Dakota reported that their mental health was "not good" for fourteen or more days in the past 30 days.[16]

Similarly, illicit drugs, prescription drug misuse, and binge drinking continue to be challenging. Prevention specialists often explore the underlying perceptions and attitudes that can lead to substance misuse. Between 2018-2019, according to the National Survey on Drug Use and Health (NSDUH), 26.5% of youth between the ages of 12-17 perceived great risk from smoking marijuana once a month. Harm perceptions decreased among young adults, ages 18-25, where only 11.6% perceived great risk.[17] Similarly, 2019 measures of cocaine use in the past year were higher among young adults between 18-25 (3.6%) versus individuals 26 and older (0.8%). The percentage of South Dakota high schoolers reported ever using methamphetamine in 2019 was 2.8% as compared to the U.S. percentage of 2.1%.[18] The percentage of youth who reported binge drinking in the past 30 days has steadily declined over the last decade. However, the percentage of high schoolers who reported binge drinking in the past 30 days in South Dakota between 2018-2019 (14.9%) was higher than the national percentage (13.7%) as depicted in Figure 11.[19]

Figure 11. Youth who Binge Drank in past 30 days

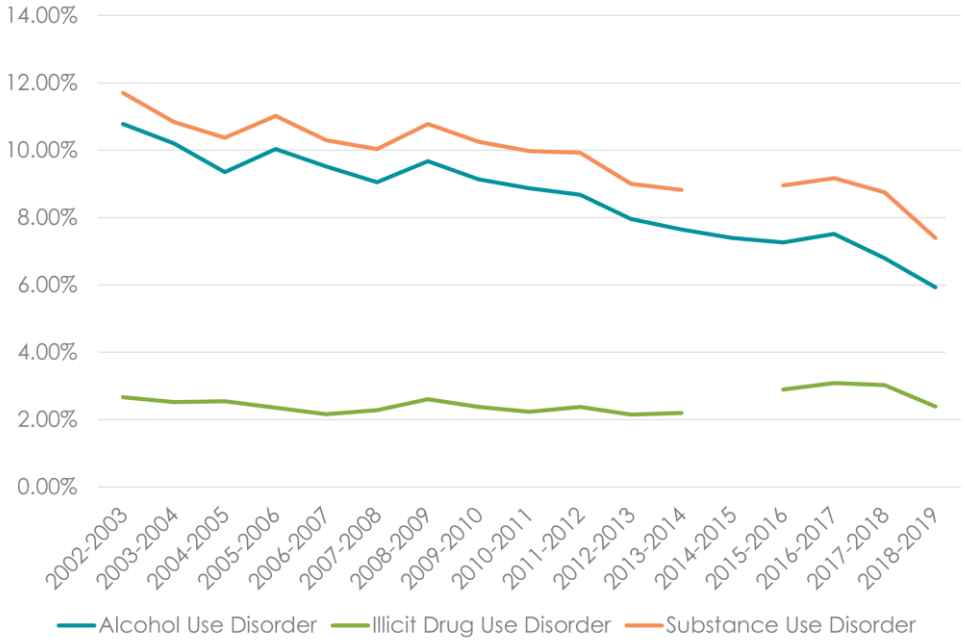


In 2021, opioid related overdoses accounted for nearly 41.3% of drug-related deaths in the state.[20] According to NSDUH, in 2018-2019 alcohol use disorder annual averages were higher among young adults,18-25 years old, (11.86%), when compared to national averages (9.67%)

[15] *Youth Risk Behavior Survey (YRBS) Data,* South Dakota. South Dakota Suicide Prevention. https://sdsuicideprevention.org/data/
[16] South Dakota State Epidemiological Outcomes Website. https://www.sdseow.org/data/?set=2&select=Depression#Mental-Health-not-good-14-or-more-days-in-past-30-days
[17] South Dakota State Epidemiological Outcomes Website. https://www.sdseow.org/data/?set=1&select=Alcohol#State-Level-Perceptions-of-Great-Risk-from-Smoking-Marijuana-Once-a-Month
[18] South Dakota State Epidemiological Outcomes Website. https://www.sdseow.org/data/?set=1&select=Alcohol#High-Schoolers-Ever-use-methamphetamines
[19] South Dakota State Epidemiological Outcomes Website. https://www.sdseow.org/data/?set=1&select=Alcohol#High-Schoolers-Binge-drank-in-past-30-days
[20] Avoid Opioid. https://www.avoidopioidsd.com/key-data/

for the same age group.[21] Additionally, approximately 5.93% (43,000) individuals across the state who are 12 and older have an alcohol use disorder, 2.38% (17,000) have an illicit drug disorder and 0.48% (3,000) have a pain reliever use disorder. The graph below (Figure 12) depicts NSDUH trends during its collection years as reported by the Substance Abuse & Mental Health Data Archive (SAMHDA).[22]

Figure 12. SAMHDA Prevalence among Individuals Aged 12 or Older in South Dakota NSDUH State Map



* This map includes NSDUH measures for Alcohol, Illicit, and Substance Use Disorders in the past year. The SAMHDA data set did not report 2014-2015 NSDUH measures for Illicit Drug Use Disorder and Substance Use Disorder.

Combating substance use disorders continues to be a top priority for DBH. Through the Centers for Disease Control and Prevention's Overdose Data to Action funding, South Dakota DOH implemented a State Unintentional Drug Overdose Reporting System (SUDORS). SUDORS aims to determine unintentional overdoses that can guide statewide priority education and prevention efforts. In 2020, there were 63 unintentional deaths of which 97% were classified as an overdose and the majority of which (87%) were tied to substance misuse. [23] Figure 13 depicts the types of substances used and Figure 14 shows contributing health conditions such as behavioral health needs. Our current and planned prevention programs aim to address and educate about these contributing factors, the prevention drivers, signs, symptoms, and the harmful effects of substance use disorders to reduce disorders, overdoses, and deaths.

[21] *United States and South Dakota Alcohol Use Disorder in the Past Year 2018-2019.* South Dakota State Epidemiological Outcomes Website. https://www.sdseow.org/data/?set=1&select=Alcohol#State-Level-Alcohol-Use-Disorder-in-the-Past-Year
[22] *Substance Abuse & Mental Health Data Archive*. South Dakota. https://pdas.samhsa.gov/saes/state?stNum=46
[23] State Unintentional Drug Overdose Reporting System. 2020 Data Report, South Dakota. https://doh.sd.gov/documents/statistics/2020_SD-SUDORS_DataReport.pdf

Figure 13. 2020 Unintentional Overdose Related Deaths by Substance [23]

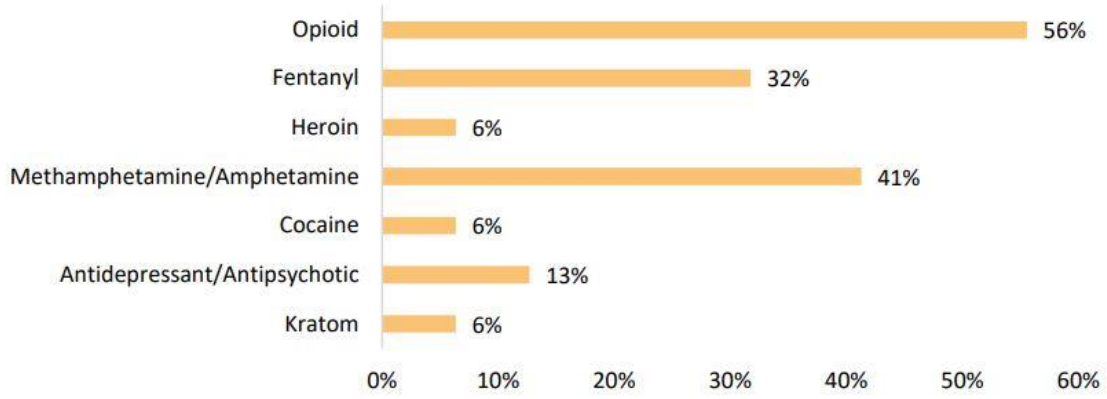
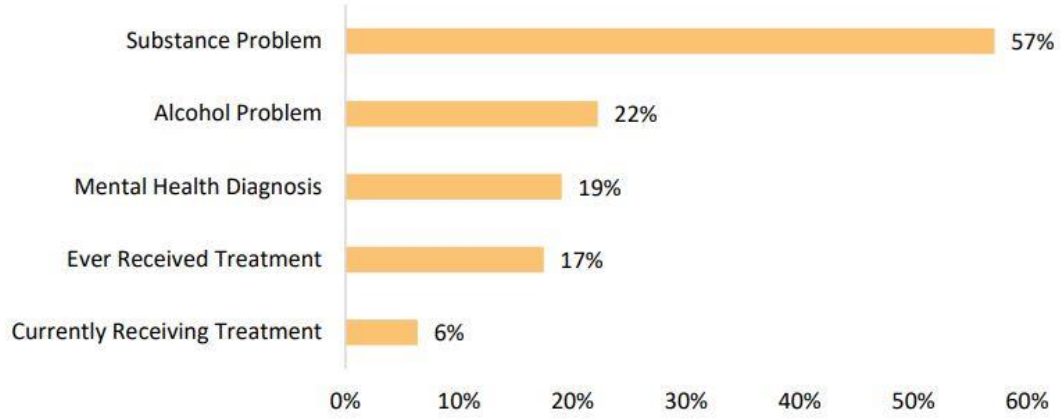


Figure 14. 2020 Contributing Factors to Overdose Related Death [23]



DBH crafted this new Strategic Plan to continue to meet all South Dakotans' needs by enhancing prevention services as a critical component of the behavioral health continuum of care. DBH takes a proactive approach at integrating promotion and prevention strategies to teach healthy lifestyle techniques and prevent the onset of a behavioral health disorder and reduce the potential impact of future challenges. This cohesive approach promotes a strong prevention infrastructure by leveraging and aligning our strategies with other current state-efforts to empower sustainable change and increased collaboration.

[23] State Unintentional Drug Overdose Reporting System. 2020 Data Report, South Dakota. https://doh.sd.gov/documents/statistics/2020_SD-SUDORS_DataReport.pdf

The Role of a Strategic Prevention Framework (SPF)

State government policy leaders, like private sector leaders, can benefit from using operational frameworks to accomplish program goals. DBH has and will continue to leverage the Strategic Prevention Framework (SPF) to help identify and develop the key areas of action captured in this Strategic Plan. Under the framework, there are five essential components that state agencies and prevention providers utilize to plan, understand, and address behavioral health prevention factors in South Dakota.[24]

Cultural competence and sustainability are two guiding principles engrained within every step of the SPF. The iterative nature of planning, assessment, and a team approach allows South Dakota to leverage a collaborative and impactful community-centered approach to their prevention strategy. DBH and Guidehouse used the SAMSHA SPF steps to help develop this Strategic Plan as shown in Table 1 below. Cultural competence, collaboration, sustainability, and use of data-driven practices are incorporated into our priority focus areas and serve as guiding principles for this Strategic Plan.

Table 1. SPF Steps [6]

Step		Description
1	**Assessment**	We assessed local prevention needs by connecting with local prevention providers, analyzing state data, and developing a current landscape of the South Dakota prevention services.
2	**Capacity**	We assessed the current capacity of the prevention providers, state agencies, and other key partners through an extensive stakeholder engagement process to understand attitudes, desires, and potential future states of behavioral health services.
3	**Planning**	We compiled anonymous stakeholder responses during our planning phase to identify recurring themes and select key priority areas for the Strategic Plan.
4	**Implementation**	We then developed a logic model which, in tandem with this plan and strategic framework, provides an operational roadmap for implementation.
5	**Evaluation**	This Strategic Plan will be monitored on an ongoing basis by DBH and updated as needed.

Prevention providers also utilize a SPF within their local communities to assess community needs, identify risk factors, identify behavioral health attitudes, and identify and implement evidence-based programs that are culturally competent and tailored to community needs.

[24] *A Guide to SAMHSA's Strategic Prevention Framework*. SAMHSA. https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf

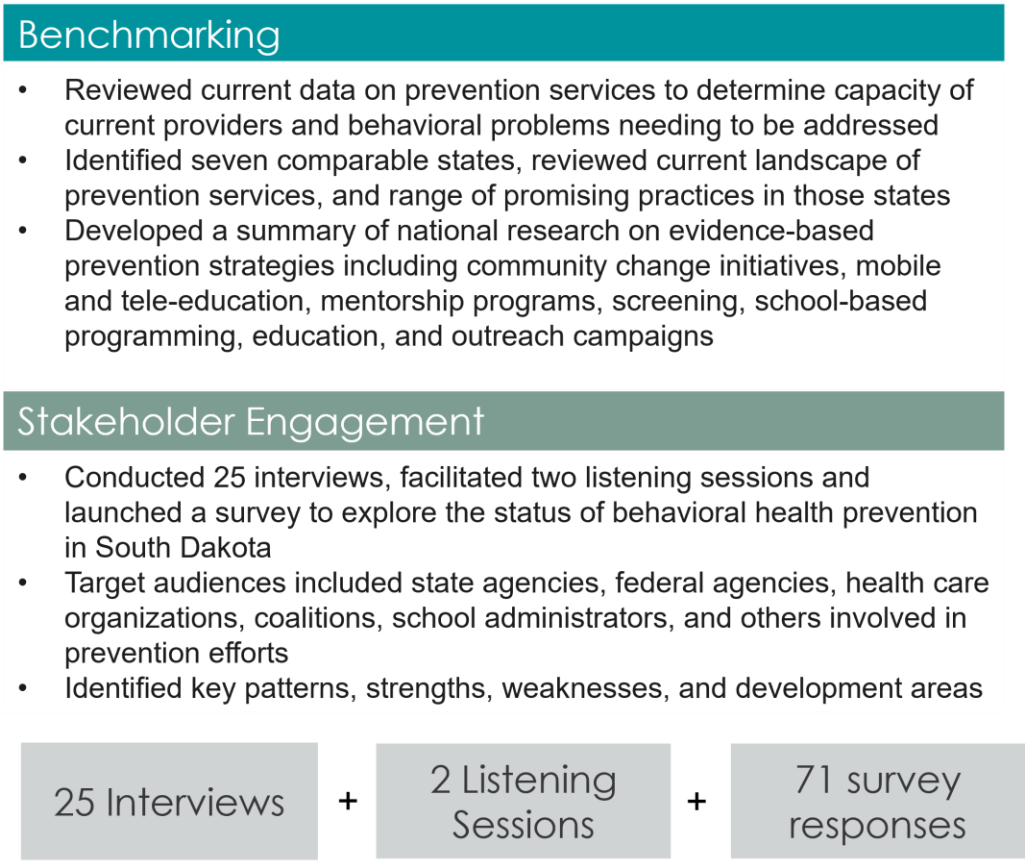
[6] *Chapter 67:61:11 Prevention Program*. South Dakota Administrative Rules. https://sdlegislature.gov/Rules/Administrative/38484

Follow this link to receive more information and view South Dakota's Strategic Prevention Framework.

Methodology

The Plan was developed using the Strategic Prevention Framework and two processes: 1) benchmarking the current state of South Dakota prevention programming and services and 2) engaging a diverse variety of key prevention partners to identify and prioritize future desires and focus areas. During benchmarking, we identified comparable states, reviewed national agencies, and compared our current prevention services landscape to determine innovative practices and inform priority areas for this Strategic Plan. Additionally, we engaged 103 stakeholders between July 27 - November 17, 2022, at the state, local and federal levels to gather their knowledge and perspectives on current behavioral health needs and identify focus areas. An overview of this process is in Figure 15.

Figure 15. Strategic Plan Development Process



DBH understands the value of developing strong partnerships across local, state, and federal agencies to promote collaboration and optimal behavioral health and wellness across South Dakota. DBH also recognizes that ongoing partnerships with these agencies are crucial for the implementation and sustainability of this Strategic Plan. DBH sought and used external input from the following partners to inform this Strategic Plan:

- South Dakota Department of Social Services (DSS)
- South Dakota Department of Health (DOH)
- South Dakota Department of Education (DOE)
- South Dakota Department of Corrections (DOC)
- South Dakota Department of Public Safety (DPS)
- South Dakota Department of Tribal Relations (DTR)
- Unified Judicial System (UJS)
- Prevention Resource Centers (PRCs)
- Prevention Coalitions
- National Alliance on Mental Illness
- Center for Prevention of Child Maltreatment
- Community Mental Health/Substance Use Treatment Providers
- Indian Health Services (IHS)
- Great Plains Tribal Leaders' Health Board
- Tribes
- Health Care Organizations
- Mountain Plains Evaluation
- Behavioral Health Advisory Council

Our teaming partner, Guidehouse, conducted interviews and listening sessions to elicit thorough and candid feedback from stakeholders on key subject areas such as: (i) the 2015-2020 Strategic Plan, (ii) South Dakota behavioral health needs, (iii) the current state of prevention services, and (iv) the desired future state of prevention services in South Dakota. Common themes across engagement methods were identified, qualitatively assessed and together with benchmarking and the survey results informed the creation of the following five focus areas: prevention programming, data management, partnerships and alignment, education and communication, access, and cultural competence.

Key Focus Areas for Strategic Plan

The overall goals of the Strategic Plan are to:

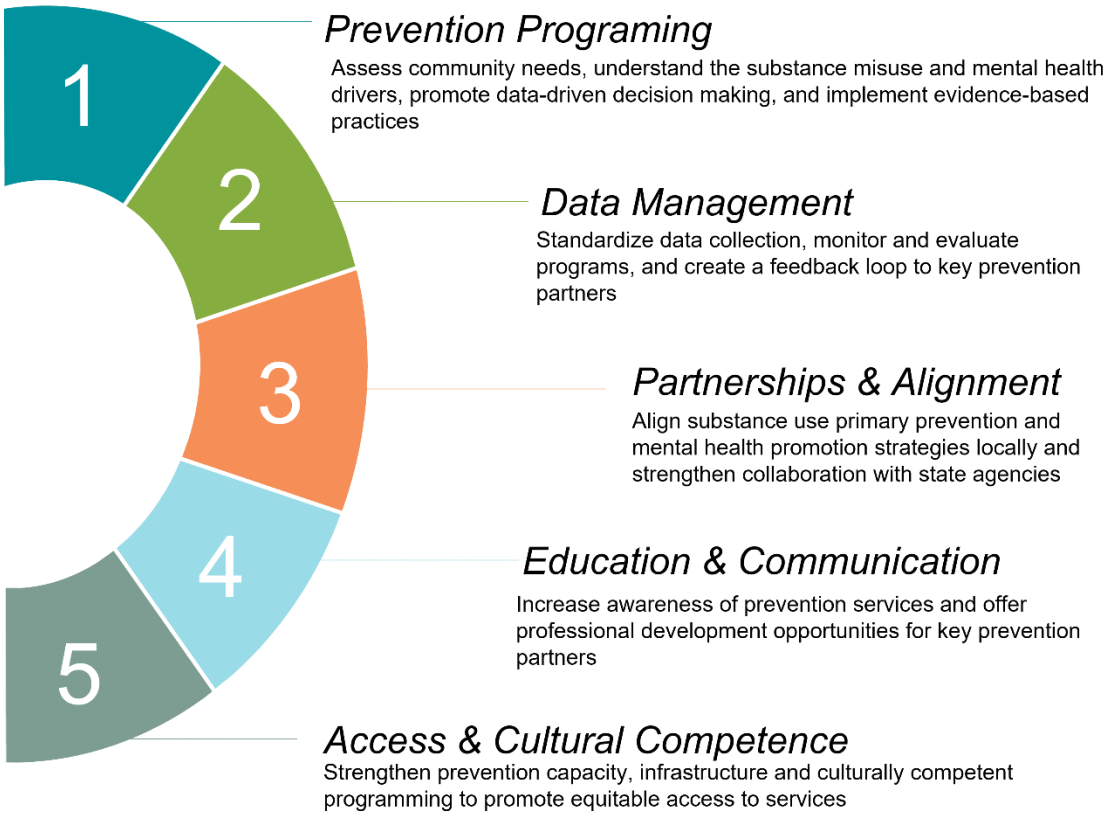
Strengthen community prevention efforts through leadership, education, and support

Increase access to mental health and substance use disorder prevention services for all South Dakotans

Reduce risk factors for substance use disorders and mental illness

Emerging from our collective strategic planning efforts were five priority focus areas with actionable strategies (e.g., objectives), activities and performance measurements to achieve these three overall goals. The five focus areas, shown in Figure 16, include prevention programming, data management, partnerships and alignment, education and communication, access, and cultural competence. The priority focus areas were identified by compiling recurring themes from our stakeholder engagement, cross-referencing components of the SPF, and using the overall national and state benchmarking landscape to identify innovative strategies and best practices.

Figure 16. 2023-2028 Strategic Plan Focus Areas



The Strategic Plan was designed through an iterative process and identifies several priority activities for DBH to pursue. However, the strategies and activities identified in this plan are not exclusive and DBH may decide to undertake additional activities as needed to promote sustainable actions. This plan provides a roadmap for suggested objectives and actionable strategies for DBH to take in relation to substance use disorder and mental health promotion over the next five years.

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Focus Area 01

Prevention Programming

Why it Matters

Evidence based practices (EBPs) are programs and interventions for which there is scientific evidence consistently showing that the program or intervention improves outcomes. In the context of prevention services, EBPs can help reduce the impact of mental health and substance use disorders throughout the state.

DBH's contracted prevention providers implement EBPs tailored to unique community needs. DBH provides an approved EBP list to prevention providers and prevention coalitions to ensure the programming delivered is grounded in research and supported by data. Ongoing research, implementing EBPs with fidelity, and tailoring prevention programming to community needs will help ensure delivery of high-quality prevention services to South Dakotans. Successful programming will be a function of several factors: assessment, implementation, and performance measurement based on data.

Key Area for Action | *Assessment of Community Needs*

Strategy 1.1 Assess individual, family and community needs for prevention practices and understand the substance use and mental health drivers

Activities

1.1.1 Conduct needs assessments to identify behavioral health needs and tailor programming based on needs

1.1.2 Engage stakeholders to understand the risk factors, harm perceptions, beliefs and societal stigmas that contribute to mental illness and substance use

Key Area for Action | EBP *Implementation*

Strategy 1.2 Implement evidence-based practices to address local community needs

Activities

1.2.1 Research and regularly update the state approved EBP list to reflect current prevention programming trends (e.g., stress management, cultural competence, and environmental strategies)

1.2.2 Empower individuals, families, and community engagement in prevention efforts (e.g., programming, participation in local events and school board meetings)

1.2.3 Encourage inclusion of mental health promotion trainings in schools and communities

Key Area for Action | *Data-Driven Decision Making & Performance Measurement*

Strategy 1.3 Enable data-driven programmatic decision making and performance tracking

Activities

1.3.1 Provide standardized tools at the local level to identify needs and implement programs that are monitored, replicable, and supported by data

1.3.2 Communicate regularly with coalitions about emerging prevention trends and EBPs to inform local programming efforts.

1.3.3 Prevention programs are implemented with fidelity and adapted to meet the needs of the population
1.3.4 Monitor and measure program performance continuously to identify geographic prevention gaps, local needs, fidelity to EBPs, and program outcomes

Metrics

1.1.1a Number of needs assessments completed locally
1.2.1a EBP list is monitored biannually and updated as needed
1.2.2a Number of individuals reached through prevention programming
1.3.1a Number of standardized annual reports completed locally and compiled and analyzed by DBH

Focus Area 02 Data Management

Why it Matters

The SAMHSA Strategic Prevention Framework supports data-driven decision making in prevention planning. DBH utilizes national, state, and local sources to collect behavioral health indicator data. The prevention network submits annual evaluations to highlight programmatic outcomes and DBH continues to develop robust data-sharing practices for public consumption, such as the State Epidemiological Outcomes website (SEOW). DBH will continually streamline data collection at the local level, aggregate it at the state level and create a feedback loop to key stakeholders. Stakeholders can utilize this data locally to demonstrate the value of prevention programs.

Key Area for Action | *Prevention Trends & Feedback Loop*

Strategy 2.1 Collect and analyze behavioral health indicator data and make de-identified data publicly available

Activities

2.1.1 Collect data at the national, state, and local level
2.1.2 Create a feedback loop with prevention partners to regularly share data and demonstrate effectiveness of programming efforts
2.1.3 Publish behavioral health data on the SEOW and DBH website for public consumption

Key Area for Action | *Monitoring & Evaluation*

Strategy 2.2 Monitor and evaluate programs at the state and local level

Activities

2.2.1 Provide standard annual reporting templates to the coalitions
2.2.2 Collect and aggregate data, analyze yearly and provide technical assistance to prevention providers as needed
2.2.3 Partner with state agencies to determine current data sources and determine ways to enhance data sharing across agencies

Metrics

2.1.1a NSDUH, YRBS, and Behavioral Risk Factor Surveillance System are collected and analyzed yearly
2.1.2a Frequency that prevention data is reported to the prevention network
2.1.3a Frequency that data is published to the SEOW and DBH website
2.2.3a Measure impact of data provided by the state on local prevention efforts

Focus Area 03 Partnerships & Alignment

Why it Matters

Several federal and state agencies (e.g., IHS, Veterans Administration, DOH, DTR, UJS) are involved in and lead prevention efforts. DBH recognizes the value of partnerships and alignment with state agencies to create a unified prevention infrastructure.

Substance use disorder, prevention, and mental health promotion strategies are traditionally treated as separate behavioral health prevention areas. However, DBH recognizes that communities often face both substance use disorders and mental health challenges. DBH views prevention in a holistic manner, encouraging combined mental health and substance use disorder prevention programmatic efforts to the community level.

Key Area for Action | *State Collaboration*

Strategy 3.1 Strengthen collaboration with state agencies

Activities

3.1.1 Create a unified approach to prevention by sharing data, programs, and resources across state agencies
3.1.2 Explore opportunities to align prevention efforts across state agencies and eliminate duplicative programming efforts
3.1.3 Convene state agency leaders regularly to assess and coordinate prevention and other resources to address behavioral health
3.1.4 Develop a statewide catalog of funded prevention programs

Key Area for Action | *Align local prevention strategies*

Strategy 3.2 Align substance use disorder prevention and mental wellbeing strategies locally

Activities

3.2.1 Explore opportunities to partner with DOE and other youth serving organizations to determine effective methods to capture indicator data and provide technical assistance (e.g., guidance on navigating survey consent) to prevention providers
3.2.2 Develop a mental health and substance use disorder prevention collaborative with state agencies and community partners, like the Suicide Interagency Workgroup
3.2.3 Participate in community and state agency events to communicate

available behavioral health promotion resources

Metrics

3.1.3a Number of meetings to discuss prevention efforts
3.1.4a Creation of statewide catalog
3.2.1a Number of Middle School Meth Program PLI surveys collected
3.2.2a Number of collaborative meetings held

Focus Area 04

Education & Communication

Why it Matters

Prevention definitions vary statewide, and DBH aims to create a shared understanding of prevention across communities and agencies. This will increase awareness among the general public and drive an increase in prevention resource utilization.

DBH offers learning opportunities through conferences, meetings, and trainings to certified prevention providers. DBH continues to expand its reach by offering trainings to frontline health workers to identify behavioral health needs, refer to appropriate supports and deliver quality prevention services to South Dakotans.

Key Area for Action | *Awareness of Prevention Resources*

Strategy 4.1 Increase awareness of prevention resources across South Dakotans

Activities

4.1.1 Streamline prevention messaging across state agencies, offer toolkits, and standard social media templates that agencies can use to promote prevention services
4.1.2 Continue promotion of prevention messaging through a statewide behavioral health campaign
4.1.3 Share prevention trends and programming updates regularly with key partners and state agencies

Key Area for Action | *Training & Professional Development*

Strategy 4.2 Offer training and professional development opportunities at both the state and local levels

Activities

4.2.1 Develop a statewide prevention training repository available online to inform partners about data trends, programming efforts (e.g., usage of SPF), and cultural competence
4.2.2 Educate frontline health workers about the risk factors, signs and symptoms of substance use and mental health, screenings, and available resources

4.2.3 Facilitate annual prevention network meetings and participate in other community and state agency events for substance use prevention (e.g., Meth Summit)

Strategy 4.1 and 4.2 Metrics

Metrics

4.1.1a Number of social media templates established
4.1.2a Messages distributed through the statewide behavioral health campaign
4.2.1a Development of training repository, updated quarterly
4.2.2a Number of frontline health workers trained
4.2.3a Increase among South Dakotans in knowledge and awareness of substance use and mental health issues
4.2.3b Increase among South Dakotans in available resources and confidence in their ability to help an individual in need

Focus Area 05

Access & Cultural Competence

Why it Matters

South Dakota has nine Tribal nations that reside and operate within reservations throughout the state. The American Indian and Alaska native population account for 8.2%[25] of the total state population. DBH aims to bolster prevention services to ensure they meet the unique needs of South Dakotans and their ability to access needed services, including underserved populations.

DBH encourages culturally competent practices and adapts prevention messaging to meet the attitudes, beliefs, and linguistical needs of the community to advance equitable behavioral health prevention practices in South Dakota.

Key Area for Action | *Capacity & Prevention Infrastructure*

Strategy 5.1 Strengthen prevention capacity and infrastructure statewide to ensure individuals, families and communities have access to prevention programs

Activities

5.1.1 Increase capacity and programming efforts for underserved populations
5.1.2 Expand availability of virtual prevention programming across the State

Key Area for Action | *Cultural Competence*

Strategy 5.2 Enhance culturally competent prevention programming and resources

[25] *American Community Survey Demographic and Housing Estimates*- 2021. United States Census Bureau. https://data.census.gov/table?g=0400000US46&y=2021

Activities

5.2.1 Engage in collaboration with the Tribes to understand prevention needs and culturally relevant prevention practices
5.2.2 Increase awareness across key partners about culturally relevant practices by offering training opportunities
5.2.3 Implement universal, selective, and indicated prevention strategies, or evidence-based practices or programs (EBPs), to address local community needs, with special attention to meet the unique needs of schools, Tribes, and other identified populations
5.2.4 Develop unique, tailored prevention messaging and mental health promotion resources to reach special populations (e.g., Veterans, LGBTQ+, and Tribes) as identified at the local level, and disseminate it to schools, communities, and key partners

Strategy 5.1 and 5.2 Metrics

Metrics

5.1.1a Number of prevention programs and trainings for Tribal and any other identified special populations
5.1.2a Number of programs offered and implemented (and attendance) for general population
5.2.4a Implementation of prevention campaigns and educational messages developed

Appendix A. Acronyms

CADCA	Community Anti-Drug Coalitions of America
DBH	Division of Behavioral Health
DOC	Department of Corrections
DOE	Department of Education
DOH	Department of Health
DPS	Department of Public Safety
DSS	Department of Social Services
DTR	Department of Tribal Relations
EBP	Evidence-Based Practices
IHS	Indian Health Services
NSDUH	National Survey on Drug Use and Health
PLI	Participant Level Instrument
PRC	Prevention Resource Center
SAMHDA	Substance Abuse & Mental Health Data Archive
SAMHSA	Substance Abuse and Mental Health Services Administration
SEOW	State Epidemiological Outcomes Website
SPF	Strategic Prevention Framework
SUDORS	State Unintentional Drug Overdose Reporting System
UJS	Unified Judicial System
YRBS	Youth Risk Behavior Survey

Appendix B. Key Concepts

Behavioral Risk Factor Surveillance System	A national survey instrument administered by South Dakota in partnership with the Centers for Disease Control and Prevention (CDC). Survey topics include alcohol use and other risky behaviors.[26]
Cultural Competence	The ability to understand differing cultural values, languages, and traditions and adapt programs accordingly. [8]
Fidelity	Refers to deviation of the delivered prevention program from the original state. Prevention programs should be implemented as close to the original state to enable replication but adapted as needed based on population specific needs. [8]
National Survey on Drug Use and Health	A yearly survey administered in each state that provides crucial information for substance use and mental health issues.
Prevention Network	Comprised of prevention providers and prevention resource centers.[27]
Prevention Specialists	Certified prevention providers in South Dakota.

[26] *BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS).* South Dakota Department of Health. https://doh.sd.gov/statistics/BRFSS.aspx
[27] South Dakota Prevention Network. Substance Use Prevention Services, DSS. https://dss.sd.gov/formsandpubs/docs/BH/SUD_Prev_flyer.pdf

Protective Factors	Protect against the development of substance use disorder or progression or likelihood of suicidal ideation and mental illness (e.g., strong social support).
Risk Factors	External factors associated with an increased likelihood of engaging in substance use or progression of a mental illness (e.g., peer pressure, family history, negative coping mechanisms).
Sustainability	This refers to the strategies we will deploy (e.g., continual collaboration and assessment of needs) to enable long term change. DBH is flexible in its approach and will continue to update the plan as needed to meet our stakeholder needs.
Socio-economic Model	A model that explores risk and protective factors in relation to the individual, their peers, the community, and society.
Youth Risk Behavior Surveillance System	A national survey instrument that measures alcohol, drug use, tobacco use and more among high school students. South Dakota DOH administers the survey and results are housed on the SEOW and DOH website.

Appendix C. Prevention Network

#	Name	Location
1	Action for the Betterment of Our Community	Sturgis
2	Aliive, Inc. Roberts County	Sisseton
3	Alliance for Substance Abuse Prevention, Inc.	Rapid City
4	Avera St. Luke's	Aberdeen
5	Brookings Behavioral Health and Wellness (East Central Behavioral Health)	Brookings
6	Carroll Institute	Sioux Falls
7	Community Counseling Services	Huron
8	EMPOWER Coalition of Southern Hills	Hot Springs
9	Human Service Agency (Northeastern PRC)	Watertown
10	Human Service Agency (Watertown Healthy Youth)	Watertown
11	Lakota Youth Development	Herrick
12	Lewis and Clark Behavioral Health Services	Yankton
13	Lifeways	Rapid City
14	Michael Glynn Memorial Coalition	White River
15	Northern State University	Aberdeen
16	Spink County Coalition	Redfield
17	Three Rivers Mental Health Center	Lemmon
18	University of South Dakota	Vermillion
19	Volunteers of America, Dakotas (Southeastern PRC)	Sioux Falls
20	Whatever It Takes Coalition	Newell
21	Youth and Family Services, Inc. (Oyate Coalition)	Rapid City
22	Youth and Family Services, Inc. (Western PRC)	Rapid City


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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. Withdrawal management (inpatient/residential) ☒ Yes ☐ No
        vi. Outpatient ☒ Yes ☐ No
        vii. Intensive Outpatient ☒ Yes ☐ No
        viii. Inpatient/residential ☒ Yes ☐ No
        ix. Aftercare/Continuing Care ☒ Yes ☐ No
        x. Recovery support ☒ Yes ☐ No
    b. Services for special populations:
        i. Prioritized services for veterans? ☐ Yes ☒ No
        ii. Adolescents ☒ Yes ☐ No
        iii. Older Adults ☐ Yes ☒ No

Criterion 2: Improving Access and Addressing Primary Prevention - see Section 8

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. **Does your state make prenatal care available to PWWDC receiving services, either directly or through arrangement with public or private nonprofit entities?** ☒ Yes ☐ No
3. **Has 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. **Has your state identified 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

South Dakota 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., open assessment and intake scheduling). In 2019, the Division of Behavioral Health (DBH) implemented a process of capturing available treatment bed openings daily to monitor access and capacity. DBH continues to explore other avenues to further streamline the daily open beds process. On a quarterly basis, the DBH also collects information from substance use disorder (SUD) treatment providers regarding walk-in assessment availability and wait lists, as well as telehealth services available.

The DBH does serve as a resource for treatment providers and individuals seeking substance use services. The DBH supports seven specialized intensive methamphetamine treatment programs which includes recovery supports as part of their program. The DBH also supports the efforts of Face It Together and Project Recovery 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. The DBH utilizes State Opioid Response dollars to support Bethany Christian Services ReNew Maternal Wraparound Program (Recovering Mothers with Newborns), a specialized, evidence-based case management model that supports pregnant women with SUD by empowering and equipping them for successful recovery before and after the birth of their child.

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 and women with dependent children remain the 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 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 in Sioux Falls both serve adult women. 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. Each provider's contract consists of language 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 Department of Social Services Office of License and Accreditation (OLA) 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 and OLA may conduct follow-up calls and/or reviews with the agency for monitoring purposes and 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:**
   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. **Has your state identified a need for 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, LGBTAI+, 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. 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. Each provider is required to develop, adopt, and implement policies and procedures to ensure that everyone who requests and needs treatment for intravenous drug use is admitted per these guidelines.

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.

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 State Treatment Activity Reporting System and the Department of Social Services Office of Licensure and Accreditation monitors compliance 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 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.

Also, per ARSD 67:61:07:12, substance use disorder treatment providers screen clients in the first 24 hours of admission to determine if the client has had any of the following symptoms within the previous three months: (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 Department of Social Services Office of Licensure and Accreditation monitors 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 SUPTRS BG 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 SUPTRS BG 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. **Has your state identified a need for any of 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. MOUD ☒ 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. **Is your state 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 by the Department of Social Services Office of Licensure and Accreditation 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 each independent peer review for State Fiscal Years 2022 and 2023.
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
    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 us disorder prevention and treatment services ☒ Yes ☐ No
    c. Performance-based accountability ☒ Yes ☐ No
    d. Data collection and reporting requirements ☒ Yes ☐ No

If the answer is no to any of the above, please explain the reason.

2. **Has your state identified a need for 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
3. **Has your state utilized the Regional Prevention, Treatment and/or Mental Health Training and Technical Assistance Centers (TTCs)?**
    a. Prevention TTC?
    ☒ Yes ☐ No
    b. Mental Health TTC?
    ☒ Yes ☐ No
    c. Addiction TTC?
    ☒ Yes ☐ No
    d. State Target Response TTC?
    ☒ 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 (300x-22(b)) ☐ Yes ☒ No
2. **Is your state considering requesting a waiver of any requirements related to: a) Intravenous substance use (300x-23)** ☐ Yes ☒ No
3. **Is Your State Considering Requesting a Waiver of any Requirements Related to Requirements Regarding Tuberculosis Services and Human Immunodeficiency Virus (300x-24)**
    a. Tuberculosis ☐ Yes ☒ No
    b. Early Intervention Services Regarding HIV ☐ Yes ☒ No
4. **Is Your State Considering Requesting a Waiver of any Requirements Related to Additional Agreements (300x-28)**
    a. Improvement of Process for Appropriate Referrals for Treatment ☐ Yes ☒ No
    b. Professional Development ☐ 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: SDLRC - Rule 67:61 (sdlegislature.gov)
Mental Health: SDLRC - Rule 67:62 (sdlegislature.gov)

11. Quality Improvement Plan

1. Has your state modified its CQI plan from FFY 2022-FFY 2023? ☐ Yes ☐ No

Crisis Services

1. **Briefly narrate your state's crisis system. For all regions/areas of your state, include a description of access to crisis call centers, availability of mobile crisis and behavioral health first responder services, utilization of crisis receiving and stabilization centers.**
   South Dakota operates one 988 call center, Helpline Center, that provides 24/7 services statewide. To date, there has been a call made from each of the 66 counties in South Dakota to 988.

   South Dakota has two in-person mobile crisis teams that operate across four counties. In addition, South Dakota has a Virtual Crisis Care program that equips law enforcement with tablet technology to have 24/7 access to a behavioral health professional. This is an innovative resource available across 38 out of the 66 counties when local crisis response services are not available. Both services provide de-escalation, stabilization, safety assessment and follow-up care.

   South Dakota has three crisis stabilization centers open for services, and one crisis receiving center available for stays less than 24 hours. Crisis stabilization services are available in four out of the five behavioral health regions in South Dakota. However, South Dakota is in the planning stage to develop a crisis stabilization center in all five regions.

2. **In accordance with the guidelines below, identify the stages where the existing/proposed system will fit in.**
   South Dakota would identify under the Initial Implementation stage. South Dakota has implemented the three-core crisis services, someone to talk to, someone to respond and somewhere to go utilizing SAMHSA's best practice guidelines. While services are currently being provided amongst all of these core crisis services, there is not full coverage across the state and South Dakota is experiencing barriers pertaining to workforce shortages.

Other program implementation data that characterizes crisis services system development.

1. **Someone to talk to: Crisis call Capacity**
   a. Number of locally based crisis call Centers in state: 1
      i. In the 988 Suicide and Crisis Lifeline network: 1
      ii. Not in the suicide lifeline network: 0
   b. Number of Crisis Call Centers with follow up Protocols in place: 1
2. **Someone to respond: Number of communities that have mobile behavioral health crisis mobile capacity (in comparison to the total number of communities):**
   40 out of 66 counties have mobile crisis capacity
   a. Integrated with first responder structures (police, paramedic, fire): 3
3. **Safe place to go or to be:**
   a. Number of Crisis Receiving and Stabilization Centers (short term, 23-hour units that can diagnose and stabilize individuals in crisis): 4
4. **Check one box for each row indicating state's stage of implementation**

a. Briefly explain your stages of implementation selections here.

	Exploration Planning	Installation	Early implementation Less than 25% of counties	Partial Implementation About 50% of counties	Majority Implementation At least75% of counties	Program Sustainment
Someone to talk to						x
Someone to respond				x		
Safe place to go or to be				x		

i. Someone to Talk To – Helpline Center, South Dakota's only 988 call center, has fully implemented 988 and is continuing to see an answer rate near the national goal answer rate of 90%. During 2023 legislative session, South Dakota fully funding operational costs for 988 beginning June 1, 2023.

ii. Someone to respond – South Dakota has mobile crisis capacity in 40 out of 66 counties, with four of those counties having in-person mobile crisis teams dispatched by law enforcement.

iii. Safe place to go or to be – South Dakota has three crisis stabilization centers and one crisis receiving center. Two of the crisis stabilization centers have opened new construction buildings in 2023, one just broke ground to build a new center that will assist in expanding beds and services, and another that is in the planning stage.

5. Based on SAMHSA's National Guidelines for Behavioral Health Crisis Care, explain how the state will develop the crisis system.

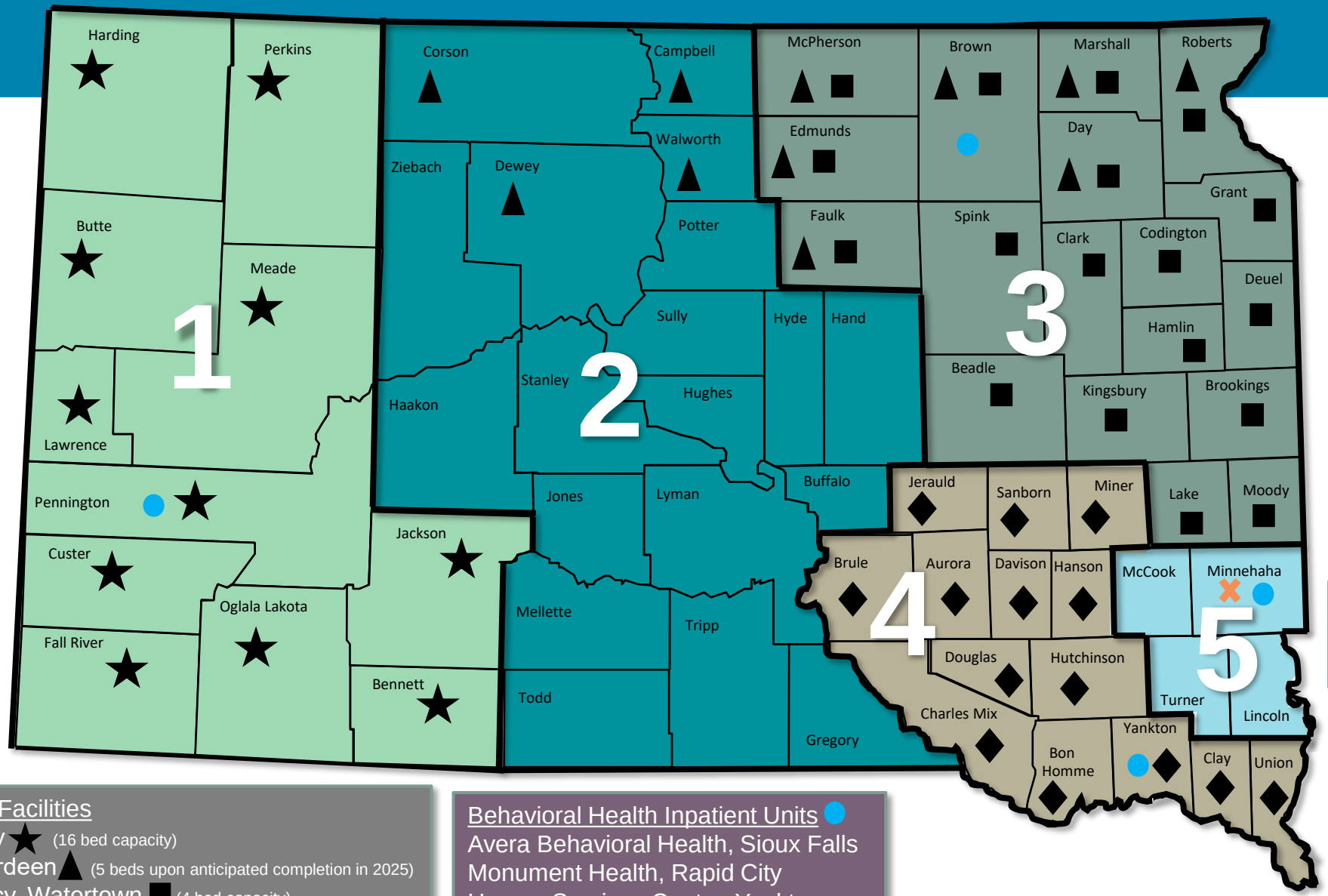
South Dakota's implementation and expansion of behavioral health crisis care is rooted in the Crisis Now model. Using the Crisis Now Model and supporting toolkits from SAMHSA, South Dakota has a best practice approach for design, development, implementation and continuous quality improvement of crisis systems. In 2021, the South Dakota Deparmtent of Social Services (DSS) Division of Behavioral Health (DBH) formed the Behavioral Health Crisis Response Stakeholder Coalition (BHCRSC) to plan for 988's launch and develop crisis response services. Coalition members are key stakeholders working in South Dakota's behavioral health crisis response system. The coalition remains active and is an integral part in developing the crisis system in South Dakota.

6. Briefly describe the proposed/planned activities utilizing the 5% set aside.

7. Please indicate areas of technical assistance needed related to this section.

Given that South Dakota is a rural state, transportation issues continue to rise as a barrier in effective crisis care. Additionally, it is the vision of South Dakota to have all components of crisis care effectively working together, to include MCT dispatch from 988 call centers. Technical assistance regarding these two areas in crisis care would be the most beneficial to South Dakota.

Behavioral Health Residential Crisis Capacity



24-hour or less Crisis Stabilization Center
The Link, Sioux Falls

Appropriate Regional Facilities
Pivot Point, Rapid City ★ (16 bed capacity)
Avera St. Luke's, Aberdeen ▲ (5 beds upon anticipated completion in 2025)
Human Service Agency, Watertown ■ (4 bed capacity)
Lewis and Clark, Yankton ◆ (8 bed capacity)

Behavioral Health Inpatient Units ●
Avera Behavioral Health, Sioux Falls
Monument Health, Rapid City
Human Services Center, Yankton
Avera St. Luke's, Aberdeen

South Dakota Department of Social Services

Recovery

1. **Does the state support recovery through any of the following?**
   a. Training/education on recovery principles and recovery-oriented practice and systems, including the role of peers in care? ☒ Yes ☐ No
   b. Required peer accreditation or certification? ☐ Yes ☒ No
   c. Block grant funding of recovery support services? ☒ Yes ☐ No
   d. Involvement of persons in recovery/peers/family members in planning, implementation, or evaluation of the impact of the state's M/SUD system? ☒ Yes ☐ No

2. **Does the state measure the impact of your consumer and recovery community outreach activity?** ☒ Yes ☐ No

3. **Provide a description of the recovery and recovery support services for adults with SMI and children with SED in your state.**

Administrative Rules of South Dakota (ARSD) Article 67:62 Mental Health, requires the implementation of recovery support services and defines recovery as a process of change through which an individual achieves improved health, wellness, and quality of life.
Provider contracts also detail the responsibility of providers to implement recovery skills to help individuals cope with and gain mastery over symptoms and disabilities, including those related to co-occurring disorders, in the context of daily living. This may include, but not limited to:

a. Ongoing assessment of the client's mental illness and co-occurring disorders symptoms and the client's response to treatment.
b. Assessment of the client's mental illness symptoms and behavior in response to medication and monitoring for medication side effects.
c. Education, when appropriate, of the client regarding his/her illness, medication prescribed to regulate the illness, and side effects of medications.
d. Education about the hope of recovery about mental illness and co-occurring issues.
e. Assistance in developing social skills, skills to help client build relationships with landlords, neighbors, etc., and skills to address co-occurring issues.
f. Symptom management efforts directed to helping each client identify personal strengths; recognize symptoms or occurrence patterns of his/her mental illness and co-occurring disorders; and develop methods (internal, behavioral, or adaptive) to help lessen the effects; and
g. Psychological support (both on a planned and "as needed" basis) to help clients accomplish their independent living goals and to cope with the stresses of day-to-day living.

Also, contract requires that services should be provided in a setting of the client's choosing and not just the office.

The Division of Behavioral Health is currently working with three community mental health centers to pilot peer support services within CARE and IMPACT programs. This pilot program is currently funded through CRRSA and ARPA funds.

In addition, the Behavioral Health Advisory Council (BHAC) includes representation of adults with a serious mental illness (SMI) and/or recovering from substances, family members of adults who have a SMI and/or substance use disorder (SUD), and family members of children/youth with a serious emotional disturbance (SED) and/or SUD.

To view a current list of BHAC members and Bylaws: Boards and Commissions (sd.gov)

The Division of Behavioral Health (DBH) also partners with the National Alliance on Mental Illness, South Dakota (NAMI-SD) to provide scholarships to individuals with mental illness who have limited financial resources for attending NAMI-SD's annual education conference. The DBH also provides speakers at conferences and workshops across a variety of professionals, including social workers, counselors, substance use treatment and prevention professionals, medical professionals, educators, adult and juvenile justice professionals, judges, and other community members to keep attendees updated on transformation activities at the state level, and inform about treatment resources available in the state.

4. **Provide a description of recovery and recovery support services for individuals with substance use disorders in your state. i.e., RCOs, RCCs, peer-run organizations.**

Provider contract and ARSD require referral to and coordination of care with other resources that will assist a client's recovery, including education, vocational, medical, legal, mental health, employment, and other related alcohol and drug services.

The DBH supports peer recovery services at Face It TOGETHER and Project Recovery through State Opioid Response (SOR) grant funding. SOR funding is utilized to support additional recovery support services including Oxford House and specialized case management through the ReNew Maternal Wraparound Program (Recovering Mothers with Newborns) at Bethany Christian Services. The ReNew Program supports pregnant women with substance use disorder by empowering and equipping them for successful recovery before and after the birth of their child. The DBH uses state general funds to support the Supported Housing for Addiction Recovery and Empowerment program, which includes supported housing and related services to individuals diagnosed with a substance use disorder or who are experiencing issues related to substance use and are unable to live independently without additional supports. CRRSA and ARPA funds are currently being utilized to fund pilot programs for peer support services and intensive case management services in an effort to establish these programs on a long-term basis in South Dakota.

In addition, the BHAC includes representation of adults recovering from substance use.

To view a current list of BHAC members and Bylaws:
Boards and Commissions (sd.gov)

5. **Does the state have any activities that it would like to highlight?**

Face It TOGETHER in South Dakota is a peer support program that provides services for individuals with addiction issues and for loved ones with addiction concerns: Face It TOGETHER: South Dakota | Face It TOGETHER (wefaceittogether.org). The DBH is partnering with Face It TOGETHER to ensure peer support services are available in South Dakota, including for those with opioid or stimulant use disorder via in person contact or through technology. The National Alliance on Mental Illness – South Dakota (NAMI-SD) provides a weekly peer support group for families and individuals with a serious mental illness. NAMI-SD: National Alliance on Mental Illness | Health Organization (namisouthdakota.org).

Children and Adolescent Behavioral Health Services
MHBG

1. Does the state utilize a system of care approach to support:

a. The recovery of children and youth with SED? ☒ Yes ☐ No
b. The resilience of children and youth with SED? ☒ Yes ☐ No

Community Mental Health Centers (CMHCs) are required to provide an integrated system of care as described in contract language. Services must be individualized according to the client's needs and strengths, while also being responsive to cultural differences and special needs. The process can involve parents/guardians, family members, friends and any professionals or advocates the individual wishes to be involved.

Administrative Rules of South Dakota (ARSD), Article 67:62 Mental Health, defines system of care as a coordinated network of community-based services and support organized to meet the needs of individuals with mental health issues and their families. CMHCs are required through ARSD to develop a plan which describes on organized community-based system of care for individuals with a mental disorder, including co-occurring disorders.

Through the Juvenile Justice Reinvestment Initiative, the DBH partners with ten CMHCs to provide Systems of Care (SOC) within their catchment area: Behavior Management Systems, Brookings Behavioral Health and Wellness, Capital Area Counseling Service, Dakota Counseling Institute, Lewis and Clark Behavioral Health Services, Southeastern Behavioral Healthcare, , Human Service Agency, Three Rivers Mental Health Center, and Southern Plains Behavioral Health Services. The state's Department of Education was the recipient of the 5-year FFY2018 Project AWARE (Advancing Wellness and Resiliency in Education) State Education Agency grant and the DBH is pleased to partner with the Department of Education to achieve the goals of the grant which includes the implementation of a multi-tiered system of support approach and strengthening and enhancing partnerships between schools and CMHCs. Services are being implemented by three CMHCs: Behavior Management Systems, Lewis and Clark Behavioral Health Services and Southeastern Behavioral HealthCare, with an SOC coordinator for four partnering schools. While this grant will end on 9/30/2023, the DBH will continue to fund the 4 SOC positions through state general funds.

In the FY20 state budget, the DBH was allotted five additional SOCs to expand implementation throughout the state and this program continued to expand during FY21-FY23. Through the utilization of state general funds, the DBH has added four additional SOC coordinator positions in FY24 at three CMHCs, in addition to funding the four positions previously paid for through the Project AWARE grant. Ongoing expansion of SOC has proved to be important to meeting the needs of at-risk youth and their families.

2. Does the state have an established collaboration plan to work with other child and youth serving agencies in the state to address behavioral health needs?

a. Child Welfare? ☒ Yes ☐ No
b. Juvenile Justice? ☒ Yes ☐ No
c. Education? ☒ Yes ☐ No

<u>Child Welfare, Juvenile Services, and Criminal Justice Coordination</u>
The Unified Judicial System (UJS), Child Protective Services (CPS), the Department of Corrections, and CMHC Directors continue collaborative efforts to improve the referral and service delivery system for children who are referred by UJS, CPS, or the Department of Corrections to a CMHC. The DBH supports these collaborative efforts by coordinating both system-wide conversations and local conversations, as needed.

<u>Educational Coordination</u>

CMHCs work closely with school personnel in the identification and early intervention of children who have a serious emotional disturbance as defined under the Individuals with Disabilities Education Act and South Dakota Codified Law. In addition, CMHCs provide mental health services in many schools across the state and work with school counselors and teachers to provide early interventions and to develop of system of support for youth in their communities. They also work with youth, families and Individual Education Plan teams to ensure that needed mental health services are being provided and that the child is receiving an appropriate education, despite mental health issues or other learning disabilities. CMHCs also offer groups regarding life skills and building self-esteem, and education for youth, teacher, and counselors regarding early identification and interventions. Outreach efforts of the two Coordinated Specialty Care programs includes reaching out to educational institutions that serve adolescents who may experience Early Serious Mental Illness.

Additionally, the Department of Social Services, including the Divisions of Behavioral Health and Child Protection Services partners with the Departments of Education, Human Services, and Labor and Regulation through a cooperative agreement concerning transition services for students with disabilities, most recently effective July 1, 2020.

3. Does the state monitor its progress and effectiveness, around:

a. Service utilization? ☒ Yes ☐ No
b. Costs? ☒ Yes ☐ No
c. Outcomes for children and youth services? ☒ Yes ☐ No

Utilization and Cost:
The DBH utilizes an electronic system called STARS (State Treatment Activity Reporting System) to track service utilization and costs. The STARS also collects individual demographics, service information, and outcome tools.

Outcome Measurement:
The DBH continues to collect and monitor outcome measures and performance indicators for all adults and youth receiving services within the publicly funded mental health system. This began in fiscal year (FY) 2017 with the Adult Outcome Tool, followed shortly thereafter with implementation of the Youth and Family Outcome Tool in FY2018. The DBH monitors the number of outcome tools received to ensure accurate data.

4. Does the state provide training in evidence-based:

a. Mental health treatment and recovery services for children/adolescents and their families? ☒ Yes ☐ No

5. Does the state have plans for transitioning children and youth receiving services:

a. To the adult M/SUD system? ☒ Yes ☐ No
b. For youth in foster care? ☒ Yes ☐ No
c. Is the child serving system connected with the FEP and Clinical High Risk for Psychosis (CHRP) systems? ☒ Yes ☐ No SD does not have a program for CHRP, however any CMHC who identifies a youth age 15 or over who may meet FEP criteria is able to refer to the established FEP program.
d. Does the state have an established FEP program? ☒ Yes ☐ No
   A CHRP program? ☐ Yes ☒
e. Is the state providing trauma informed care? ☒ Yes ☐ No

6. Describe how the state provides integrated services through the system of care (social services, education services, child welfare services, juvenile justice services, law enforcement services, substance use disorders, etc.).

The development of partnerships with health, social services, education, and other state and local government entities is integral to the development of an integrated system of care.

The state describes the integration of services within Planning Step One regarding the following:

- Child Welfare, Juvenile Services and Criminal Justice Coordination
- Medical/Dental Service Coordination
- Vocational and Educational Coordination
- Housing Coordination and Support
- Criminal Justice Initiative
- Juvenile Justice Reinvestment Initiative
- Correctional Resource Coordination
- Health Homes

7. Does the state have any activities related to his section that you would like to highlight?

The Department of Social Services Office of Licensure and Accreditation monitors the system of care approach for the delivery of mental health and substance use disorder treatment services. This process consists of reviewing policies, procedures, and individual charts as well as interviews with families and individuals. Interview questions assist in determining methods employed by the agency to create a system of care that is hopeful and empowering, respectful, and welcoming, individual, and family driven, as well as culturally sensitive and integrated for individuals and families with co-occurring complex needs.

In addition, the DBH collaborated with the Unified Judicial System and the Department of Corrections to implement evidence-based interventions to justice involved youth within their community. Seven CMHCs and Lutheran Social Services are trained in Functional Family Therapy (FFT), an evidence-based practice (EBP), and services began in January 2016. Moral Reconation Therapy (MRT) is delivered by six CMHCs and Lutheran Social Services. Four CMHCs and Lutheran Social Services are also trained to provide Aggression Replacement Training (ART). Additionally, FFT, MRT and ART services are available statewide via telehealth. Quality assurance reviews with each provider are conducted at a minimum of annually for each EBP that has been implemented through Juvenile Justice Reinvestment Initiative.

Suicide Prevention - MHBG

1. **Have you updated your state's suicide prevention plan in the last two years?**
   ☐ Yes ☒ No

2. **Describe activities intended to reduce incidents of suicide in your state.**
   The Office of Prevention and Crisis Services (OPCS) receives one federal grant from the Substance Abuse and Mental Health Services Administration that focuses on suicide prevention among adults age 25 and older.

   A detailed description of the grant can be found in Planning Step One.

   In the summer of 2019, Governor Noem tasked state agencies to develop a statewide suicide prevention strategic plan. Together, Department of Health, Social Services, Education, Tribal Relations and Agriculture, as well as the Great Plains Tribal Chairmen's Health Board formed a work group and developed South Dakota's 2020-2025 Strategic Plan. The development of the strategic plan included review of the prior work related to suicide prevention and review of national strategies. A framework including guiding principles, goals, objectives and strategies was created and the drafted strategic plan was distributed to stakeholders and the public in the fall of 2019. The strategic plan was then finalized with the input received. Each year, the workgroup identifies priorities strategies from the strategic plan to focus on and highlights achievements through an outcome report.

   South Dakota has a "Suicide Data to Action" workgroup consisting of three state agencies that meet on a monthly basis to review real-time data. This innovative workgroup allows DBH to reach out to communities that are experiencing higher numbers of suicide in comparison to their 10-year average to brainstorm solutions and offer resources in that community.

3. **Have you incorporated any strategies supportive of Zero Suicide?**
   ☒ Yes ☐ No

4. **Do you have any initiatives focused on improving care transitions for suicidal patients being discharged from inpatient units or emergency departments?**
   ☒ Yes ☐ No

   If yes, please describe how barriers are eliminated.
   South Dakota has an inter-agency workgroup consisting of Community Mental Health Center (CMHC) staff and inpatient unit staff to determine a way that information can legally and securely be shared. This workgroup is assisting in eliminating barriers by increasing communications between key stakeholders to improve transitions.

   Additionally, South Dakota has an adult and youth follow-up program that provides patients follow-up calls from the 988 call center, Helpline Center, to individuals that have been admitted to any of the inpatient units in South Dakota for a suicide related concern.

5. **Have you begun any targeted or statewide initiatives since the FFY 2022-FFY2023 plan was submitted?** ☒ Yes ☐ No

   If so, please describe the population of focus?

   The Division of Behavioral Health hosted a statewide Suicide Prevention Conference in August 2022 with other key stakeholders in suicide prevention. Due to the success of the conference, DBH will be hosting annual suicide prevention conferences to provide South Dakotans with additional tools and resources for suicide prevention and stigma reduction related to mental health.

6. **Have you conducted any work using the suicide protocol language with your crisis services set-aside?** ☐ Yes ☒ No
   a. **If so, please describe the work?**

Support of State Partners - MHBG

1. **Has your state added any new partners or partnerships since the last planning period?** ☐ Yes ☒ No

2. **Has your state identified the need to develop new partnerships that you did not have in place?** ☐ Yes ☒ No
   a. If yes, with whom?

3. **Describe the way your state and local entities coordinate services to maximize the efficiency, effectiveness, quality and cost-effectiveness of services and programs to produce the best possible outcomes with other agencies to enable consumers to function outside of inpatient or residential institutions, including services to be provided by local school systems under the Individuals with Disabilities Education Act.**

   Child Welfare, Juvenile Services, and Criminal Justice Coordination
   The Unified Judicial System (UJS), Child Protective Services (CPS), the Department of Corrections, and Community Mental Health Centers (CMHCs) continue collaborative efforts to improve the referral and service delivery system for children who are referred by UJS, CPS, or Department of Corrections to a CMHC. The Division of Behavioral Health supports these collaborative efforts by coordinating both system-wide conversations and local conversations, if needed.

   The following coordination of services between state and local entities are detailed within Planning Step One to include:
   - Child Welfare, Juvenile Services and Criminal Justice Coordination
   - Medical/Dental Service Coordination
   - Vocational and Educational Coordination
   - Housing Coordination and Support
   - Criminal Justice Initiative
   - Juvenile Justice Reinvestment Initiative
   - Correctional Resource Coordination
   - Health Homes

State Behavioral Health Planning/Advisory Council and Input on the Mental Health/Substance Abuse Block Grant Application - MHBG

1. **How was the Council actively involved in the state plan? Attach supporting documentation (e.g., meeting minutes, letters of support, etc.).**
   a. What mechanism does the state use to plan and implement substance use prevention, SUD treatment and recovery services?
   The Behavioral Health Advisory Council (BHAC) meets at least four times per year to review, monitor and evaluate the implementation of the behavioral health services plan and service system while providing suggested methods to evaluate the quality of that service network.

   b. Has the Council successfully integrated substance use prevention and treatment or co-occurring disorder issues, concerns, and activities into its work? ☒ Yes ☐ No

2. **Is the membership representative of the service area population (e.g., ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children)?**
   ☒ Yes ☐ No
   BHAC members are appointed by and serve at the pleasure of the Governor. No less than 50 percent of the membership consists of individuals who are non-state employees or providers of mental health services. A total of 28 members; 14 consumer/family representatives/advocacy and14 provider/state.

   The BHAC incorporates diversity in representation and strives for equal membership of substance use and mental health consumer/family membership, service providers and state employees.

   To view a current list of BHAC members and Bylaws: Boards and Commissions (sd.gov)

3. **Please describe the duties and responsibilities of the Council, including how it gathers meaningful input from people in recovery, families, and other important stakeholders, and how it has advocated for individuals with SMI or SED.**
   The BHAC performs the following functions:

   - Development and modification of state or federal mental health plans.
   - Promoting greater coordination of planning and service delivery efforts among federal, state, local, or private agencies involved in the mental health service delivery network.
   - Advising on and addressing policy issues related to the allocation of federal and state funds to the mental health centers in the state and the South Dakota Human Services Center (single state psychiatric inpatient facility).
   - Providing input on matters concerning regulation, staff requirements, administration, audit and record keeping, and services to be provided by mental health centers and the South Dakota Human Services Center.
   - Identification of needed program and service expansion and achievement of the highest possible quality service

- Provide input regarding statewide needs in substance abuse prevention and treatment
- Promote coordination and planning activities between state and local government agencies and private providers
- Review and provide input on the studies for prevention, treatment, and rehabilitation of drug and alcohol abuse
- Advise on all functions delegated to the state office

The BHAC supports the Division of Behavioral Health (DBH) with the planning, coordination and development of the state comprehensive behavioral health services plan. The BHAC advocates on behalf of persons served to ensure their highest attainable degree of independence in the least restrictive environment, productivity, community integration and quality of services.

The BHAC also advises the DBH on statewide treatment, prevention, and rehabilitation needs within the current behavioral health system. The BHAC's duties of planning for behavioral health service delivery include informing and reviewing the Combined Behavioral Health Assessment and Plan. The BHAC is responsible for reviewing the State Plan before it is submitted and are sent a copy for their review, to make comments and to share with their constituents. A BHAC meeting is then held to discuss the plan.

Public Comment on the State Plan

1. **Did the state take any of the following steps to make the public aware of the plan and allow for public comment?**
   a. Public meetings or hearings? ☐ Yes ☒ No

      The Behavioral Health Advisory Council meets no less than four times per year to support the Division of Behavioral Health (DBH) with the planning, coordination and development of the state's behavioral health service plan. Meetings are open to the public and notice is posted on the State of South Dakota's Boards and Commissions Portal, Boards and Commissions (sd.gov) at least 3 business days prior to the meeting as set forth in South Dakota Codified Law 1-25-1.1. The agenda and supporting materials are posted during this time because the agenda contains meeting location information and indicates how interested persons can arrange for meeting access via telephone.

   b. Posting of the plan on the web for public comment? ☒ Yes ☐ No
      If yes, provide URL
      Department of Social Services (sd.gov)

   c. Other (e.g. public service announcements, print media) ☒ Yes ☐ No

      A request for public comment of the state plan is posted in the following newspapers: Sioux Falls Argus Leader, Aberdeen American, the Huron Daily Plainsman, and the Rapid City Journal.

Priority Area:

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 SFY24 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.
b) **First-year target/outcome measurement (Progress to the end of SFY 2024)** In SFY24, 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.
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 colleting evaluation ratings received upon completion of evidence-based trainings to compare against SFY24.
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 SFY 23 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 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.
h) **First-year target/outcome measurement (Progress to the end of SFY 2024)** In SFY24, 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.
i) **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. .
j) **Data source** Access To Services Survey
k) **Description of data;** Access to Services Survey
l) **Data issues/caveats that affect outcome measures.** None

Priority Area:

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, 2025 – May 31st, 2026).

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 standardize annual report will be finalized and 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.
b) **First-year target/outcome measurement (Progress to the end of SFY 2024)** Work with prevention stakeholders to create a standardized annual report template by May/30/2024.
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** Data will be determined in SFY 2024.
f) **Data issues/caveats that affect outcome measures.** None