

**Behavioral Health Advisory Council
Pierre, South Dakota**

November 13, 2019

**Advisory Council Members
Present:**

Jayne Parsons (Chair)	Dianna Marshall
Lois Knoke (Vice-Chair)	Susan Kornder
Jacquie Larson	Ellen Washenburger
Kristi Bunkers	Melanie Boetel
Kara Assid	Wendy Figland
Christy Alten-Osmera	Karen Severns
Bryan Harberts	Lorraine Polak
Matt Glanzer	Belinda Nelson
Roseann Peterson-Olson	Jane Grant
Joyce Glynn	Chuck Frieberg
Linda Reidt-Kilber	Angie Dammer

**Advisory Council Members
Absent:**

Eric Weiss	Ashlee Rathbun
Katherine Jaeger	

**Division of Behavioral Health Staff
Present:**

Jana Sprenger	Jennifer Humphrey
Kayla LaBrie	Katie Demaray
McKenzie Grim	Stacy Krall

Others in Attendance:

Terry Dosch	Emily Erickson
Gabe Grant	

Purpose

The purpose of the Advisory Council shall be to guide the Division of Behavioral Health with the planning, coordination and development of the state comprehensive behavioral health services plan. The Advisory Council shall advocate on behalf of persons served to ensure their highest attainable degree of independence, productivity, community integration and quality of services. The Advisory Council will also advise the Division of Behavioral Health on statewide treatment, prevention, and rehabilitation needs within the current behavioral health system.

Minutes:

I. Call to Order / Welcome and Introductions

November 13, 2019 the Behavioral Health Advisory Council meeting was called to order.

II. Review and Approval of Meeting Minutes

The Advisory Council reviewed the August 2019 meeting minutes. A proposed change

was made to add the following summer study; Increase Community Services & Caregiver Supports.

III. Membership

Reappointments

Bryan Harberts and Katherine Jaeger were reappointed on 10/15/19.

New Members / New Designees

Linda Reidt-Kilber, Behavior Management Systems, was appointed to fill Susan Sandgren's position on 10/15/19. Linda's position is a Director of a Community Mental Health Center.

Angie Dammer was appointed to fill Daniele Dosch's position on 10/15/19. Angie's position is a family member of a youth with a serious emotional disturbance with a preference for a family member representing a youth between the ages of 12-18.

Matt Glanzer was appointed to fill LeLewis Gipp's position on 10/15/19. Matt's position is an adult recovering from substance abuse with a preference for an individual 18-29 years-old.

Eric Weiss was appointed to fill Bernie Grimme's position on 10/15/19. Eric is the Director of the Division of Rehabilitation Services.

Karen Severns was appointed to fill Emily Williams' position. Karen is the Director of the Behavioral Health Services for the Great Plains Region Indian Health Services (IHS).

Vacant Positions

One position has been vacant since 2016 and involves a youth (16 to 21 years of age) with a serious emotional disturbance and/or substance use disorder or a youth who has a sibling with a serious emotional disturbance and/or substance use disorder.

Recently vacated by Jan York due to serving two consecutive three-year terms is a family member of an adult with a serious mental illness who is a member of a mental health advocacy organization.

If the Advisory Council knows of anyone who may be interested in becoming a member of the Advisory Council, please have them contact Jennifer Humphrey at 605.773.3123 or Jennifer.Humphrey@state.sd.us.

Expiring Terms - October 30, 2020

Susan Kornder's position is a licensed mental health professional who provides direct services at a community agency (not a center director). Susan has served two consecutive three-year terms.

Lois Knoke's position is an adult with a serious mental illness who has or is receiving services. Lois has served two consecutive three-year terms.

Jayne Parsons' position is an adult recovering from substance abuse. Jayne has

served two consecutive three-year terms.

Jane Grant's position is a family member of child with a serious emotional disturbance with a preference for a family member representing a child between the ages of 5-12. Jane is eligible for reappointment.

Ashlee Rathbun's position is a family member of a youth with SED with a preference for a family member representing a youth between the ages of 12-18. Ashlee is eligible for reappointment.

IV. Election of Chair and Vice Chair

Kara Assid voiced her interest in assuming the role of Chairperson. All were in favor and Kara was elected Chairperson.

Roseann Peterson-Olson voiced her interest in assuming the role of Vice Chairperson. All were in favor and Roseann was elected Vice Chairperson.

V. Human Services Center (HSC) Update

No updates currently.

VI. Fiscal Year 2019 Data Outcomes Presentation

Melanie Boetel, McKenzie Grim, Stacy Krall and Jana Sprenger presented the Division of Behavioral Health's statistical and outcome data for Fiscal Year 2019.

VII. Other Topics Related to Behavioral Health Services

Melanie Boetel discussed updates to the following topics. The Advisory Council is encouraged to visit the following websites periodically to obtain new information.

Oversight Council for Improving Criminal Justice Responses for Persons with Mental Illness:

<https://boardsandcommissions.sd.gov/SearchResults.aspx?Letter=M>.

Opioid Grant

<https://www.avoidopioidsd.com/>

Juvenile Justice Public Safety Improvement Act (JJPSIA) Oversight Council

<https://boardsandcommissions.sd.gov/SearchResults.aspx?Letter=J>.

VIII. Prevention Grant Committee Updates

Jana Sprenger provided updates to the following prevention grant committees.

Youth Suicide Prevention Project (YSPP)

The YSPP grant ended September 29, 2019. A webinar meeting was held Wednesday, September 25, 2019 and served as a wrap-up to the grant.

Partnership for Success (PFS) & State Epidemiological Outcomes Workgroup (SEOW):

The PFS grant ended September 29, 2019. The PFS grant which also supports the SEOW has ended as well. A webinar meeting was held Wednesday, September 24,

2019 for the PFS and SEOW and served as a wrap-up to the grant.

The Division of Behavioral Health is exploring options for sustainability of the SEOW.

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

The SBIRT committee met in-person on November 12, 2019.

The SBIRT Training Portal has been expanded to include continuing education credits through Avera Health.

State staff are presently testing the Dakota State University Data Portal system to ensure compliance with grant requirements and initial feasibility testing. Once completed, pilot testing will begin with the clinics.

One entity responded to the RFP posted Spring 2019. After several months of continued discussion, planning and negotiation that system has opted to not move forward with SBIRT using grant funds. The primary reason for the opt out of the contract was related to data collection burden associated with the federal requirements. The Division of Behavioral Health is exploring alternative routes to find avenues for supporting clinics, recognizing that prior RFP solicitations related to SBIRT have not generated high levels of interest.

IX. Division of Behavioral Health Update

Fiscal Year 2020 SAPT/MH Block Grant Annual Reports

Melanie Boetel discussed with Advisory Council members the following second year performance indicators: access to services for priority populations, methamphetamine services, opioid services, first episode psychosis services, suicide prevention, underage alcohol use, workforce development and tuberculosis screenings within the state's substance use disorder treatment agencies. No recommended changes were discussed among the Advisory Council members. The annual reports are due for submission to the Substance Abuse and Mental Health Services Administration by December 2, 2019.

Fiscal Update

Melanie Boetel provided an overview of the Fiscal Year 2020 budget in the areas of substance use and mental health services as well as the first quarter report for Fiscal Year 2020 regarding the amount expended for contract and Medicaid services by area.

A formula error was discovered on page one of the Fiscal Year 2020 quarter one report under substance use disorder services. The formula will be corrected, and an updated copy will be provided to Advisory Council members.

Prevention Services

Jana Sprenger announced that a Request for Proposal (RFP) was issued June 4, 2019 seeking offerors to develop a campaign to increase awareness of the methamphetamine use and promote resources for prevention, treatment and recovery. Broadhead LLC was selected, and the campaign is expected to launch sometime this month.

An RFP was issued August 19, 2019 seeking offerors to provide evidence-based substance use prevention programming with emphasis on methamphetamine prevention in SD middle schools. Nine proposals were received and are currently under review.

Substance Use Services

Stacy Krall reported that the Division of Behavioral Health supported technical assistance for the following: Contingency Management for intensive methamphetamine treatment providers; Medication Assisted Treatment (MAT) for intensive inpatient treatment providers; and additional trainings for community members, treatment providers, medical providers and MAT provider through the Opioid Response Network.

X. Open Discussion/Council Member Updates

South Dakota Housing for the Homeless Consortium

Lorraine Polak announced that the 2020 Statewide Point-in-Time Count will take place January 28, 2020. For more information, please visit:

<http://www.housingforthehomeless.org/primary-content/public-awareness.html>.

Housing Choice Vouchers

Lorraine Polak announced that through the Foster Youth to Independence initiative, Public Housing Agencies and Public Child Welfare Agencies may request Housing Choice Vouchers to assist eligible youth between the ages of 18 and 24 years of age for a period of 36 months. For more information, please contact Lorraine at lorraine@sdhda.org or 605.773.3181.

XI. Public Comment / Testimony

No public comment or testimony received.

XII. Future Meetings

2020 Advisory Council meeting dates:

- Wednesday, March 18, 2020
- Wednesday, June 10, 2020 (Presentation: In Your Own Voice)
- Wednesday, August 12, 2020
- Wednesday, November 18, 2020

Future presentation requests and agenda items should be directed to Jennifer Humphrey.

XIII. Adjourn

Meeting was adjourned.

Agenda X.

SOUTH DAKOTA SUICIDE PREVENTION PLAN 2020 PRIORITY STRATEGIES

1 DATA	2 EDUCATION & TRAINING	3 COMMUNICATIONS	4 COMMUNITY ENGAGEMENT
<ul style="list-style-type: none"> + Implement data dashboards on the SD Suicide Prevention website. + Collect and share hospital data (IHS, VA, SDAHQ) on suicide attempts to inform prevention efforts. + Develop and disseminate population specific data infographics. + Share data to inform response efforts at the local level. + Provide a quarterly report utilizing South Dakota Violent Death Reporting System (SD-VDRS) data to inform prevention efforts. + Promote the inclusion of questions on suicidal behaviors, related risk factors, and exposure to suicide in youth and adult data systems (YRBS, BRFS, etc.). 	<ul style="list-style-type: none"> + Share evidence-based and culturally appropriate resources with local schools to assist with making program decisions. + Provide gate keeper (anyone) trainings within various sectors like Mental Health First Aid. + Host a "Bright Spot" event to highlight success stories. + Provide training to employers on referring individuals in crisis to behavioral health specialists. + Provide guidelines and training on responsible media reporting. 	<ul style="list-style-type: none"> + Create a suicide prevention list serv and/or newsletter to share updates with partnering organizations. + Utilize the calendar on the SD Suicide Prevention website to promote trainings, events, conferences, etc. + Develop and disseminate population specific campaigns to utilize within traditional media (radio, print, TV) and social media to increase awareness. + Promotion of state, local, and tribal resources, such as behavioral health programs on the SD Suicide Prevention website. + Develop and disseminate culturally appropriate resources (brochures, business cards, posters, etc.). + Promote the survivor grief book within funeral homes, faith-based organizations, and other entities. 	<ul style="list-style-type: none"> + Promote the Communities that Care model or another model within communities to develop a structure to support prevention efforts to address multiple issues (suicide, drug abuse, tobacco use, etc.). + Participate in community events to bring awareness of the issue and resources available (walks, parades, fairs, etc.). + Provide crisis model policies that may be adopted by local schools, worksites, and other entities. + Provide self-care training like Employee Assistance Program to high trauma professions (EMS, veterans, health professionals, law enforcement, National Guard, etc.). + Provide Postvention model policies that may be adopted by local schools, worksites and other entities.

SOUTH DAKOTA SUICIDE PREVENTION PLAN 2020-2025

Updated 12/05/2019



DATA

- › Utilize the data dashboards on SDSuicidePrevention.org/data to inform community members.

EDUCATION AND TRAINING

- › Make a request on SDSuicidePrevention.org/get-help/request-training to provide a Mental Health First Aid or other training within your community/organization.
- › Complete the minimum requirement of one clock hour of **suicide awareness and prevention training** for educator certification at doe.sd.gov/SuicidePrevention.
- › Encourage healthcare providers and behavioral health providers to participate in training. Visit SDSuicidePrevention.org/about-suicide/trainings/.

COMMUNICATIONS

- › Sign up for the SD Suicide Prevention list serv to receive updates on the SD Suicide Prevention Plan on SDSuicidePrevention.org.
- › Visit the training and event calendar on SDSuicidePrevention.org/events to see what trainings and events are available or post an upcoming training or event.
- › Order various suicide prevention campaign materials on SDSuicidePrevention.org/get-help/order-materials to utilize at your school, worksite, or community.
- › Utilize the Bethe1SD.com press kit to educate others.
- › Educate tribal communities on the Great Plains Native Connections program. Visit bhr.gptchb.org/great-plains-native-connections-program.
- › Promote the Farm and Rural Stress Hotline within your community. It's free, confidential and available 24/7, Call 1-800-691-4336.

COMMUNITY ENGAGEMENT

- › Implement or modify your school district's policy on suicide prevention, intervention and response by utilizing the *Model School District Policy* available at SDSuicidePrevention.org/professionals/school-staff/.
- › Share the toolkits available for Communities, High Schools, and College Campuses located on SDSuicidePrevention.org/toolkits.
- › Share information about survivor support groups. Visit SDSuicidePrevention.org/survivors.



Need Help Now? 1-800-273-8255
sdsuicideprevention.org



Agenda X.

SOUTH DAKOTA SUICIDE PREVENTION


STATE PLAN 2020-2025

GUIDING PRINCIPLES: Data driven decisions | State and local partnerships | Community-led efforts | Evidence-based programming
Culturally appropriate | Focus on the next generation | Highlight "Bright Spots" through success stories




SOUTH DAKOTA
SUICIDE PREVENTION

Need Help Now? 1-800-273-8255
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<div><div>SOUTH DAKOTA SUICIDE PREVENTION</div><div>Need Help Now? 1-800-273-8255 sdsuicideprevention.org</div></div>				GOALS		
OBJECTIVES	PREVENTION "Before Crisis" Implement evidence-based interventions throughout multiple sectors to prevent suicides, suicide attempts, and other risky behavior.	INTERVENTION "During Crisis" Increase awareness and access to services to intervene in time of crisis.	POSTVENTION "After Crisis" Provide support for recovery services for survivors, their families, and the community to eliminate future suicides.			
	STRATEGIES					
	1. DATA: Share data to inform and evaluate efforts at the state and community level.	<ol style="list-style-type: none">1. Implement data dashboards on the SD Suicide Prevention website.2. Collect and share hospital data (IHS, VA, SDAHO) on suicide attempts to inform prevention efforts.3. Partner with SDSU Extension and other entities on research related to suicide within farmers and ranchers.4. Develop and disseminate population specific data infographics.	<ol style="list-style-type: none">1. Share data to inform response efforts at the local level.2. Utilize call data from National Suicide Prevention Lifeline (NSPL) to assess accessibility and promotion of the NSPL.3. Through Zero Suicide efforts, collect and share data to assist with future crisis.	<ol style="list-style-type: none">1. Provide a quarterly report utilizing South Dakota Violent Death Reporting System (SD-VDRS) data to inform prevention efforts.2. Promote the inclusion of questions on suicidal behaviors, related risk factors, and exposure to suicide in youth and adult data systems (YRBS, BRFSS, etc.).		
2. EDUCATION AND TRAINING: Provide culturally appropriate and evidence-based education and training to the public and various professions.	<ol style="list-style-type: none">1. Share evidence-based and culturally appropriate resources with local schools to assist with making program decisions.2. Encourage the inclusion of mental health education within primary, secondary, and post-secondary institutions.3. Provide gatekeeper training for stakeholders like Mental Health First Aid.4. Incorporate mental health/suicide training at various statewide conferences.	<ol style="list-style-type: none">1. Provide training to behavioral health providers on suicide prevention modalities.2. Provide training to employers on referring individuals in crisis to behavioral health specialists.3. Partner with Department of Criminal Investigation and Department of Health to provide law enforcement and first responder crisis intervention training.	<ol style="list-style-type: none">1. Provide guidelines and training on responsible media reporting.			
<ol style="list-style-type: none">5. Implement Zero Suicide and/or screening and referral within the primary care setting.6. Host a "Bright Spot" event to highlight success stories.						



Agenda X.

 SOUTH DAKOTA SUICIDE PREVENTION Need Help Now? 1-800-273-8255 sdsuicideprevention.org	GOALS		
OBJECTIVES	3. COMMUNICATIONS: Utilize multiple effective methods to raise awareness about how to prevent crisis and help individuals access services.	PREVENTION "Before Crisis" Implement evidence-based interventions throughout multiple sectors to prevent suicides, suicide attempts, and other risky behavior.	INTERVENTION "During Crisis" Increase awareness and access to services to intervene in time of crisis.
		POSTVENTION "After Crisis" Provide support for recovery services for survivors, their families, and the community to eliminate future suicides.	
	STRATEGIES		
4. COMMUNITY ENGAGEMENT: Support community leaders and engage community organizations to provide support to individuals before, during, and after a crisis.	<ol style="list-style-type: none">1. Create a suicide prevention list serv and/or newsletter to share updates with partnering organizations.2. Utilize the calendar on the SD Suicide Prevention website to promote trainings, events, conferences, etc.3. Develop and implement population specific campaigns within traditional media (radio, print, TV) and social media to increase awareness.	<ol style="list-style-type: none">1. Promotion of state, local and tribal resources, such as behavioral health programs on the SD Suicide Prevention website.2. Develop and disseminate county specific resource guides.3. Develop and disseminate culturally appropriate resources (brochures, business cards, posters, etc.).	<ol style="list-style-type: none">1. Develop a resource packet to assist with response efforts.2. Promote the survivor grief book within funeral homes, faith-based organizations and other entities.
	<ol style="list-style-type: none">1. Promote the Communities that Care model or another model within communities to develop a structure to support prevention efforts to address multiple issues (suicide, drug abuse, tobacco use, etc.).2. Partner with existing coalitions to help develop coalitions in new communities.3. Participate in community events to bring awareness of the issue and resources available (walks, parades, fairs, etc.).4. Provide local resources to various community organizations that work with specific populations like farmers, ranchers, veterans, elderly, etc.	<ol style="list-style-type: none">1. Provide crisis model policies that may be adopted by local schools, worksites, and other entities.2. Implement a community response plan and provide training to various professionals.3. Partner with economic-related programs within the community (unemployment, housing, etc.) to provide suicide resources within their programming.4. Provide self-care training like the Employee Assistance Program to high trauma professions (EMS, veterans, health professionals, law enforcement, National Guard, etc.).	<ol style="list-style-type: none">1. Provide assistance to survivor support groups within communities.2. Support and expand local response teams.3. Provide postvention model policies that may be adopted by local schools, worksites and other entities.



sdsuicideprevention.org

Agenda X.

ANYONE.
EVERYONE.

SOUTH DAKOTA COMMUNITY SUPPORT TOOLKIT

Provided by: South Dakota Department of Social Services
January 2020

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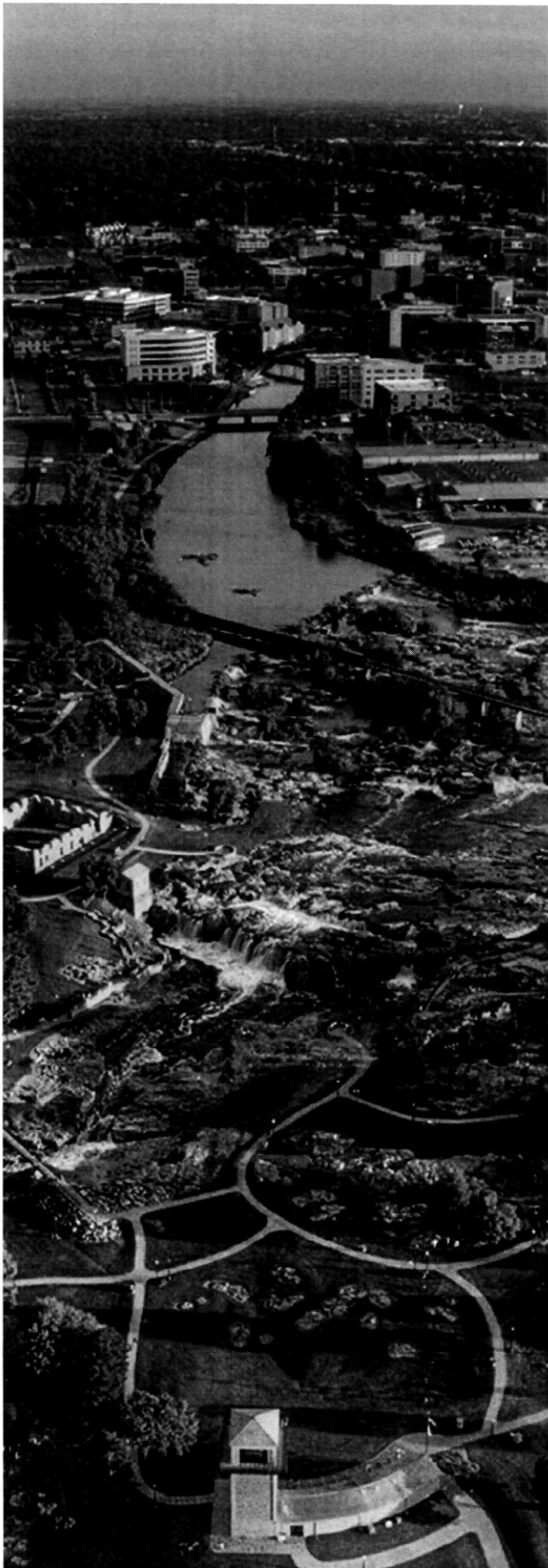
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AN OVERVIEW OF THE SOUTH DAKOTA METHAMPHETAMINE ISSUE

There is a meth problem in South Dakota, and we need everyone on it.

- From January to August 2019, there were 2,242 meth-related arrests in 50 counties in South Dakota. The Sioux Falls Meth Task Force made 803 of those arrests, and the Pennington County Meth Task Force made 786 of those arrests. (South Dakota HIDTA, 2019)
- In that same time frame, there were more than 57,000 grams of methamphetamine seized and three lab incidents encountered. (South Dakota HIDTA, 2019)
- In 2018, South Dakota law enforcement made 3,684 arrests for methamphetamine. These arrests resulted in more than 45,918 grams — more than 101 pounds — of meth being seized. (Statewide Drug Statistics Report, 2018)
- 83% of court admissions for controlled substances in South Dakota involved meth so far in 2019. (Corrections Secretary Mike Leidholt, summer 2019)
- Twice as many South Dakota 12-17-year-olds report using meth in the past year than the national average. (National Survey on Drug Use and Health)
- The U.S. Surgeon General's 2016 Report on Alcohol, Drugs and Health stated that evidence-based prevention strategies have returns of investment of up to \$18 for every \$1 invested in prevention (cost savings from reduced medical costs, increased productivity in work and school, reduced crime and generally better quality of life).
- From 2014 through 2018, the state saw a 200% increase in people seeking treatment with a primary diagnosis of meth addiction. (Division of Behavioral Health, State Treatment Activity Reporting System)
- Treatment success rates in South Dakota are higher than the national success rates — 72% compared to 38%. (State Fiscal Year 2019 Treatment Episode Data Set)
- Substance use disorders typically develop within three years after first use if not addressed. Effective early-intervention prevention programs demonstrate increased perception of harm and readiness to change behaviors, which reduces the likelihood of developing a substance use disorder and needing treatment.

For help with meth addiction, call 1-800-920-4343 or text "onmeth" to 898211; or visit OnMeth.com for a list of available resources and local treatment centers.

WHAT IS METHAMPHETAMINE?

Methamphetamine is a stimulant drug usually in the form of a white, bitter-tasting powder or a pill.

Methamphetamine increases the amount of the natural chemical dopamine in the brain, which stimulates feelings of euphoria and can increase wakefulness and activity, as well as rapid heartbeat, and also increases blood pressure and quickens breathing.

The long-term effects of meth use are concerning, and include extreme weight loss, severe dental problems and intense itching that leads to skin sores, anxiety, confusion, violent behavior, paranoia and hallucinations.

Individuals who become addicted to meth often feel isolated, lose friends, disconnect from family members, and are not able to hold down jobs, which can lead to financial difficulties and even homelessness.



SIGNS OF EARLY METH USE INCLUDE:

- Euphoric/"high" state (excessively happy)
- Decreased appetite
- Increased physical activity
- Anxiety, shaking hands, nervousness
- Incessant talking
- Rapid eye movement
- Increased body temperature (can rise as high as 108 degrees and cause death)
- Dilated pupils
- Sweating not related to physical activity

LONG-TERM SYMPTOMS CAN INCLUDE:

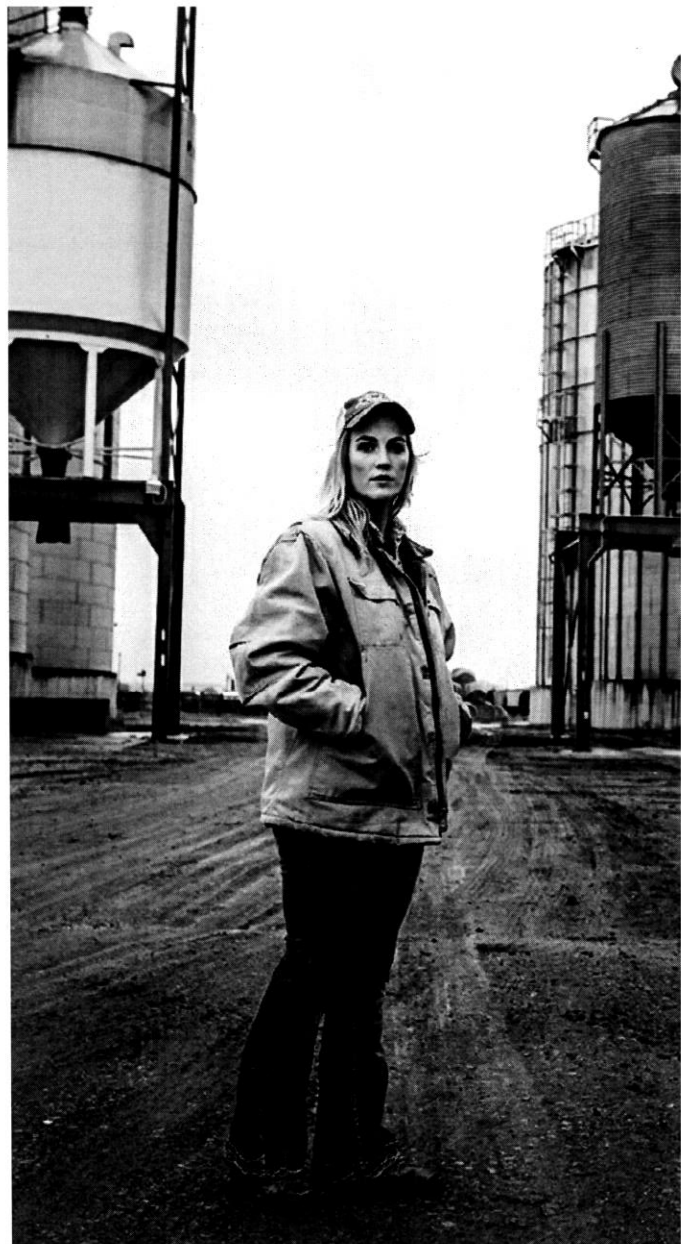
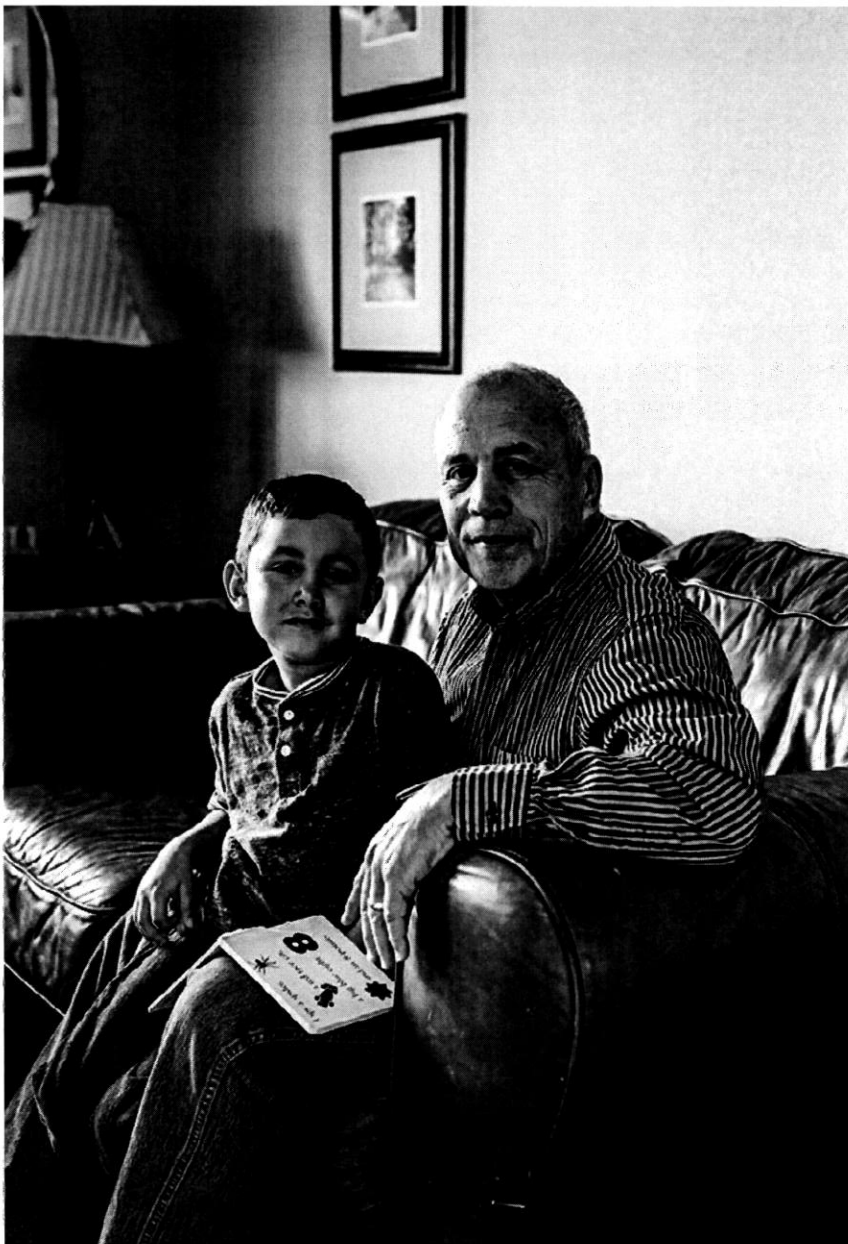
- Paranoia
- Sleeplessness and severe depression
- Nausea, vomiting, diarrhea
- Extreme irritability and anxiety
- Seizures
- Teeth grinding, bad teeth and body odor
- Skin ulceration and infections, the result of picking at the skin or imaginary bugs
- Auditory and visual hallucinations
- Violent and erratic behavior
- Nervousness
- Anhedonia (loss of pleasure)
- Dryness of mucous membranes
- Burnt or blistered lips and/or fingertips from holding hot smoking devices (aka "ice pipes")

RISK AND PROTECTIVE FACTORS

Many factors influence the likelihood that an individual will develop a substance use or related behavioral health problem. Effective prevention focuses on reducing the number of factors that put people at risk of substance abuse and strengthening those factors that protect people from the problem.

RISK FACTOR: A condition that increases the likelihood of substance abuse by individuals, groups or communities.

PROTECTIVE FACTOR: A condition that either decreases the likelihood of or would buffer the risks of substance abuse by individuals, groups or communities.



RISK AND PROTECTIVE FACTORS (CONTINUED)

The definitions below could be either considered risk or protective factors, depending on the situation and/or circumstances involved.

ACCESS/AVAILABILITY

The ease of physical access to the drug from dealers, friends, family, residence or internet.

SOCIAL/COMMUNITY NORMS

Informal expectations, standards, attitudes or values regarding the acceptability or unacceptability of certain behaviors, including substance use, associated with the perception of family, community, cultural and peer attitudes and behaviors. (e.g., family acceptance, multi-generational use and youth perceptions).

ENFORCEMENT/ADJUDICATION

Includes the enforcement of rules, laws and policies surrounding substance abuse and its consequences, as well as the public perception of such, and how likely people are to believe they will get caught and receive consequences for violations (e.g., lack of enforcement resources [shortage of officers, lack of knowledge/training], inconsistent application of laws and/or judicial practice [no prosecution by DA, low mandatory sentencing, inconsistent application of legal consequences], lack of monitoring at social events).

AGE OF FIRST USE

Early onset of alcohol/drug use predicts misuse of these substances. The earlier the onset of any substance use, the greater the involvement/frequency of use. Onset of substance use prior to the age of 15 is a consistent predictor of alcohol/drug abuse, while a later age of onset has been shown to predict lower involvement and a greater probability of discontinuation of use.

LAWS/POLICIES REGULATING SALES, USE, POSSESSION

Formal legislation, rules, policies, procedural guidelines, memorandums of understanding (MOUs) or codes of conduct that relate to any of the other variables (e.g., state and local ordinances, community policies, campus policies, school policies).

PERCEIVED RISK/HARM

Lack of knowledge of health and safety consequences. It's the perception that negative health and safety consequences are unlikely or won't happen to them (e.g., low perception of getting cited or arrested and/or they will not be punished; lack of perceived parental enforcement of consequences).

FAMILY DYNAMICS/FUNCTIONING

Children's earliest interactions occur in the family. Sometimes, family situations heighten a child's risk for later alcohol or drug use (e.g., when there is a lack of attachment and nurturing by parents or caregivers, ineffective parenting, alcohol or drug abuse by a parent/sibling, or physical/mental abuse in the home. Families can provide protection from later alcohol or drug abuse through good communication, parental management, establishing strong bonds between children and parents, parental involvement in the child's life, and establishing clear limits and consistent enforcement of discipline. By providing parents the education to influence attitudes and behaviors as well as how to set limits in age-appropriate ways, and implementing family programming, the likelihood that a young person will engage in problem behaviors can be dramatically decreased.

MENTAL HEALTH

Some mental health disorders are associated with an increased risk of substance use in youth and young adults. Anxiety, poor impulse control, depression as well as other issues are factors that are present when a teen first starts using substances. By implementing mental health promotion and prevention strategies, these mental health and secondary substance use disorders may be reduced substantially.

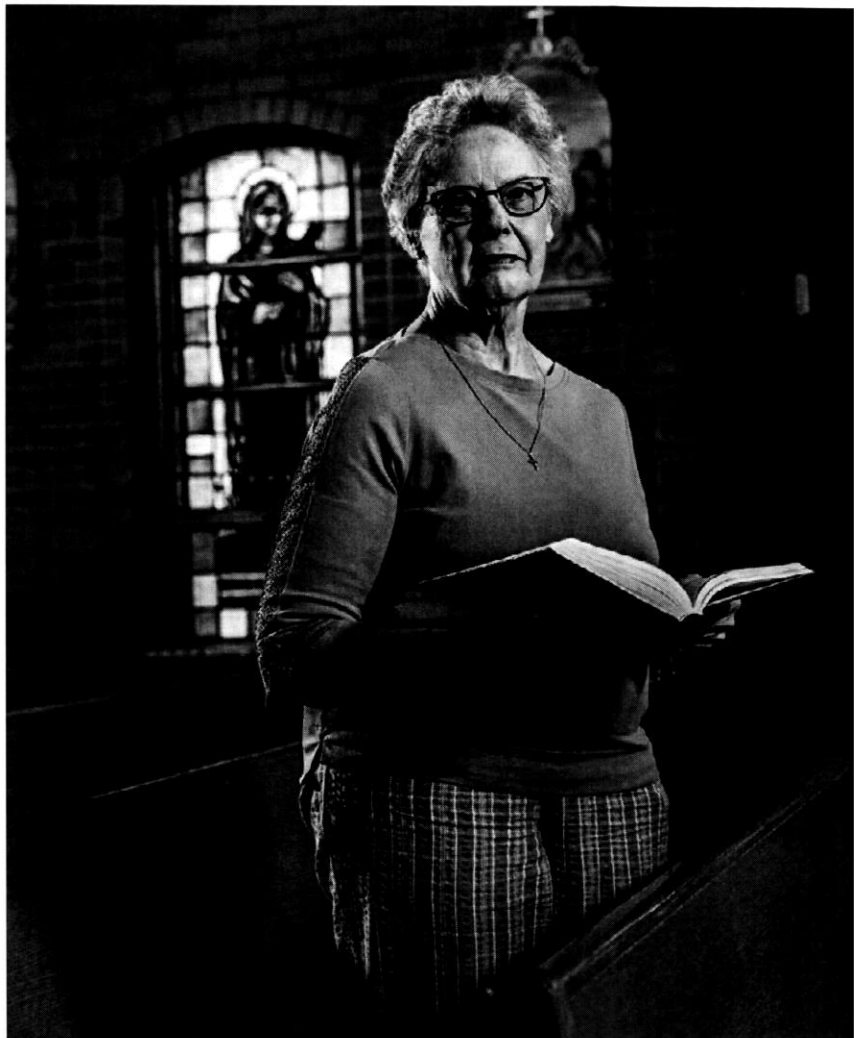
RISK AND PROTECTIVE FACTORS (CONTINUED)

SCHOOL CONNECTEDNESS

Students who lack a sense of belonging or attachment in school have a higher risk of becoming involved with alcohol or drug use and delinquency. Individuals who have a low degree of commitment to their school often exhibit problematic classroom behavior or poor social skills, academic failure, insufficient school achievement and peer rejection. By enhancing peer relationships and self-control; reinforcing life skills; and alcohol/drug refusal skills and addressing aggressive behaviors, poor concentration, and negative, disorderly or unsafe school climates, alcohol or drug use involvement can be lowered and the probability of discontinuation of use can be increased. In addition, by strengthening students' bonding to school, the likelihood of students dropping out of school can be reduced.

COMMUNITY CONNECTEDNESS

When community members lack a sense of belonging or attachment to their community, they have a higher risk of becoming involved with alcohol or drug use and delinquency. This could include living under extreme economic deprivation, inadequate youth services, lack of opportunities and rewards for pro-social involvement, discriminatory surroundings, community disorganization (low neighborhood attachment, lack of strong social institutions) and lack of community bonding or cohesion. By mobilizing communities to develop neighborhoods where atmosphere, appearance and safety are important, increasing supervision of young people, and providing opportunities for youth to contribute to the community, greater social connectedness and a stronger attachment to the community can be built.



CHILDREN AT RISK

RISKS TO CHILDREN INCLUDE:

- Access to methamphetamine and paraphernalia
- Presence of loaded weapons in the home
- Physical and sexual abuse
- Exposure to high-risk populations (sexual abusers, violent drug users)
- Neglect including poor nutrition, poor living conditions
- Presence of pornography

CHILDREN WHOSE PARENTS USE METH MAY EXPERIENCE:

- Respiratory problems
- Delayed speech and language skills
- Higher risk for kidney problems and leukemia
- Malnourishment
- Poor school performance/attendance problems
- Isolation
- Physical, sexual and emotional abuse
- Poor dental health
- Hyperactivity and attention disorders
- Lice
- Obesity
- Other developmental problems
- Violent behavior
- Drug usage
- Lack of boundaries/easy attachment to strangers

IF A PREGNANT WOMAN USES METH, THE BABY MAY EXPERIENCE:

- Premature birth
- Growth retardation
- Withdrawal symptoms including abnormal sleep patterns, high-pitched cry, poor feeding
- Cerebral injuries
- Limpness
- Apparent depression
- Shaking and tremors
- Irritability
- Fits of rage
- Sensitivity to stimuli including human touch and regular light
- Coordination problems
- Birth defects (six times more likely) including effects on the central nervous system, heart and kidneys
- Cerebral palsy and paralysis are common

PARENTS WHO USE METH OFTEN EXHIBIT:

- Extreme mood fluctuations
- Violent behavior
- Depression
- Poor impulse control
- Bizarre behaviors
- Lack of attention to hygiene
- Acute psychotic episodes
- Poly-drug use

As meth use continues, the parent is unable to provide basic needs to the child. Due to changes in brain chemistry, the parent loses the capacity to care about anything but meth.



WAYS TO GET INVOLVED

Stand up against meth in your community by putting some of these suggested actions into practice. Consider how you can offer support to those most impacted by the issue, even if you don't know someone who is directly impacted.

IN YOUR COMMUNITY

- Form or join a local coalition to combat substance use and provide education in your community.
- Familiarize yourself with the warning signs of meth use.
- If you suspect someone is using meth or you see meth related activity, report it to your local law enforcement or report anonymously to Project StandUp by calling 605-394-1884 or texting "DRUGS" to 82257.
- If you suspect someone you know is using meth, depending on your relationship with the individual and your comfort level, you may want to approach them about their substance use. For more information on how to approach someone about their substance abuse, visit www.onmeth.com.
- Start a fundraiser and donate proceeds to a treatment, recovery or support organization near you.
- Volunteer with an organization that supports those impacted by meth, such as a homeless shelter or food bank. To find a list of organizations, visit www.onmeth.com.
- Work with law enforcement to set up watch programs in your neighborhood.
- Ask local law enforcement to speak at a neighborhood gathering.

IN YOUR SCHOOL

- Organize a discussion or education session.
- Start a peer leader organization to educate youth on substance use and provide support for those who may need help.
- Create a pledge for classmates to sign to show their commitment to not using substances.
- Implement a school-based prevention program in your school. To learn more or to check-out a program, contact your regional [Prevention Resource Center](#).
- Provide youth with alternative activities to keep them engaged in a substance-free life.

IN YOUR HOME

- Build communication channels with your children by listening and speak about the consequences of using meth, even once.
- Employ strategies to reduce your child's risk for substance use:
 - Have ongoing conversations with your child about the dangers of substance use.
 - Role model healthy behaviors and attitudes.
 - Regularly discuss your child's interests and take time to learn about him/her.
 - Get to know your child's friends and their parents.
 - Spend time together, be fully engaged and responsible to your child.
 - Know where your child is and what they are doing.
 - Set clear rules and enforce them fairly.
 - Practice refusal skills with your children, such as direct refusal, exiting the situation or calling/texting you to get out of a pressure situation.
 - Provide alternative activities to keep them engaged in a drug-free life.
- Teach your children coping strategies to manage anger and stress:
 - Physical activity
 - Listening to music
 - Breathing exercises
 - Meditation
 - Journaling
- Encourage opportunities for connection and engagement with their school and community:
 - Extracurricular activities
 - Community club sports
 - School clubs
 - Community-service clubs
 - Mentorship programs
 - Job training programs

PREVENTION STRATEGIES

PREVENTION STRATEGIES FOR PARENTS

1. Practice refusal skills with your children, such as direct refusal, exiting the situation or calling/texting you to get out of a pressure situation.
2. Teach your children different coping strategies to manage anger and stress, such as physical activity, listening to relaxing music, breathing exercises, meditation and journaling.
3. Encourage opportunities for connection and involvement through school or extracurricular activities.
4. Encourage your children to examine their friendships to identify those with similar values and interests.
5. Build communication channels with your children by listening, asking questions and showing an interest in their lives, while being understanding and showing empathy.
6. Encourage and support your children with positive reinforcement by reminding them of their strengths, asking for their input, attending their events, displaying their work and accomplishments, making time for them each day, and offering praise.
7. Set limits with your teenagers, and ensure they have adequate parental supervision.

Source: DrugFree.org: Parent Toolkit



PREVENTION STRATEGIES (CONTINUED)

PREVENTION STRATEGIES FOR COMMUNITY MEMBERS

When community members lack a sense of belonging or attachment to their community, they have a higher risk of becoming involved with alcohol or drug use and delinquency. This could include living under extreme economic deprivation, inadequate youth services, lack of opportunities and rewards for pro-social involvement, discriminatory surroundings, community disorganization (low neighborhood attachment, lack of strong social institutions) and lack of community bonding or cohesion.

Mobilize your community to create neighborhoods where atmosphere, appearance and safety are important. Increase supervision of young people, and provide opportunities for youth to contribute to the community to help build greater social connectedness and a stronger attachment.

BUILDING A COALITION TO COMBAT METH USE

COALITION: Groups of diverse individuals or organizations of individuals who work together to reach a common goal. It is an organization of organizations. By definition, in a coalition, not everyone agrees or has exactly the same interests.

ISSUE: A specific solution to a problem

Questions to ask when you are thinking about building a coalition with another organization:

- What would the unifying issue(s) be?
- What resources could come from this organization?
- What obstacles might be encountered?

HOW TO FORM A COALITION:

1. Develop an initial description of a possible coalition that makes sense.
2. Make a list of all the groups that might be part of the coalition.
3. Talk in person to representatives of each group. See what they think of the basic idea of the coalition. Revise the basic description so it takes other groups' concerns into account.
4. If members of the group have been attending and supporting the events of other groups in the potential coalition, it will help with recruiting.
5. Call an initial meeting and invite representatives of groups to attend. It will help to have leaders of the key groups sign the invitation letter. Consider the racial diversity of those signing the letter. Some groups have different political perspectives, and getting them represented by those doing the inviting would be important.
6. At the first meeting, it's good to have several facilitators (representing the diversity of your coalition). Make sure everyone has a chance to express his or her ideas. Work to settle on a goal(s) for the coalition that everyone supports and can be accomplished.
7. Try to get groups to send the same representatives to future meetings for consistency.
8. As work proceeds, divide up tasks. Take advantage of the strengths of different member organizations. Ask every member organization to do something to help the effort. It is important to have them as active members, not just names on a list.

STRATEGIC PREVENTION FRAMEWORK

Prevention addresses all levels of influence: individual, relationship, community and societal. Communities can play a critical role in meth prevention. The Strategic Prevention Framework (SPF) is a comprehensive approach to understanding and addressing the substance misuse and related behavioral health problems facing states and communities. The SPF includes five steps and two guiding principles:

STEP 1: ASSESSMENT

Identify local prevention needs, based on data:

- What is the greatest substance abuse problem, and what do you know about why it is happening?
- Where is the problem taking place?
- What group of people is the problem affecting the most?
- How can we deal with the problem and bring about a change?
- Is our community ready to do something about it?

STEP 3: PLANNING

Find out what works to address prevention needs and how to do it well:

- The best way(s) to tackle the problem that was discovered in Step 1, by working on a piece of the problem that you can change.
- The purpose of this project, and what you want the result to be.
- How the community will be changed by this project.

STEP 5: EVALUATION

Examine the process and outcomes of programs and practices:

- What has this plan shown us? What else do we need to know?
- Keep doing the activities that worked.
- Change or replace the activities that did not work.

STEP 2: CAPACITY BUILDING

Build local resources and readiness to address prevention needs:

- Who are the people in your community whose help you need? Are they willing and able to lead and carry out the plan?
- Get everyone "on the same page" about why the problem needs attention and what to do about it.
- How much money is needed to carry out the plan, and where do we get the funds?
- What other resources will be needed, and how do we get them?

STEP 4: IMPLEMENTATION

Deliver evidence-based programs and practices as intended:

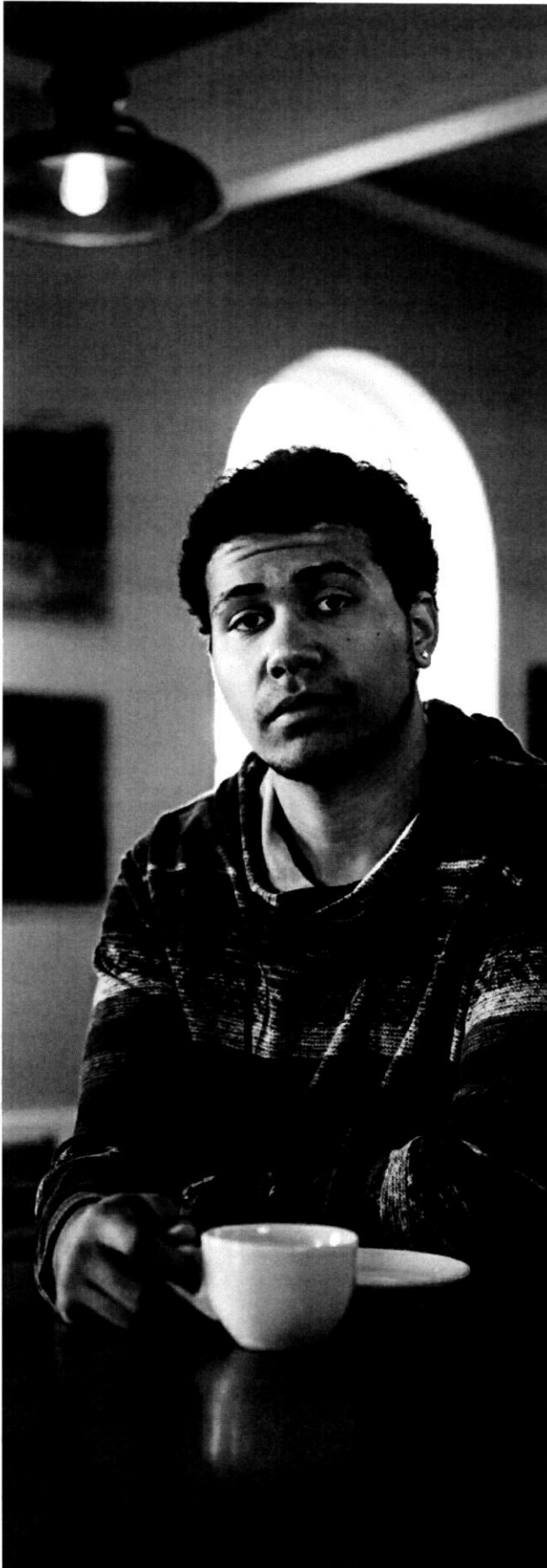
- Do it.
- Track it.
- Record it.

ADDITIONAL INFORMATION

The SPF is also guided by two cross-cutting principles that should be integrated into each of the steps that comprise it:

- **Cultural competence:** The ability of an individual or organization to understand and interact effectively with people who have different values, lifestyles and traditions, based on their distinctive heritage and social relationships.
- **Sustainability:** The process of building an adaptive and effective system that achieves and maintains desired long-term results.

Source: [SAMHSA Prevention Framework Guide](#)



AVAILABLE RESOURCES

PHONE NUMBERS

24/7 Help Line

If you see something happening or know of someone who needs immediate help, call 1-800-920-4343, text "onmeth" to 898211, or go to OnMeth.com.

Project Stand Up Drug Tip Line

Tip line for citizens to call to report suspected illegal drug activity. Call 605-394-1884 or text "DRUGS" to 82257.

TREATMENT CENTERS

[South Dakota Intensive Methamphetamine Treatment Services](#)
(PDF brochure)

[Substance Use Disorder Treatment Agencies and Services](#) (PDF list)

[Substance Abuse and Mental Health Services Administration
Treatment Finder](#)

RECOVERY GROUPS

[Face It TOGETHER](#)

[Smart Recovery](#)

[Narcotics Anonymous – South Dakota Region](#)

[Al-Anon Family Groups](#)

[Alcoholics Anonymous – South Dakota Meetings](#)

PREVENTION

[Substance Use Prevention Providers](#)

Agenda XI.

Behavioral Health Advisory Council Quarterly Fiscal Report

Fiscal Year 2020 Quarter 2

Substance Use Disorder Services

Contract Services	FY20 Contract Amount										
		Q1 Expended	Q2 Expended	Q3 Expended	Q4 Expended	FY20 Expended	FY20 Percentage Expended				
Outpatient Treatment	\$	5,684,221	\$	1,160,263	\$	1,090,260	\$	-	\$	2,250,523	40%
Clinically Managed Low Intensity	\$	4,635,556	\$	992,443	\$	851,563	\$	-	\$	1,844,006	40%
Residential (Inpatient) Treatment	\$	4,338,937	\$	1,121,904	\$	1,041,163	\$	-	\$	2,163,067	50%
Meth Programs	\$	2,620,409	\$	322,728	\$	426,456	\$	-	\$	749,184	29%
Recovery Supports (Specific to Pregnant Women)	\$	15,000	\$	605	\$	430	\$	-	\$	1,035	7%
Detoxification	\$	451,814	\$	117,702	\$	130,321	\$	-	\$	248,023	55%
Gambling	\$	279,001	\$	66,184	\$	59,614	\$	-	\$	125,798	45%
Criminal Justice Initiative	\$	6,799,738	\$	1,488,533	\$	1,365,962	\$	-	\$	2,854,495	42%
Adolescent SUD EBP	\$	235,000	\$	5,904	\$	9,772	\$	-	\$	15,676	7%
Total	\$	25,059,676	\$	5,276,266	\$	4,975,542	\$	-	\$	10,251,809	41%

Title XIX Services	Q1 Expended		Q2 Expended	Q3 Expended	Q4 Expended	FY19 Expended
CJI-CBISA	\$	70,952	\$	72,557	\$	143,509
Adolescent SUD EBP	\$	4,722	\$	7,465	\$	12,187
Outpatient Treatment	\$	158,969	\$	169,343	\$	328,312
Low Intensity	\$	-	\$	25,218	\$	25,218
Residential Treatment	\$	40,764	\$	164,358	\$	205,122
Residential Treatment-Pregnant Women	\$	276,738	\$	142,266	\$	419,004
Residential Treatment-Adolescents	\$	938,710	\$	1,110,951	\$	2,049,661
Total	\$	1,490,855	\$	1,692,157	\$	3,183,013

Prepared: January 9, 2020
Expenditures obtained from STARS.

Expenditures are approximate due to timing between STARS and the State Accounting System.

Behavioral Health Advisory Council Quarterly Fiscal Report

Fiscal Year 2020 Quarter 2

Mental Health Services

Contract Services	FY20 Contract Amount	Q1 Expended	Q2 Expended	Q3 Expended	Q4 Expended	FY20 YTD Expended	FY20 Percent Expended
CYF Services (SED)	\$ 1,732,532	\$ 348,826	\$ 437,611	\$ -	\$ -	\$ 786,438	45%
CARE Services	\$ 7,278,140	\$ 1,768,565	\$ 1,571,482	\$ -	\$ -	\$ 3,340,048	46%
Room and Board	\$ 281,686	\$ 61,299	\$ 54,561	\$ -	\$ -	\$ 115,860	41%
Outpatient Services	\$ 676,844	\$ 269,762	\$ 191,571	\$ -	\$ -	\$ 461,333	68%
IMPACT	\$ 1,844,966	\$ 455,293	\$ 375,510	\$ -	\$ -	\$ 830,803	45%
MH Courts (FACT)	\$ 415,500	\$ 42,285	\$ 45,722	\$ -	\$ -	\$ 88,007	21%
First Episode Psychosis	\$ 119,262	\$ 33,796	\$ 31,280	\$ -	\$ -	\$ 65,076	55%
Transition Age Youth	\$ 550,198	\$ 131,704	\$ 120,705	\$ -	\$ -	\$ 252,409	46%
JJRI	\$ 1,169,208	\$ 137,738	\$ 103,326	\$ -	\$ -	\$ 241,064	21%
Total	\$ 14,068,336	\$ 3,249,269	\$ 2,931,769	\$ -	\$ -	\$ 6,181,037	44%

Title XIX Services	FY20 Target Amount	Q1 Expended	Q2 Expended	Q3 Expended	Q4 Expended	FY20 YTD Expended	FY20 Percent Expended
CYF Services (SED)	\$ 6,811,142	\$ 1,263,902	\$ 1,668,529	\$ -	\$ -	\$ 2,932,431	43%
CARE	\$ 5,978,635	\$ 1,354,268	\$ 1,416,910	\$ -	\$ -	\$ 2,771,178	46%
Outpatient Services	\$ 1,930,059	\$ 489,587	\$ 479,970	\$ -	\$ -	\$ 969,557	50%
IMPACT	\$ 2,502,696	\$ 553,926	\$ 602,805	\$ -	\$ -	\$ 1,156,731	46%
MH Courts (FACT)	\$ -	\$ 13,950	\$ 10,687	\$ -	\$ -	\$ 24,636	#DIV/0!
JJRI	\$ 1,421,471	\$ 192,996	\$ 135,274	\$ -	\$ -	\$ 328,270	23%
Total	\$ 18,644,003	\$ 3,868,630	\$ 4,314,174	\$ -	\$ -	\$ 8,182,803	44%

Prepared: January 9, 2020
Expenditures obtained from STARS.
Expenditures are approximate due to timing between STARS and the State Accounting System.

Behavioral Health Advisory Council Quarterly Fiscal Report

Fiscal Year 2020 Quarter 3

Substance Use Disorder Services

Contract Services	FY20 Contract Amount		FY20 Contract				FY20 Percentage Expended	
	Q1 Expended	Q2 Expended	Q3 Expended	Q4 Expended	FY20 Expended	FY20 Percentage Expended		
Outpatient Treatment	\$ 5,709,221	\$ 1,160,263	\$ 1,090,260	\$ 1,084,615	\$ 3,335,138.15	58%		
Clinically Managed Low Intensity	\$ 4,635,556	\$ 992,443	\$ 851,563	\$ 1,037,811	\$ 2,881,817.18	62%		
Residential (Inpatient) Treatment	\$ 4,338,937	\$ 1,121,904	\$ 1,041,163	\$ 958,942	\$ 3,122,009.09	72%		
Meth Programs	\$ 2,620,409	\$ 322,728	\$ 426,456	\$ 843,366	\$ 1,592,550.23	61%		
Recovery Supports (Specific to Pregnant Women)	\$ 15,000	\$ 605	\$ 430	\$ 35	\$ 1,069.96	7%		
Detoxification	\$ 451,814	\$ 117,702	\$ 130,321	\$ 118,154	\$ 366,177.54	81%		
Gambling	\$ 284,001	\$ 66,184	\$ 59,614	\$ 77,638	\$ 203,436.23	72%		
Criminal Justice Initiative	\$ 6,799,738	\$ 1,488,533	\$ 1,365,962	\$ 1,527,415	\$ 4,381,909.87	64%		
Adolescent SUD EBP	\$ 235,000	\$ 5,904	\$ 9,772	\$ 20,181	\$ 35,857.04	15%		
Total	\$ 25,089,676	\$ 5,276,266	\$ 4,975,542	\$ 5,668,157	\$ 15,919,965	63%		

Title XIX Services	Q1 Expended		Q2 Expended		Q3 Expended		Q4 Expended		FY19 Expended	
CHI-CBISA	\$ 70,952	\$ 72,557	\$ 58,737	\$ -	\$ 202,246.38					
Adolescent SUD EBP	\$ 4,722	\$ 7,465	\$ 5,351	\$ -	\$ 17,537.90					
Outpatient Treatment	\$ 158,969	\$ 169,343	\$ 177,589	\$ -	\$ 505,901.36					
Low Intensity	\$ -	\$ 25,218	\$ 75,919	\$ -	\$ 101,136.74					
Residential Treatment	\$ 40,764	\$ 164,358	\$ 146,713	\$ -	\$ 351,834.88					
Residential Treatment-Pregnant Women	\$ 276,738	\$ 142,266	\$ 117,257	\$ -	\$ 536,261.15					
Residential Treatment-Adolescents	\$ 938,710	\$ 1,110,951	\$ 1,095,073	\$ -	\$ 3,144,733.94					
Total	\$ 1,490,855	\$ 1,692,157	\$ 1,676,640	\$ -	\$ 4,859,652					

Prepared: May 1, 2020

Expenditures obtained from STARS.

Expenditures are approximate due to timing between STARS and the State Accounting System.

Behavioral Health Advisory Council Quarterly Fiscal Report

Fiscal Year 2020 Quarter 3

Mental Health Services

Contract Services	FY20 Contract Amount	FY20 Amended Contract	Q1 Expended	Q2 Expended	Q3 Expended	Q4 Expended	FY20 YTD Expended	FY20 Percent Expended
CYF Services (SED)	\$ 1,732,532	\$ 1,732,532	\$ 348,826	\$ 437,611	\$ 474,564	\$ -	1,261,002.33	73%
CARE Services	\$ 7,278,140	\$ 7,278,140	\$ 1,768,565	\$ 1,571,482	\$ 1,705,578	\$ -	5,045,625.67	69%
Room and Board	\$ 281,686	\$ 281,686	\$ 61,299	\$ 54,561	\$ 57,101	\$ -	172,960.20	61%
Outpatient Services	\$ 676,844	\$ 676,844	\$ 269,762	\$ 191,571	\$ 171,418	\$ -	632,751.33	93%
IMPACT	\$ 1,844,966	\$ 1,844,966	\$ 455,293	\$ 375,510	\$ 414,984	\$ -	1,245,787.66	68%
MH Courts (FACT)	\$ 415,500	\$ 415,500	\$ 42,285	\$ 45,722	\$ 55,068	\$ -	143,075.72	34%
First Episode Psychosis	\$ 119,262	\$ 119,262	\$ 33,796	\$ 31,280	\$ 2,231	\$ -	67,306.77	56%
Transition Age Youth	\$ 550,198	\$ 550,198	\$ 131,704	\$ 120,705	\$ 105,215	\$ -	357,623.60	65%
JJRI	\$ 1,169,208	\$ 1,169,208	\$ 137,738	\$ 103,326	\$ 114,606	\$ -	355,670.28	30%
Total	\$ 14,068,336	\$ 14,068,336	\$ 3,249,269	\$ 2,931,769	\$ 3,100,766	\$ -	\$ 9,281,804	66%

Title XIX Services	FY20 Target Amount	FY20 Amended Target	Q1 Expended	Q2 Expended	Q3 Expended	Q4 Expended	FY20 YTD Expended	FY20 Percent Expended
CYF Services (SED)	\$ 6,811,142	\$ 6,811,142	\$ 1,263,902	\$ 1,668,529	\$ 1,599,250	\$ -	4,531,680.99	67%
CARE	\$ 5,978,635	\$ 5,978,635	\$ 1,354,268	\$ 1,416,910	\$ 1,262,332	\$ -	4,033,509.50	67%
Outpatient Services	\$ 1,930,059	\$ 1,930,059	\$ 489,587	\$ 479,970	\$ 465,846	\$ -	1,435,403.19	74%
IMPACT	\$ 2,502,696	\$ 2,502,696	\$ 553,926	\$ 602,805	\$ 585,303	\$ -	1,742,033.91	70%
MH Courts (FACT)	\$ -	\$ -	\$ 13,950	\$ 10,687	\$ 8,783	\$ -	33,419.72	#DIV/0!
JJRI	\$ 1,421,471	\$ 1,421,471	\$ 192,996	\$ 135,274	\$ 125,277	\$ -	453,547.02	32%
Total	\$ 18,644,003	\$ 18,644,003	\$ 3,868,630	\$ 4,314,174	\$ 4,046,791	\$ -	\$ 12,229,594	66%

Prepared: May 1, 2020
Expenditures obtained from STARS.

Expenditures are approximate due to timing between STARS and the State Accounting System.