Meeting Agenda

Behavioral Health Advisory Council

DSS Kneip Building, c/o 700 Governor's Drive Pierre, SD 57501

Conference Room 3

November 13, 2019

1:00 p.m. to 4:00 p.m. (CDT)

Call-In Number: 1-866-410-8397

Password: 3363194889

Member Listing

1. Jayne Parsons (Chair)
2. Lois Knoke (Vice-Chair)
3. Joyce Glynn
4. Matt Glanzer
5. Karen Severns
6. Eric Weiss
7. Dianna Marshall
8. Kristi Bunkers
9. Susan Kornder
10. Linda Reidt-Kilbur
11. Lorraine Polak
12. Jacquie Larson
13. Angie Dammer
14. Melanie Boetel
15. Roseann Peterson-Olson
16. Ellen Washenberger
17. Chuck Frieberg
18. Belinda Nelson
19. Christy Alten-Osmera
20. Katherine Jaeger
21. Wendy Figland
22. Jane Grant
23. Ashlee Rathbun
24. Bryan Harberts
25. Kara Assid

Others in attendance

1. Jennifer Humphrey
2. McKenzie Grim
3. Stacy Bruels
4. Jana Sprenger
5. Jeremy Johnson
6. Stacy Krall

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.

Agenda

I. Call Meeting to Order / Welcome and Introductions

II. Review and approval of August 2019 meeting minutes

III. Membership

IV. Human Services Center Update

V. Fiscal Year 2019 Data Outcomes Presentation

VI. Other Topics Related to Behavioral Health Services
   - Oversight Council for Improving Criminal Justice Responses for Persons with Mental Illness
   - Opioid Grant
   - Juvenile Justice Public Safety Improvement Act (JJPSIA) Oversight Council

VII. Prevention Grant Committee Updates
   - Partnership for Success (PFS)
   - Youth Suicide Prevention Project (YSPP)
   - State Epidemiological Outcomes Workgroup (SEOW)
   - Screening Brief Intervention Referral to Treatment (SBIRT)

VIII. Division of Behavioral Health Update
   - Block Grant Annual Reports
   - Fiscal Update
   - Substance Use Disorder Services
   - Mental Health Services
   - Prevention Services
   - 2020 Legislative Session

IX. Open Discussion / Council Member Updates

X. Public Comment / Testimony

XI. Discuss Future Meetings
   - Proposed 2020 BHAC Schedule
     - Wednesday, March 18th
     - Wednesday, June 10th (Propose: In Your Own Voice Presentation)
     - Wednesday, August 12th
     - Wednesday, November 11th

XII. Adjourn

Behavioral Health Advisory Council
Pierre, South Dakota

August 14, 2019

Advisory Council Members Present:	Jayne Parsons (Chair) Lois Knoke (Vice-Chair) Jacquie Larson Kristi Bunkers Kara Assid Christy Alten-Osmera Bryan Harberts LeLewis Gipp Roseann Peterson-Olson Jane Grant	Dianna Marshall Susan Kornder Ellen Washenburger Bernie Grimme Melanie Boetel Wendy Figland Emily Williams Lorraine Polak
Advisory Council Members Absent:	Chuck Frieberg Daniele Dosch Joyce Glynn Susan Sandgren	Jane York Katherine Jaeger Belinda Nelson Ashlee Rathbun
Division of Behavioral Health Staff Present:	Jana Sprenger Kayla LaBrie	Jennifer Humphrey Katie Demaray
Others in Attendance:	Bobbi Jo Peltier	

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**
   August 14, 2019 the Behavioral Health Advisory Council meeting was called to order.

II. **Review and Approval of Meeting Minutes**
   The Advisory Council reviewed the June 2019 meeting minutes. A proposed change to

move Wendy Figland from absent to present was approved.

III. **Bylaws and Membership**
Expiring Terms – 10/30/19
The following Advisory Council members have served two consecutive three-year terms; Susan Sandgren, Daniele Dosch, LeLewis Gipp and Jane York.

Susan Sandgren's position is a Director of a Community Mental Health Center. Linda Reidt-Kilbur, Behavior Management Systems, expressed interest in filling the position and the South Dakota Council of Community Behavioral Health Board of Directors endorsed the nomination. The Advisory Council agreed to the recommendation and this information will be forwarded to the Governor's Office for approval.

Daniele Dosch'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. The Advisory Council discussed the Division of Behavioral Health conducting further solicitation in order to find a family member whose youth meets the age preference.

LeLewis Gipp's position is an adult recovering from substance abuse with a preference for an individual 18-29 years-old. The Advisory Council discussed the Division of Behavioral Health conducting further solicitation in order to find an individual who meets the age preference.

Jane York's position is a family member of an adult with a serious mental illness who is a member of a mental health advocacy organization. The Division of Behavioral Health contacted Wendy Giebink, Executive Director of NAMI SD, who will share this information with anyone who may be interested. The Division of Behavioral Health will conduct further solicitation.

If able, it is requested that Advisory Council members continue to serve until the vacancy is filled.

Vacant Position
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. The Advisory Council discussed the Division of Behavioral Health conducting further solicitation to fill the position.

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.

Other Membership Changes
Bernie Grimme serves as the designee for the Director of the Division of Rehabilitation Services. Bernie announced that Eric Weiss, Director, will be taking his role on the Advisory Council. This change will be forwarded to the Governor's Office for approval.

Emily Williams served on the Advisory Council as the Director of the Behavioral Health Services for the Great Plains Region Indian Health Services (IHS) but has left employment with IHS. Bobbi Jo Peltier will act as the designee for the Director until the position is filled. This change will be forwarded to the Governor's Office for approval.

Sue Glodt, Director of the Oahe Child Development Center, contacted the Division of Behavioral Health expressing interest in becoming a member of the Advisory Council. Serving Hughes, Hyde, Jones, Stanley and Sully Counties, the Head Start program promotes school readiness of children ages birth to five from low-income families. One of the main focuses of Head Start is behavioral health and the prevention of substance use.

As a result of Sue Glodt's request, the Advisory Council discussed current positions and the ratio of family members and individuals with lived experience to state employees and providers. 42 United States Code requires at least 50 percent or more of Advisory Council membership to be family members and those with lived experience in order to account for adequate representation. Discussion took place regarding adding a provider focused on early childhood programming and a corresponding family position representing children birth through age five while also considering the current size of the Advisory Council. This discussion will continue at the next Advisory Council meeting in November.

Chair and Vice Chair Elections
Elections for Chair and Vice Chair will take place at the November meeting. Both positions serve a 2-year term and it is preferred that at least one position be filled by an individual with lived experience or a family member.

IV. **Human Services Center (HSC) Update**
Jeremy Johnson, Interim Administrator, will be providing an update at the November 13th meeting.

V. **Other Topics Related to Behavioral Health Services**
Melanie Boetel announced no new 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.

VI. **Prevention Grant Committee Updates**
Jana Sprenger provided an update of the following prevention grant committees.

Youth Suicide Prevention Project (YSPP)
The YSPP grant ends September 29, 2019. The August webinar meeting has been postponed to meet Wednesday, September 25, 2019 and will serve as a wrap-up.

State Epidemiological Outcomes Workgroup (SEOW):
The PFS grant, which supports the SEOW, ends September 29, 2019. The August webinar meeting has been postponed to meet Tuesday, September 24, 2019 and will serve as a wrap-up.

Partnership for Success (PFS)
The PFS grant ends September 29, 2019. The August webinar meeting has been postponed to meet Wednesday, September 24, 2019 and will serve as a wrap-up.

Screening, Brief Intervention, and Referral to Treatment (SBIRT)
The SBIRT committee met via webinar on August 13, 2019.

The SBIRT training portal is live and being piloted by the University of South Dakota Medical School and Area Health Education Center scholars.

Dakota State University will begin their pilot phase next month regarding the integration of the participating clinic's Electronic Health Record into the Information Health Exchange, to support the required data collection of the SBIRT grant. The creation of this integrated database will allow clinics to pull real-time data of screenings in addition to streamlining federal data reporting requirements.

VII.   **Division of Behavioral Health Update**
Melanie Boetel provided an overview of the following behavioral health related topics:

Behavioral Health Resources
Information was shared about the Technology Transfer Centers (TTC) for Addiction (ATTC), Mental Health (MH-TTC) and Prevention (PTTC) services and how these resources are utilized in workforce development and training of professional staff delivering services in substance use disorder treatment, prevention agencies and Community Mental Health Centers. Additionally, The Division of Behavioral Health (DBH) recently learned of a survey the MH-TTC facilitated in North Dakota related to mental illness and stigma. The Advisory Council discussed this and recommended that the DBH gather additional information before consideration of whether to implement the survey in South Dakota.

Summer Studies
The Advisory Council was informed of several legislative summer studies happening that are related to behavioral health, including topics of Fighting Methamphetamine Addiction, Leverage Telehealth and Telemedicine, Offenses Regarding Controlled Substances, Redefine Acute Mental Health Hospitalization, Redefine Nursing Home Criteria and Build Capacity, Reduce the Overall Use of Acute Mental Health Hospitalizations. For more information, please visit:
https://sdlegislature.gov/Interim/Documents.aspx?Session=2019&tab=Detail.

Administrative Rules of South Dakota (ARSD)
The Division of Behavioral Health proposed several revisions to ARSD which are included in an overall revision package from the Department of Social Services. For more information, please visit:
https://rules.sd.gov/agency.aspx?agency=DSS%20%20Department%20of%20Social%20Services

Crisis Counseling Assistance and Training Program (CCP) grant.
Information was provided about the Federal Emergency Management Agency / Substance Abuse and Mental Health Services Administration CCP grant and the outreach being provided to those impacted by the disaster declared June 7th by President Trump.

Agriculture Crisis Emergency Services
The Division of Behavioral Health is supporting efforts by all 11 Community Mental Health Centers to provide outreach and emergency/crisis services to those that may be impacted. Susan Kornder shared information about how Northeastern Mental Health Center staff in the northeastern part of the state have been providing outreach and education to the communities in their catchment area.

Mental Health Block Grant (MHBG) Site Visit
The Division of Behavioral Health received verbal feedback from the Center for Mental Health Services (CMHS) in July regarding the MHBG site visit held May 21-23, 2019.

Fiscal Year 2020-2021 Behavioral Health Assessment and Plan
A final opportunity was given to comment on the draft block grant application uploaded into WebBGAS and shared with the Advisory Council on July 2nd. Dianna Marshall, Disability Rights South Dakota, provided a revised mission statement to be updated within the application. Jana Sprenger provided an overview of revisions made to the prevention services related priority indicator. Jayne Parsons, Chair, signed a letter of endorsement.

The 2020-2021 block grant application will be submitted on or before September 3rd. The current 2018-2019 priority indicators will be summarized at the November Advisory Council meeting and will be submitted to Substance Abuse and Mental Health Services Administration in December.

Prevention Services
Jana Sprenger announced with additional general funds allocated to the Prevention Program during the 2019 Legislative Session several activities will be occurring.

An RFP will be published next week for $732,000 to support substance use prevention in middle schools. The anticipated award date is November 1, 2019.

An RFP for a Meth Prevention and Public Education Campaign was published on June 4th and proposals were due July 25th. The anticipated award date is August 23, 2019.

The consent process for the follow-up program will be simplified.

Opportunities for suicide prevention trainings will take place. To request suicide prevention training, please visit https://sdsuicideprevention.org/ and click on the "Get Help" tab.

Suicide prevention toolkits will be created for schools to raise awareness and will also include materials from the Bethe1SD and the Reach for Life campaign.

Community of Learning Calls will continue this fall and technical assistance on data collection and quality improvement provided by the Education Development Center will take place for those implementing Zero Suicide.

Finally, September is Suicide Prevention Month and a proclamation was submitted to the Governor's Office. The SD Suicide Prevention website is available for others to promote not only Suicide Prevention Month activities, but any activities in the state, year-round. To submit an event, please visit: http://sdsuicideprevention.org/events/add-event/.

VIII. **Open Discussion/Council Member Updates**
Bernie Grimme announced Vocational Rehabilitation Services' 2019 fall conference which will be held October 15-17, 2019 in Sioux Falls. For registration information, please visit: http://www.sdrehabaction.org/index.html.

Roseann Petersen-Olson presented the idea of having an "In Your Own Voice" presentation for the Advisory Council. This will be considered for a future meeting date in either November 2019 or in 2020.

IX. **Public Comment / Testimony**
No public comment or testimony received.

X. **Future Meetings**
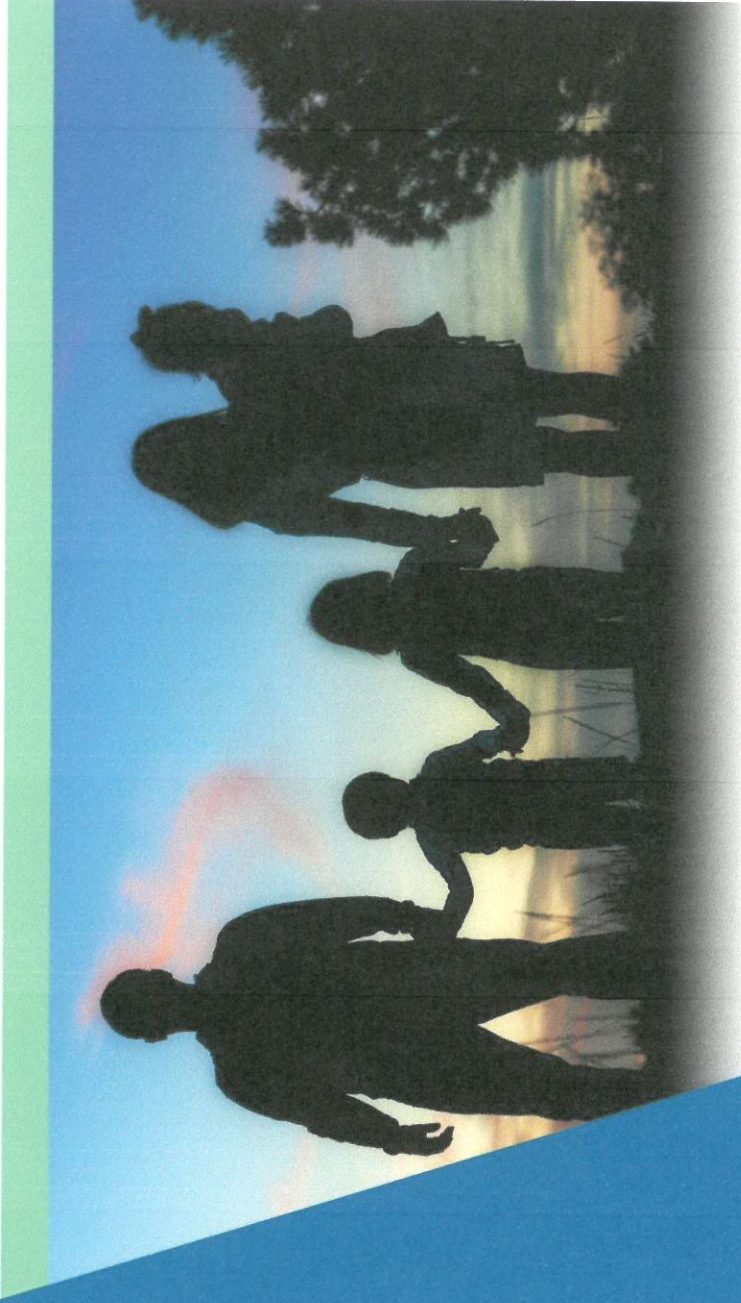The next meeting will take place Wednesday, November 13, 2019.

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

XI. **Adjourn**
Meeting was adjourned.

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Community Services

November 13, 2019

Accreditation Program

Accreditation Program

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## Accredited Mental Health and Substance Use Disorder Programs

Total Unique Behavioral Health Providers	50
Community Mental Health Centers	11
Unique Accredited Substance Use Disorder Treatment Providers and Prevention Providers	49
Substance Use Disorder Treatment Providers	40
Prevention Agencies	22

Accreditation Program

Types of Certificates Awarded
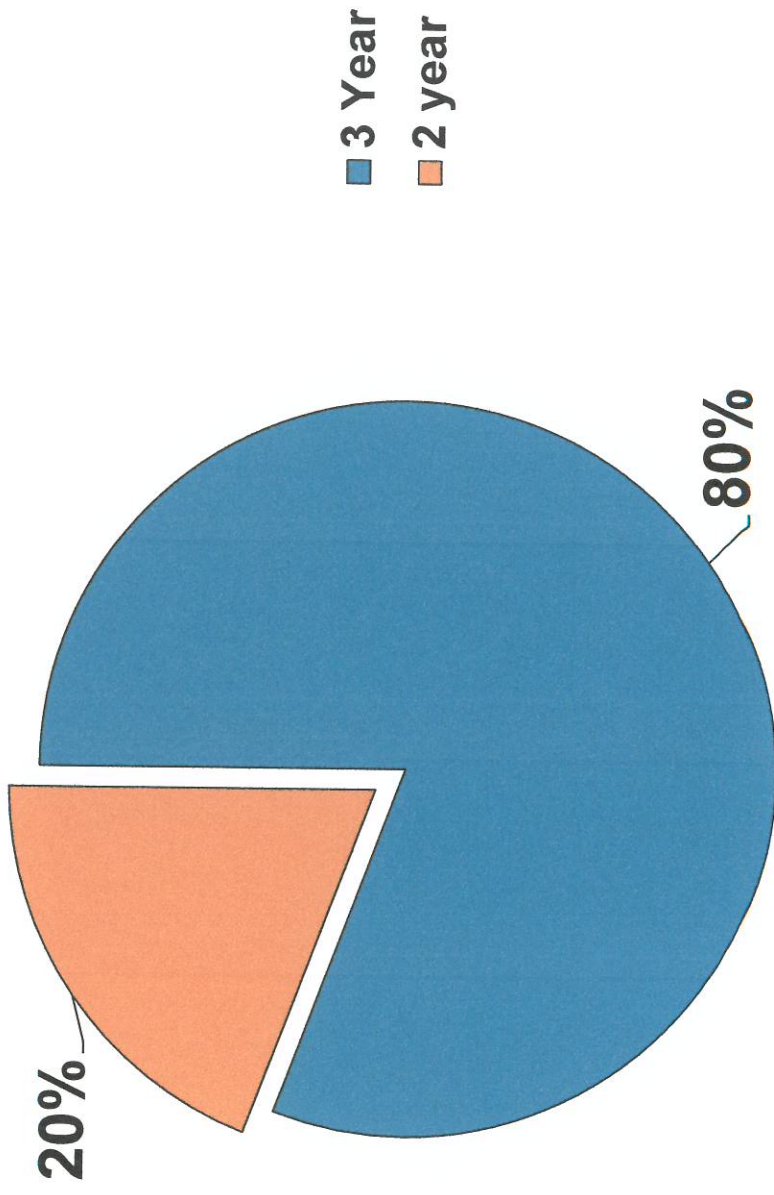
80%

20%

■ 3 Year
■ 2 year

Accreditation Program

Results of Agencies with Mid-Point Reviews

In FY19, 1 agency was reviewed following a mid-point review after their previous review. This agency received a 3 year accreditation certificate following the mid-point review.

	FY18			FY19		
	BM	AM	% change	BM	AM	% change
Overall Score	78.9%	91.3%	12.4%	85.5%	95.2%	9.7%
Admin Score	82.8%	89%	6.2%	97.9%	94.7%	-3.2%
Chart Score	78.2%	91.8%	13.6%	84.6%	90.3%	5.7%

BM – Before Mid-Point
AM – After Mid-Point

Accreditation Program

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Stakeholders Survey Results

- Stakeholders feel accredited agencies have positive effects on the individuals and their communities throughout the state.

	FY19
Client Support	92%
Positive Outcomes	84%
Location of Services	85%
Group Times	80%
Respect	94%
Staff Trained	86%
Staff Competencies	88%
Responsivity	87%
Communication	81%
Evidence Based Practices	83%
Quality of Services	88%

Mental Health Services

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Community Mental Health Centers

Alphabetical by Community Mental Health Center

Behavior Management Systems

Capital Area Counseling Services

Community Counseling Services

Dakota Counseling Institute

East Central Behavioral Health

Human Service Agency

Lewis & Clark Behavioral Health Services

Northeastern Mental Health Center

Southeastern Behavioral HealthCare

Southern Plains Behavioral Health Services

Three Rivers Mental Health Center and Chemical Dependency Center
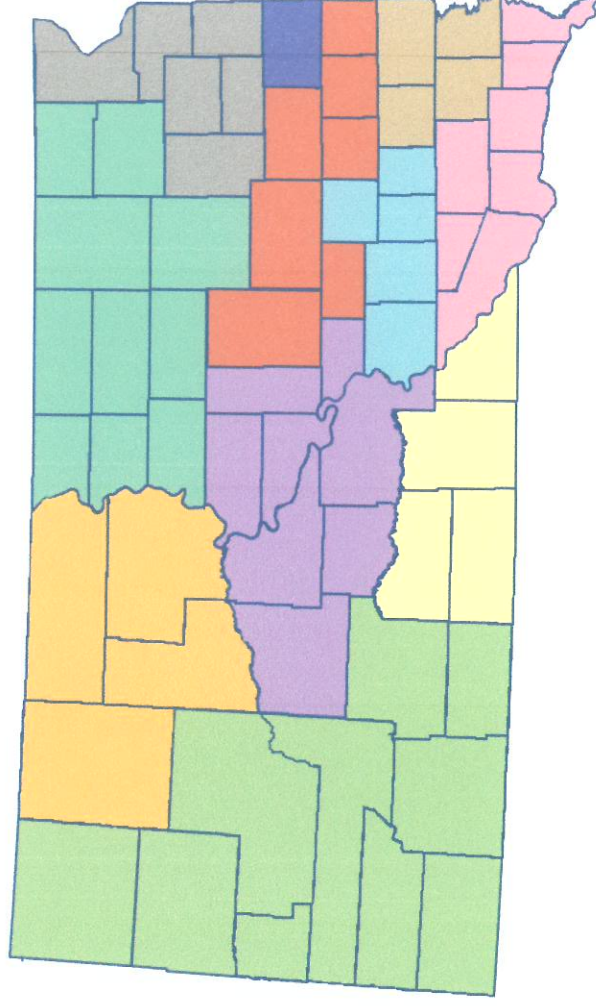
Mental Health Services

Performance Indicators

Clients Served by Mental Health Service Type for Contract and Title XIX funding Sources

During FY19, the number of clients served increased by 230 clients.

	FY15	FY16	FY17	FY18	FY19
Overall Clients Served (Unduplicated)	15,827	16,483	16,782	17,691	17,912
CARE Services	6,296	6,858	7,000	7,004	6,923
CYF Services	5,211	5,250	4,989	5,397	5,670
Outpatient Services	4,546	4,469	4,589	4,890	5,055
IMPACT	286	311	301	288	273
Room and Board	81	82	74	79	76

Mental Health Services

Adult Diagnosis Information

Diagnosis trends remain the same with depression being the leading diagnosis among adults.

	FY15	FY16	FY17	FY178	FY19
Depression	37%	38%	39%	41%	42%
Other Disorders	35%	35%	35%	32%	31%
Other Psychotic Disorders	11%	11%	11%	11%	11%
Schizophrenia	8%	8%	8%	8%	8%
Bipolar	8%	8%	8%	7%	8%
Borderline Personality Disorder	1%	1%	1%	1%	.5%

Mental Health Services

Youth Diagnosis Information

Diagnosis trends remain the same for youth.

	FY15	FY16	FY17	FY18	FY19
Other Disorder	43%	44%	45%	46%	49%
ADHD	25%	24%	24%	22%	20%
Depression	10%	11%	12%	13%	14%
ODD	10%	9%	9%	9%	9%
Conduct Disorder	9%	9%	8%	7%	7%
Asperger's Syndrome	3%	2%	2%	1%	1%
Other Psychotic Disorders	0.5%	0.3%	0.3%	0%	.3%
Bipolar	0.3%	0.3%	0.3%	0%	.1%
Schizophrenia	0.02%	0.02%	0%	0%	0%

Impact of Mental Health Services

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- ## Impact of Mental Health Treatment Services

  24% of clients reported employment compared to the national average of 22%
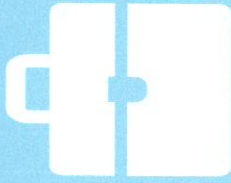
  Community Based Mental Health Services
  - Outcome: 24% (701 of 2,896)
  - Target/National Average: 22%

Impact of Mental Health Services

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• Impact of Adult Mental Health Treatment Services

Clients who reported an ER visit for a psychiatric or emotional problem
- Prior to services: 23% (475 of 2,053)
- 6 months after services: 10% (343 of 3,514)
- Target: 12% reduction

Down 13%

Clients who reported nights spent in a hospital
- Prior to services: 26% (524 of 2,047)
- 6 months after services: 9% (318 of 3,484)
- Target: 13% reduction

Down 17%

Clients who reported spending at least one night in jail
- Prior to services: 22% (452 of 2,059)
- 6 months after services: 7% (237 of 3,526)
- Target: 11% reduction

Down 17%

Clients who reported one or more arrest in the past 30 days
- Prior to services: 9% (183 of 2,116)
- 6 months after services: 4% (130 of 3,550)
- Target: 5% reduction

Down 5%

Mental Health Services

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- ## Impact of Child or Youth and Family Mental Health Treatment Services

Youth who reported an ER visit for a psychiatric or emotional problem

- Prior to services: 16% (167 of 1,047)
- 6 months after services: 9% (62 of 709)
- Target: 8% reduction

Down 7%

Youth who reported nights spent in a hospital

- Prior to services: 17% (149 of 1,047)
- 6 months after services: 9% (63 of 707)
- Target: 7% reduction

Down 5%
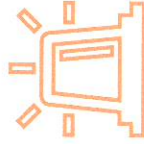
Youth who reported spending at least one night in JDC Prior to services: 8% (84 of 1,065)

- 6 months after services: 3% (19 of 710)
- Target: 4% reduction

Down 5%

Youth who reported one or more arrest in the past 30 days

- Prior to services: 4% (49 of 1,049)
- 6 months after services: 2% (15 of 748)
- Target: 2% reduction

Down 2%

Impact of Mental Health Services

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- 97% of individuals reported overall satisfaction with mental health treatment services. 96% of individuals report reported the mental health services they received were convenient.

	State Responses	National Responses
Satisfaction with Services	97% (2,701 of 2,789)	90%
Access to Services	96% (2,659 of 2,759)	89%

Substance Use Disorder Services

Division of Behavioral Health
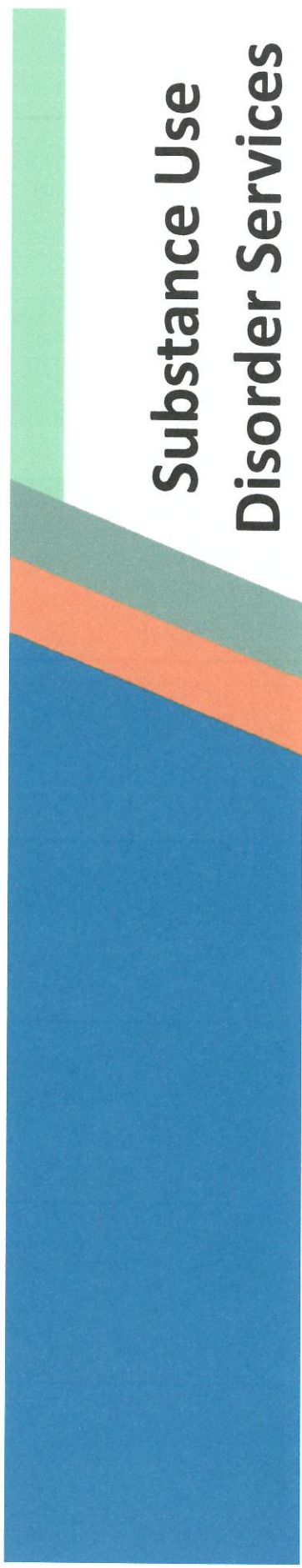
Substance Use Disorder Treatment Providers in South Dakota

South Dakota Substance Use Services

🟧 Early Intervention Services

🔺 Outpatient Treatment Services

🔷 Low intensity Residential Treatment Services

🟣 Adult Inpatient Treatment Services

⭐ Youth Inpatient Treatment Services

✖️ Detoxification Treatment Services

● Community

IMT Services are located in:
- Sioux Falls
- Rapid City
- Mitchell
- Rosebud
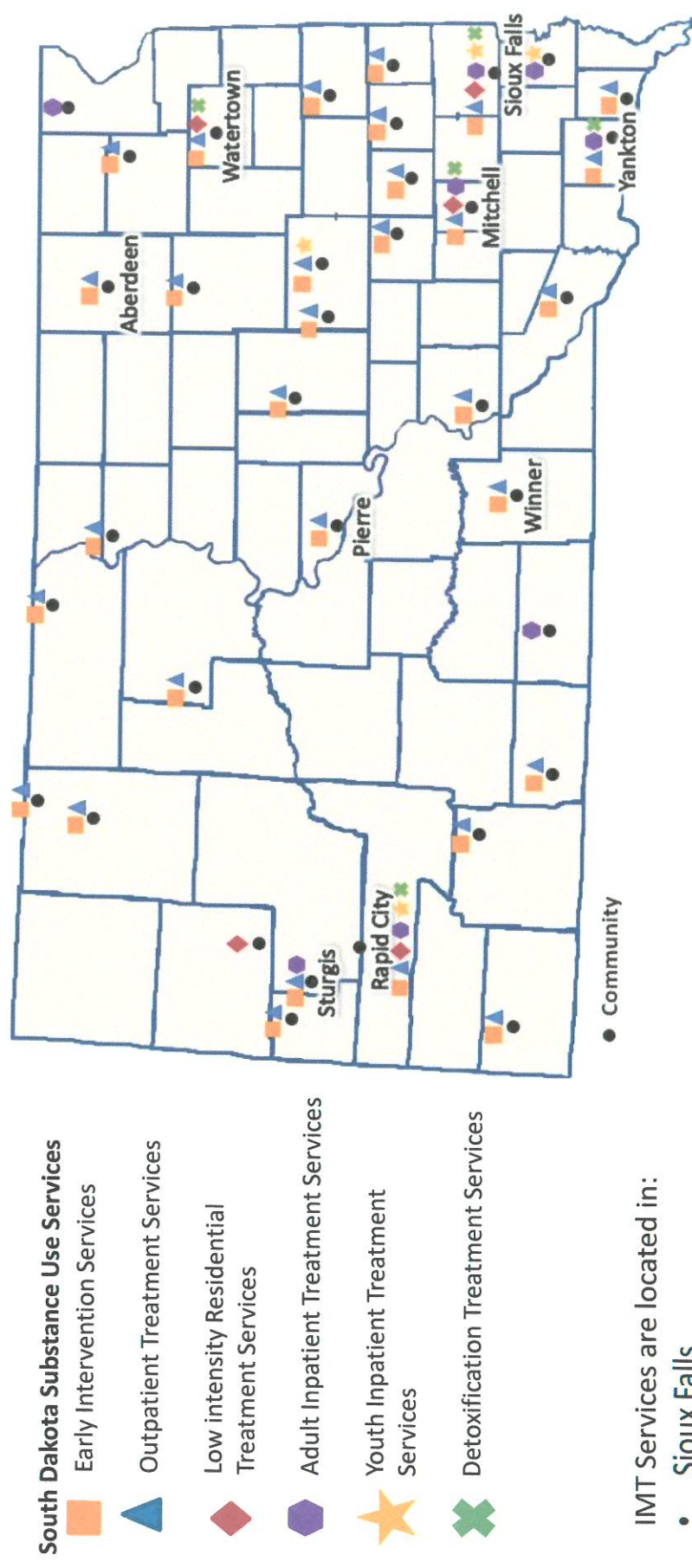
Substance Use Disorder Services

Performance Indicators

- Clients Served in Substance Use Disorder Treatment Services for Contract and Title XIX Funding Sources

	FY15	FY16	FY17	FY18	FY19
Outpatient Treatment – Adults	7,910	7,435	6,782	7,041	6,888
Outpatient Treatment – Adolescents	844	646	500	429	552
Low Intensity Residential –Adults	1,009	946	916	792	853
Inpatient Treatment – Adults	307	312	444	510	547
Inpatient Treatment –Adolescents	311	255	275	284	237
Detoxification	1,231	1,159	1,096	1,230	1,340
IMT Meth Treatment (Phase 3 and 4)	102	90	92	60	44
Intensive Methamphetamine Treatment	100	121	152	143	250

Substance Use Disorder Services

- Amphetamines are now the most used substance in the justice involved population

Number of Clients Served by Diagnosis
FY17 through FY19
Justice Involved Treatment Services

Alcohol Use — Methamphetamine Use — Cannabis Use — Opioid Use — Use of Other Drugs

2017   2018   2019

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

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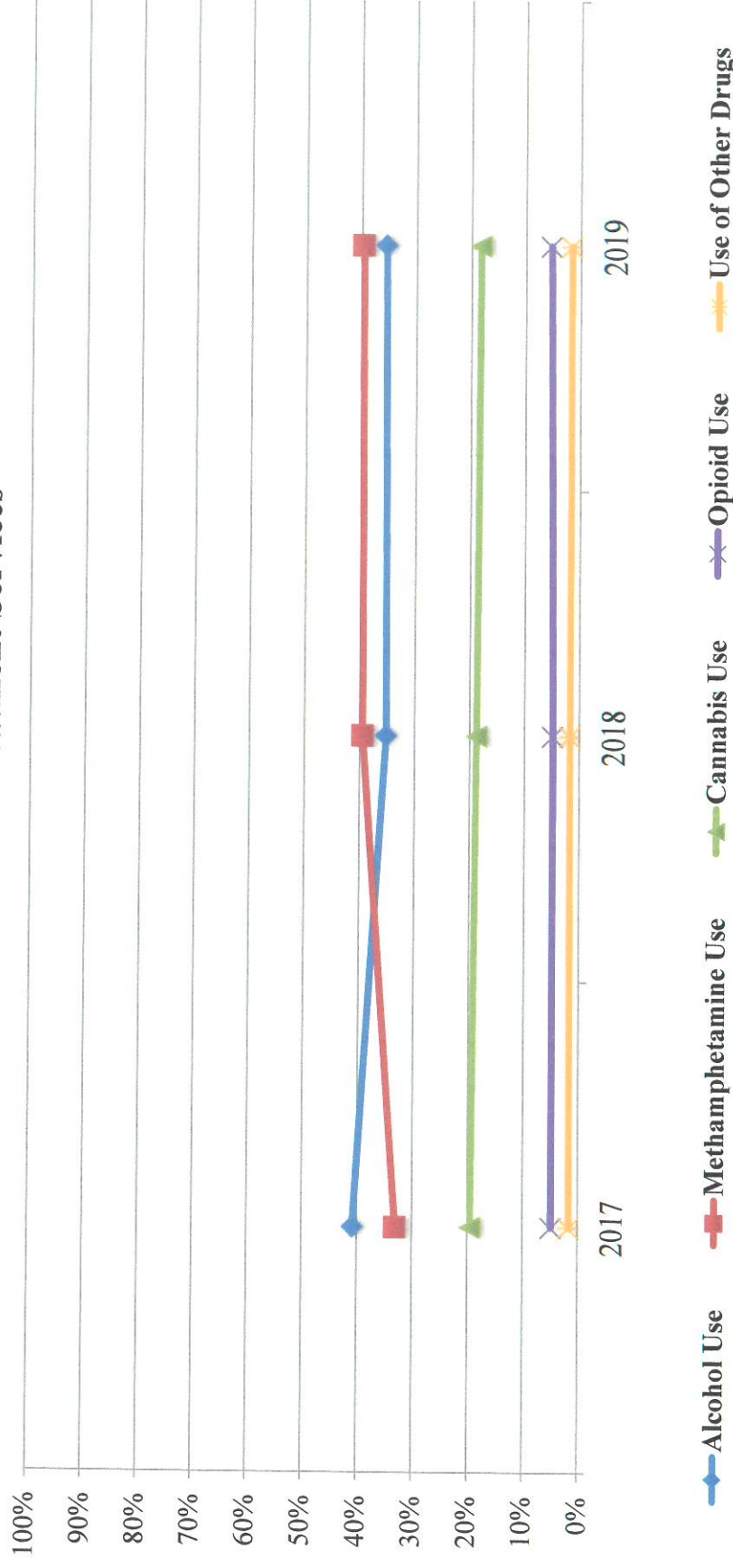
Substance Use Disorder Services

- Alcohol is the most used substance with non-justice involved clients, amphetamine use has been trending upward

**Number of Clients Served by Diagnosis
FY15 through FY19
Community Treatment Services**

Legend: Alcohol Use · Methamphetamine Use · Cannabis Use · Opioid Use · Use of Other Drugs
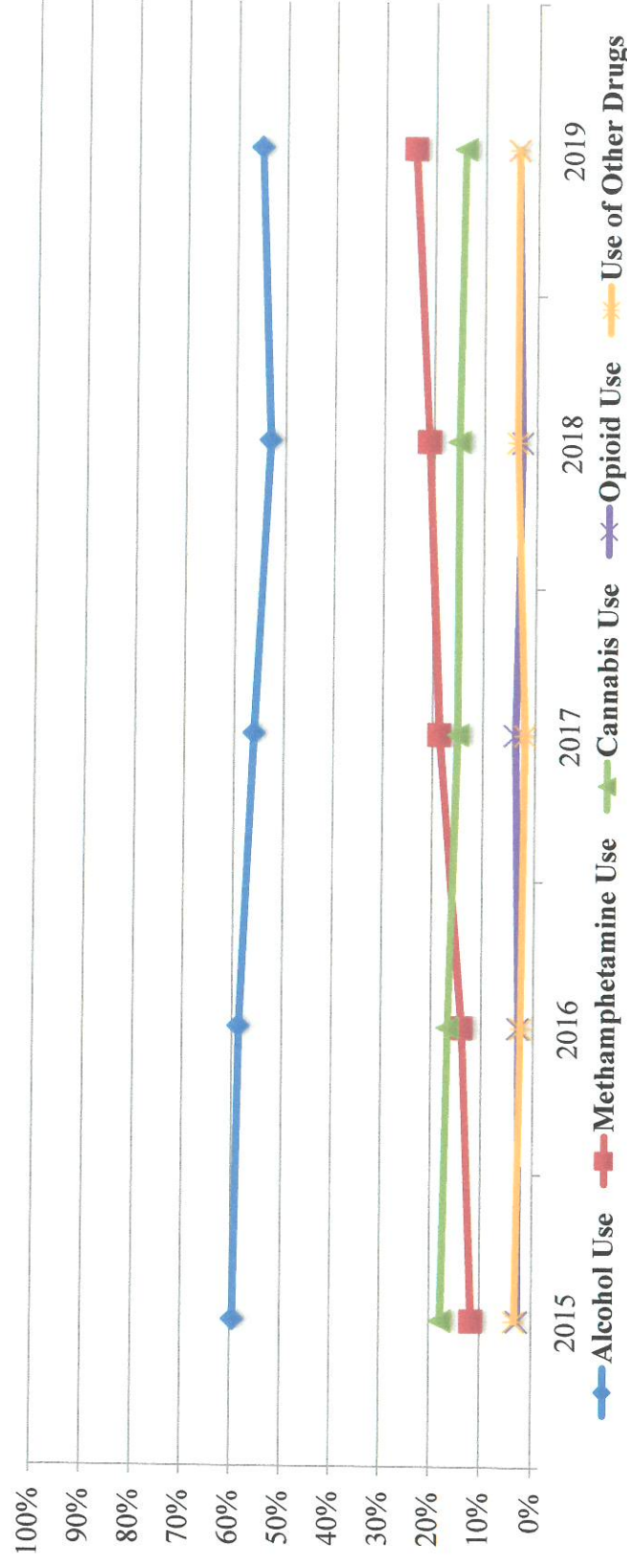
Youth Substance Use Disorder Services

- Cannabis is the most used substance in adolescents

Number of Clients Served by Diagnosis
Publicly Funded Services - Adolescents
FY15 through FY19

Legend:
- Alcohol Use
- Methamphetamine Use
- Cannabis Use
- Opioid Use
- Use of Other Drugs
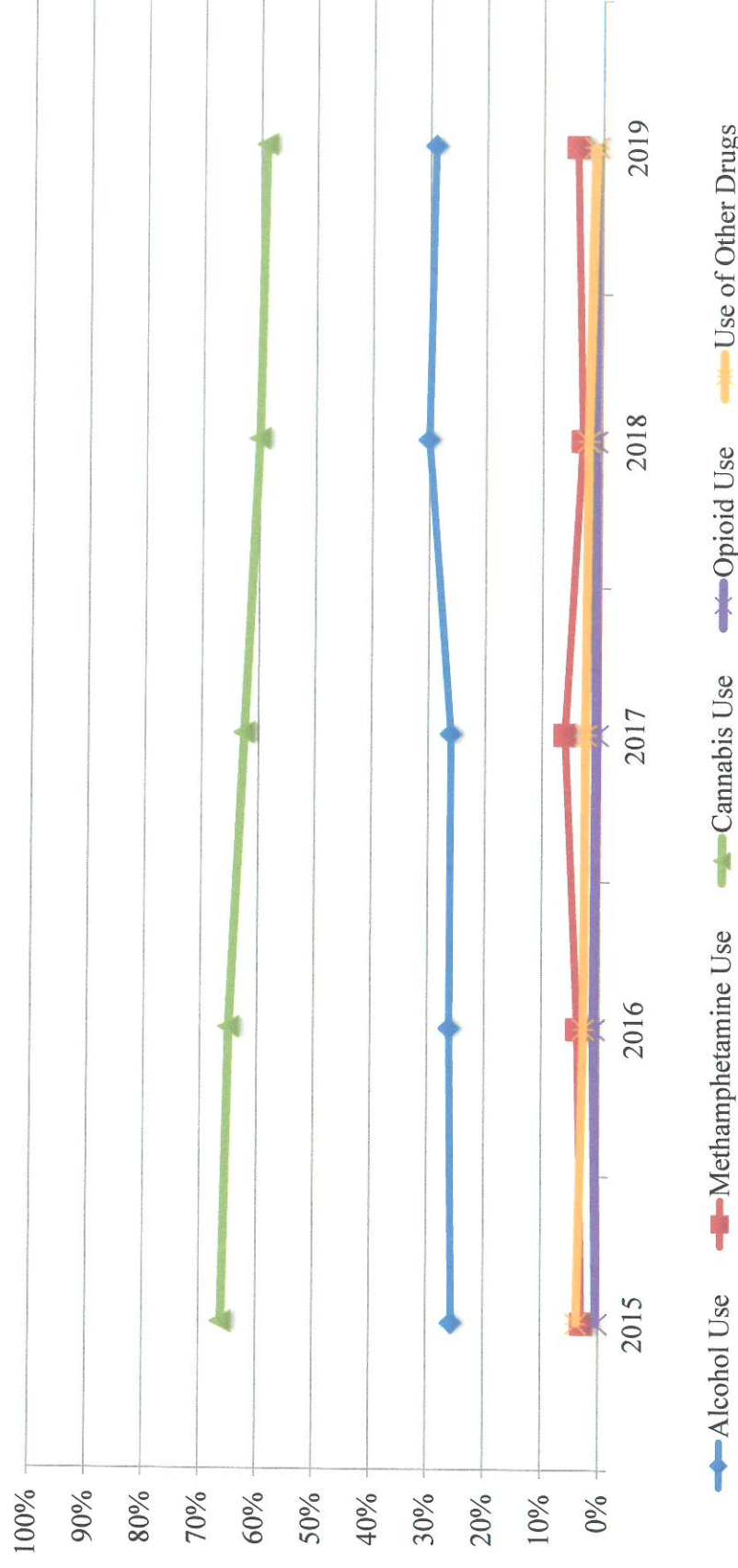
Impact of Substance Use Disorder Treatment Services

- Successful discharge from treatment – 34% higher than the national average, employment is 6% higher than national average

Discharge from substance abuse treatment successfully
- South Dakota: 72% (7,164 of 9,989)
- National Average: 38%
- Target: 70%

Employment at discharge rate
- South Dakota: 29% (2,888 of 9,994)
- National Average: 23%
- Target: 23%

Legend: ■ South Dakota ■ National Average ■ Target
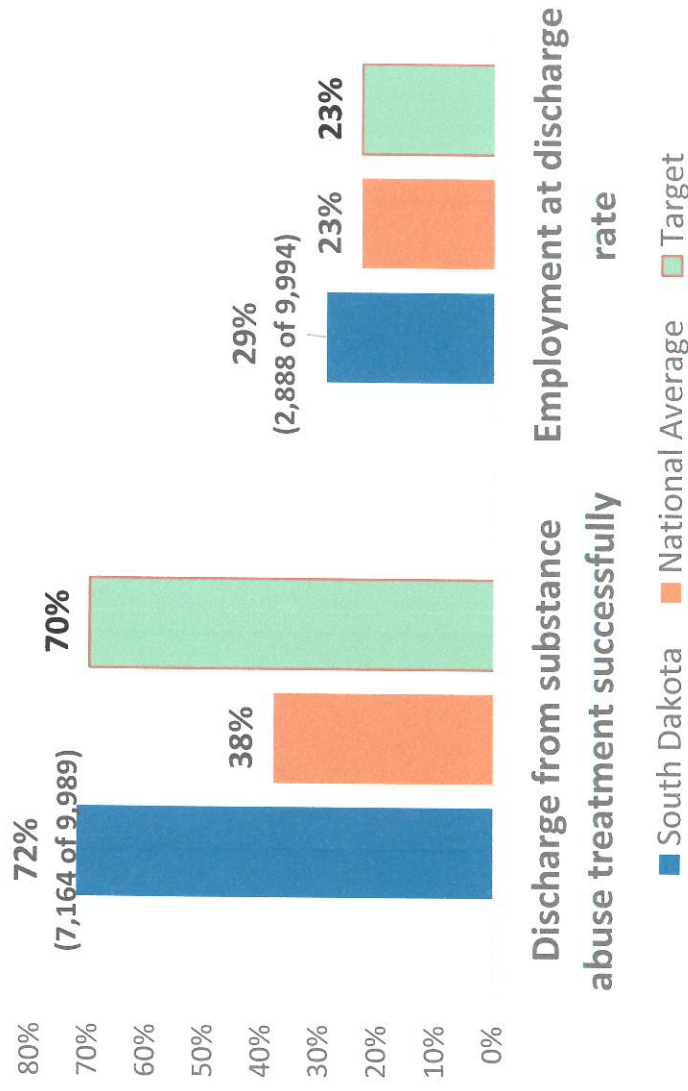
Impact of Substance Use Disorder Treatment Services

- Impact of Non-Justice Involved Treatment Services
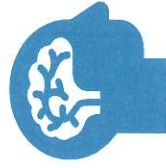
Ability to Control Substance Use
- At Admission: 39%
- At Discharge: 98%

63% Increase

Motivation to Not Use Substances
- At admission: 65%
- 6 months post services: 87%

22% Increase

Impact of Adult Substance Use Disorder Services

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Client Perception of Services for Non-Justice Involved Clients

General Satisfaction

95%

Access to Services

92%

Youth Substance Use Disorder Services

- Impact of Youth Treatment Services

65% Increase

17% Increase
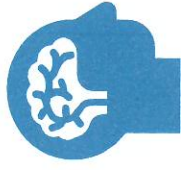
Ability to Control Substance Use
- At Admission: 27%
- At Discharge: 92%

Motivation to Not Use Substances
- At admission: 52%
- At Discharge: 69%

Youth Substance Use Disorder Services

- Impact of Youth Treatment Services
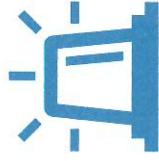
Trouble As A Result of Use
- At Admission: 53%
- At Discharge: 21%

32% Decrease

Missing School or Work
- At admission: 31%
- At Discharge: 17%

14% Decrease

Impact of Youth Substance Use Disorder Services

Youth Perception of Services

General Satisfaction

95%

Access to Services

81%

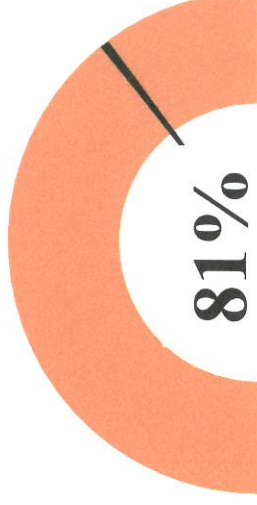**Priority Area:** Access to Services for Priority Populations

Priority Type: Substance Abuse Treatment (SAT)

Priority Population: PWWDC & PWID

Goal: South Dakota will ensure contracted substance use treatment providers maintain access to residential services for pregnant women/women with dependent children (PWWDC) and persons who inject drugs (PWID).

Objective: Maintain admitting PWWDC and PWID within 14 days or less.

Strategy: The Division of Behavioral Health (DBH) will monitor admission data and wait list information to ensure identified priority population's admission to residential treatment services occurs no later than 14 days from the clinical assessment.

Annual Performance Indicator: The DBH will track admission data from the Statewide Treatment Activity Reporting System (STARS) in order to monitor access to services.

Baseline Measurement:

Priority Population	Average Length of Wait SFY17
PWWDC	14 Days
PWID	12 Days

First-year target/outcome measurement: In SFY 2018, maintain an average of 14 days or less waiting to enter treatment for PWWDC & PWID.

First-year target/outcome measurement is not met:
The DBH saw an increase in the number of days waiting to enter services for PWWDC & PWID. Due to seeing this increase in wait times for the PWWDC and PWID, we are exploring the need to expand capacity.

Priority Population	Average Length of Wait SFY18
PWWDC	24 Days
PWID	22 Days

Second-year target/outcome measurement: In SFY 2019, maintain an average of 14 days or less waiting to enter treatment for PWWDC & PWID.

Second-year target/outcome measurement is not met:

Outcome for PWWDC is not met: The DBH saw an increase in the number of days waiting to enter services for PWWDC. Due to this increase in wait times for the PWWDC, the DBH expanded capacity for this population in the beginning of SFY20.

Outcome for PWID is met.

Priority Population	Average Length of Wait SFY19
PWWDC	28 Days
PWID	13 Days

Data Source: STARS

Description of Data: STARS reports related to necessary federal reporting requirements.

Data Issues: None at this time.

Priority Area: Evidence-Based Practices

Priority Type: Substance Abuse Treatment (SAT), Mental Health Services (MHS)

Priority Population: SMI, SED, PWWDC, ESMI, PWID, TB, Other

Goal: Support and expand evidence-based practices (EBPs) in the State of South Dakota and ensure fidelity monitoring is in place. In addition, maintain a registry of the EBPs supported through the Division of Behavioral Health (DBH).

Objective: Develop a registry and expand EBPs by supporting training, consultation, and technical assistance needs.

Strategy: The DBH will create an inventory of current EBPs and identify fidelity practices. The DBH will identify gaps in the EBPs and work to increase in areas identified as having gaps.

Annual Performance Indicator: Increase in agencies providing EBPs with fidelity monitoring in place. The inventory list has been completed.

Baseline Measurement: None at this time.

First-year target/outcome measurement: In SFY 2018, increase agencies providing an EBP model by 3 agencies.

First-year target/outcome measurement is met:
In SFY 2018, the DBH supported training in the Matrix Model for the treatment of methamphetamine dependence. Twenty-one participants from 7 agencies participated in the 2-day training.

Additionally, two additional community mental health centers received Intensive training in Dialectical Behavior Therapy (DBT) in SFY 2018, and 5 additional agencies/centers were trained in DBT Skills in SFY 2018.

And, 4 agencies were trained in Integrated Change Therapy (ICT), a brief treatment model for substance use disorder, in SFY 2018.

Two additional agencies received training in Aggression Replacement Training (ART) and 3 additional agencies received training in Moral Reconation Therapy (MRT). One agency received training in Cognitive Behavioral Interventions for Substance Abuse (CBISA) and 4 agencies received training in Motivational Interviewing (MI).

Training in EBP models is supported through General Funds; services delivered are a combination of Block Grant and General Funds.

Second-year target/outcome measurement: In SFY 2019, increase agencies providing an EBP model by 3 agencies.

<u>Second-year target/outcome measurement is met:</u>
In SFY 2019, the DBH supported training in Cannabis Youth Treatment (CYT) and trained 6 new agencies in that EBP.

Additionally, DBH supported 1 agency to provide juvenile CBISA, 1 additional agency was trained in MRT, and 4 additional agencies were trained in the Matrix model.

Data Source: The DBH

Description of Data: The DBH will track the number of trainings completed; number of EBPs, number of agencies providing EBPs and monitoring for fidelity.

Data Issues: None at this time.

Priority Area: First Episode Psychosis

Priority Type: Mental Health Services (MHS)

Priority Population: ESMI

Goal: The Division of Behavioral Health (DBH) will coordinate with OnTrackNY to provide training and consultation to assist the First Episode Psychosis (FEP) Programs in developing outreach strategies and a means to collect meaningful outcome data.

Objective: Collect one year of meaningful outcome data and provide outreach to at least five potential referral sources.

Strategy: The DBH will customize the standardized Adult Outcome Tool to capture the necessary performance measures identified for the FEP program. Also, the DBH will coordinate with OnTrackNY to provide training and consultation to assist the FEP Programs in developing outreach strategies and a means to track those efforts.

#1 Annual Performance Indicator: Complete enhancements to the collection of outcome data, including the standardized Behavioral Health Adult Outcome Tool, specific to FEP clients.

Baseline Measurement: Not applicable at this time.

First-year target/outcome measurement: By the end of SFY 2018, the state will have begun collecting and tracking outcomes utilizing the Adult Outcome Tool and outcomes specific to FEP clients.

First-year target/outcome measure is met:
In SFY 2018, the state established a tracking system to collect the Adult Outcome Tools with FEP clients, as well as outcomes specific to FEP services including monthly data and outcomes on the number of active clients and engaged clients, events hosted, services provided to the family, and outreach.

In SFY 2018, a total of 19 clients were served in the FEP program, at 2 agencies in South Dakota, 19 outcome tools were collected at intake or admission into services, and 5 at the 6 month follow up interval, a total of 29 outcome tools were reported on. The state has set a goal of at least a 60% return rate of outcome tools for all clients served, and a goal of at least 70% return rate of outcome tools for FEP clients in FY19.

Outcomes of FEP services collected in SFY 2018 include:

- Reduction in the number of clients who spend one night in a facility due to illness, injury or surgery (7%, or 2 out of 29) 6 months prior to services at admission compared to 0% (0 out of 4) at 6 months post admission;

- Reduction in the number of clients who reported one emergency department visit (62% or 18 out of 29) 6 months prior to services compared to 50% (2 out of 4) at 6 months post admission;
- Reduction in the number of clients who reported one hospital admission for mental health care (69% or 20 out of 29) 6 months prior to services at admission compared to 50% (2 out of 4) of clients 6 months post admission;
- Increase in the number of clients who reported their general health as good, very good or excellent (82% or 23 out of 28) at admission compared to 100% (4 out of 4) at 6 months post admission;
- Increase in the number of clients who reported improvement in their mental health and social well-being (68% or 19 out of 28) at admission compared to 100% (4 out of 4) at 6 months post admission; and
- 75% (3 out of 4) of clients reported employment at their first 6 month update.

In SFY 2019, the state will also collect data and outcomes regarding medication compliance. The state has developed a tracking tool for outcome tool return rates and will provide quarterly feedback to the FEP agencies regarding the outcome tool return rate as well as the outcome tools that need to be collected that quarter.

Second-year target/outcome measurement: By the end of SFY 2019, the state will have collected and tracked one complete year of outcomes utilizing the Adult Outcome Tool and outcomes specific to FEP clients.

Second-year target/outcome is met:
In SFY 2019, a total of 14 new clients were served in the FEP program, at two agencies in South Dakota, 16 outcome tools were collected at intake or admission into services and 16 at the 6-month follow up interval. The state has set a goal of at least a 60% return rate of outcome tools for all clients served, and a goal of at least 70% return rate of outcome tools for FEP clients in FY19.
Outcomes of FEP services collected in SFY 2019 include:

- Reduction in the number of clients who reported one emergency department visit (50% or 9 out of 18) 6 months prior to services compared to 20% (2 out of 10) at 6 months post admission;
- Reduction in the number of clients who reported one hospital admission for mental health care (78% or 14 out of 18) 6 months prior to services at admission compared to 30% (3 out of 10) of clients 6 months post admission;
- Reduction in the number of clients who reported homelessness (12% or 2 out of 17) 6 months prior to services at admission compared to 0% (0 out of 10) of clients 6 months post admission;

- Increase in the number of clients who reported their general health as good, very good or excellent (89% or 16 out of 18) at admission compared to 90% (9 out of 10) at 6 months post admission;
- Increase in the number of clients who reported improvement in their mental health and social well-being (76% or 13 out of 17) at admission compared to 80% (8 out of 10) at 6 months post admission; and
- Increase in the number of clients who reported employment (0% or 0 out of 24) at admission compared to 70% (7 out of 10) at 6 months post admission; and
- There was a FY19 state average of 93% (13 out of 14) submission rate for initial outcome tools submitted, 50% (9 out of 18) submission rate for first six-month update, and 37% (10 out of 27) submission rate for most recent outcome tools submitted. This is an overall improvement from FY18, which reported 100% (19 out of 19) submission rate for initial outcome tools submitted, 17% (4 out of 23) submission rate for first six-month update, and 11% (1 out of 9) submission rate for most recent outcome tools submitted. The DBH staff will continue to work closely with the FEP providers to achieve the 70% outcome tool return rate for FEP clients in the future for all timeframes required.

In SFY 2019, the state implemented a new intake and discharge form to track medication compliance. The new form was implemented in January of 2019.

- From January 2019 through May of 2019, there were eight new referrals, all had a first prescriber appointment within 30 days of admission or engagement date of starting the first episode psychosis program.

Data Source: Adult Outcomes Tool specific to FEP.

Description of Data: Adult Outcome Tool specific to FEP collects outcome data to determine the effectiveness of the programs.

Data Issues: None at this time.

#2 Annual Performance Indicator: The FEP Programs will identify various groups within their catchment areas that they can provide outreach to in order to expand potential referral sources, expand awareness and reduce stigma associated with behavioral health diagnoses and treatment.

Baseline Measurement: Not applicable at this time.

First-year target/outcome measurement: By the end of SFY 2018, the FEP teams will have developed a reliable outreach tracking system in which they can monitor and follow-up with potential referral sources through-out the year.

First-year target/outcome is met:
In SFY 2018, the teams developed a tracking tool to collect outreach data. Data collected

includes outreach events, the number of participants attending each event, and the follow up needed. Implementation of the outreach tracking will begin in SFY 2019.

Although not tracked in SFY 2018, both FEP agencies reported doing outreach with local community hospitals and other agencies.

Second-year target/outcome measurement: By the end of SFY 2019, the FEP teams will have each provided outreach services to at least five potential referral sources within their catchment area.

Second-year target/outcome is met:
In SFY 2019, a monthly report was implemented to collect data on outreach events.
- Behavior Management Systems reported doing eight outreach events in the community surrounding first episode psychosis.
- Southeastern Behavioral Healthcare reported doing seven outreach events in the community surrounding first episode psychosis.

Data Source: Outreach tracking document.

Description of Data: The outreach tracking document identifies the number of outreach activities conducted each month and the follow-up that occurred.

Data Issues: None at this time.

Priority Area: Methamphetamine

Priority Type: Substance Abuse Prevention (SAP), Substance Abuse Treatment (SAT)

Priority Population: PP, PWWDC, PWID, Other

Goal: Increase awareness and perception of harm regarding methamphetamine use and dependence and increase access to treatment for individuals with severe methamphetamine use disorder.

Objective: Develop an evidence-based methamphetamine treatment capacity, and build upon the 2016 "Meth Changes Everything" campaign by increasing community outreach services and infrastructure development.

Strategy: Utilizing the technical assistance received regarding evidence based methamphetamine treatment services, the Division of Behavioral Health (DBH) will increase the evidence-based practices (EBPs) provided in the existing specialized methamphetamine treatment programs and expand methamphetamine treatment access.

In August 2016, the DBH launched the "Meth Changes Everything" Campaign. In SFY 2018, the DBH Prevention Program received funding from the Janssen Pharmaceutical settlement in order to collaborate with communities who are interested in establishing methamphetamine prevention outreach efforts and infrastructure development within their perspective areas.

#1 Annual Performance Indicator: The DBH will expand EBPs provided by current specialized methamphetamine treatment providers.

Baseline Measurement: None

First-year target/outcome measurement: By the end of SFY 2018, the DBH will have identified an EBP or practices for specialized methamphetamine treatment.

First-year target/outcome measurement is met:
In SFY 2018, the DBH selected the Matrix Institute Curriculum as the primary best practice for specialized methamphetamine treatment that will be utilized in South Dakota. Training in this EBP was provided in May 2018. Additional EBPs that will be utilized in specialized methamphetamine treatment may include Dialectical Behavioral Therapy (DBT) and Moral Reconation Therapy (MRT) for individuals with an identified need for emotional regulation and moral reasoning, as well as Motivational Interviewing (MI), cognitive behavior therapy (CBT), contingency management, and the use of SAMHSA's Treatment Improvement Protocol (TIP) 33: Treatment for Stimulant Use Disorders.

Second-year target/outcome measurement: By the end of SFY 2019, the DBH will have completed training all treatment program staff in the identified EBP.

<u>Second-year target/outcome measurement is met:</u>
In SFY 2019 training was completed for the specialized methamphetamine treatment providers. Matrix Core Training and Matrix Key Supervisor Training was offered in October 2018, DBT Training was offered in May 2018 and DBT for Substance Use Disorders was offered in October 2018.

Data Source: The DBH

Description of Data: The DBH will track the number of staff trained in the identified EBP.

Data Issues: None at this time.

#2: Annual Performance Indicator: The DBH will expand intensive methamphetamine treatment providers.

Baseline Measurement: Currently two providers.

First-year target/outcome measurement: By the end of SFY 2018, the DBH will have selected one provider through the Request for Proposal (RFP) process.

<u>First-year target/outcome measurement is met:</u>
In SFY 2018, the DBH issued an RFP for the expansion of intensive methamphetamine treatment providers and two providers were selected through this process. Both agencies had staff trained in the Matrix Model in May 2018 to begin providing services in SFY 2019.

Second-year target/outcome measurement: By the end of SFY 2019, the DBH will have issued and entered into an agreed contract with the selected provider.

<u>Second-year target/outcome measurement is met:</u>
In SFY 2019, the DBH entered into a contract with the two selected providers for the expansion of intensive methamphetamine treatment through the RFP process.

Data Source: The DBH

Description of Data: The DBH currently funds two specialized meth providers.

Data Issues: None at this time.

#3 Annual Performance Indicator: The DBH Prevention Program will collaborate with at least eight communities interested in establishing meth prevention outreach efforts and infrastructure development.

Baseline Measurement: None

First-year target/outcome measurement: By the end of SFY 2018, eight communities will have been awarded funds in order to address meth prevention needs within their area.

First-year target/outcome measurement is met:
In SFY 2018, the DBH contracted with the 3 Prevention Resource Centers (PRCs) in South Dakota to address meth prevention needs within their area. The funds were used to target 19 communities and the PRCs provided 16 town hall presentations with 818 total participants in attendance, and delivered 23 school presentations with 1,872 total students in attendance in these targeted communities. Additionally, in SFY 2018, the DBH continued to support funding for the statewide Meth Changes Everything Website, which had 2,062 users and 4,648 page views.

Second-year target/outcome measurement: By the end of SFY 2019, the DBH will have assessed and identified the needs and gaps of ensuring sustainable infrastructure development of meth awareness prevention activities in South Dakota communities.

Second-year target/outcome measurement is met:
In SFY 2019, the DBH collaborated with the Mountain Plains – Prevention Technology Transfer Center (MP-PTTC) to complete a workforce needs assessment. The needs assessment identified meth prevention as a top priority of workforce development among the prevention network. In addition, the DBH was awarded funding for school-based meth prevention and a comprehensive meth awareness campaign.

Data Source: Prevention Program

Description of Data: The Prevention Program will monitor individual progress and quarterly progress reports.

Data Issues: None at this time.

Priority Area: Opioid

Priority Type: Substance Abuse Prevention (SAP), Substance Abuse Treatment (SAT)

Priority Population: PWWDC, PWID, PP, Other

Goal: Equip first responders and emergency departments with Naloxone to increase statewide access and to support distribution in high need communities.

Objective: Create an awareness campaign and conduct at least 40 trainings for key stakeholders, (i.e. law enforcement, emergency room staff, emergency medical technicians, substance use treatment providers, etc.) on the use and distribution of Naloxone by the end of SFY 2019.

Strategy: The Division of Behavioral Health (DBH) was awarded a two year Opioid Crisis Grant. A portion of the funding was used to conduct a comprehensive statewide needs assessment which will be used to guide the state's opioid related efforts.

#1 Annual Performance Indicator: Creation of a training and distribution strategy.

Baseline Measurement:

- Total number of SD resident opioid overdose deaths (prescription and illicit) from 2008-2017.

	Total Opioid Overdose Deaths	Rx Opioid Overdose Deaths	Illicit Opioid Overdose Deaths
2017	35	29	8
2016	38	31	7
2015	24	21	3
2014	32	31	2
2013	32	32	0
2012	21	20	1
2011	31	31	0
2010	31	31	0
2009	33	33	0
2008	28	28	1

First-year target/outcome measurement: By the end of SFY 2018, the DBH will have convened a kick-off meeting; defined expectations and set an interim meeting schedule for the training and distribution of Naloxone.

First-year target/outcome is met:
Over the course of several months beginning October 2017 the project staff have trained 730 first responders in over 40 independent training classes. The 'Train the Trainer' classes have equipped participants with educational materials to provide training to staff unable to attend the 2017 regional sessions. A total of 1,280 doses have also been delivered for use in communities.

There have been approximately 70 administrations to patients by first responders since October 2017. Outcomes are tracked through the EMS software system managed by DOH.

As a direct result of this project, several lives have been saved.

Year 2 activities will focus on identifying and training first responder agencies unable to attend the 2017 sessions, with a strong focus on tribal partners ensuring statewide naloxone access and distribution.

Second-year target/outcome measurement: By the end of SFY 2019, the DBH will have equipped and trained first responders and emergency departments with Naloxone.

Year 2 activities will focus on identifying and training first responder agencies unable to attend the 2017 sessions, with a strong focus on tribal partners ensuring statewide naloxone access and distribution.

Second-year target/outcome is met:
As of the end of SFY19:

- More than 1,000 first responders have been trained to recognize and respond to an opioid overdose.
- Over 3,000 NARCAN (naloxone HCL) kits have been distributed across South Dakota to individuals trained in overdose education and naloxone distribution (OEND).
- More than 300 lives have been saved following administration of NARCAN in emergency response settings.
- Outreach has been conducted by DBH to tribal partners as identified to connect them to training and distribution resources to meet their needs.

Data Source: The DBH

Description of Data: The DBH will track training events and distribution of Naloxone.

Data Issues: None

Priority Area: Suicide Prevention

Priority Type: Mental Health Services (MHS)

Priority Population: PP

Goal: Provide support and training to health and behavioral health agencies in addressing suicide.

Objective: Implement the Zero Suicide approach through trainings and/or community of learning calls with at least 20 health and behavioral health providers.

Strategy: The Division of Behavioral Health (DBH) will coordinate with a chosen entity to deliver trainings and/or facilitate community of learning calls with health and behavioral health providers to support implementing the Zero Suicide model.

Annual Performance Indicator: The DBH will choose an entity to conduct Zero Suicide trainings and/or community of learning calls with at least 20 health and behavioral health providers.

Baseline Measurement: None at this time.

First-year target/outcome measurement: By the end of SFY 2018, the DBH will have identified an entity that will conduct Zero Suicide trainings/community of learning calls with at least 10 health and behavioral health providers.

First-year target/outcome measurement is met:
The Education Development Center was identified in SFY 2018 as the entity that the DBH will work with to conduct Zero Suicide trainings and community of learning calls. In SFY 2018 a total of 20 health and behavioral health providers participated in the Zero Suicide trainings/workshops and community of learning calls in SFY 2018.

Trainings provided are funded through the General Funds and Janssen Pharmaceutical Settlement Funds.

Second-year target/outcome measurement: By the end of SFY 2019, the identified entity will have conducted Zero Suicide training/community of learning calls with at least 10 health and behavioral health providers.

Second-year target/outcome measurement is met:
The DBH contracted with the Education Development Center in SFY 2019 to provide Zero Suicide training/community of learning calls. In SFY2019 a total of 20 health and behavioral health providers participated in the Zero Suicide trainings/workshops and community of learning calls.

Data Source: The DBH.

Description of Data: The DBH will monitor the number of trainings and community of learning calls conducted.

Data Issues: None at this time.

Priority Area: Tuberculosis Services

Priority Type: Substance Abuse Treatment (SAT)

Priority Population: PWWDC, PWID, TB, Other

Goal: To screen, identify and refer clients with tuberculosis to a healthcare professional.

Objective: Maintain or improve 70% compliance with Administrative Rules of South Dakota 67:61:07:12.

Strategy: Substance use disorder (SUD) providers will undergo reviews conducted by the Division of Behavioral Health, Accreditation Team to ensure clients are screened within 24 hours of admission for tuberculosis and are immediately referred to a healthcare professional if identified.

Annual Performance Indicator: In SFY 2019, maintain the percentage of compliance achieved in SFY 2018 with tuberculosis screening, identification and referral of clients to a healthcare professional.

Baseline Measurement:

SFY	Number of Agencies Reviewed	Number of Agencies Compliant	% Compliant
FY16	9	4	44%
FY17	11	10	91%
FY18	16	13	81%
FY19	9	7	78%

First-year target/outcome measurement: In SFY 2018, maintain the baseline of 70% compliance with tuberculosis screening, identification and referral of clients.

First-year target/outcome measurement is met:
In SFY 2018, 16 agencies were reviewed and 81% were compliant with TB screening, identification and referral of clients.

Second-year target/outcome measurement: In SFY 2019, maintain the percentage of compliance with tuberculosis screening, identification and referral of clients in SFY 2018.

Second-year target/outcome measurement is not met:
In SFY 2019, 9 agencies were reviewed and 78% were compliant with TB screening, identification and referral of clients. The goal was to stay at 81% compliance.

Data Source: The Accreditation Team

Description of Data: The Accreditation Team tracks accreditation review data.

Data Issues: None

Priority Area: Underage Alcohol Use

Priority Type: Substance Abuse Prevention

Priority Population: PP, Students in College, LGBTQ, Rural, Military, underserved racial/ethnic minority and other: 12-20 year age group

Goal: Target underage drinking by using data-driven decision making processes and implement evidence-based prevention programs.

Objective: Implement a range of Evidence Based Programs blending individual and environmental programs.

Strategy: The Prevention Program will continue to support primary prevention evidence-based programming.

Annual Performance Indicator: Provide evidence-based primary prevention programming to youth between the ages of 12 to 20.

Baseline Measurement: The number of youth (12 to 20 years of age) served in Primary Prevention programming from SFY 2017 will be the baseline year. 158,613 were served.

First-year target/outcome measurement: In SFY 2018, maintain the number of youth receiving services through primary prevention evidence-based programs as served in the baseline year.

First-year target/outcome measurement is not met:
The number of youth (12 to 20 years of age) served in Primary Prevention programming from SFY 2018 was 144,431. However, as indicated below in Data Issues, we believe we now have a more accurate reporting process and the SFY 2018 number is more reflective of the baseline for numbers served.

Second-year target/outcome measurement: In SFY 2019, maintain the number of youth receiving services through primary prevention evidence-based programs as served in SFY 2018.

Second-year target outcome measurement is not met:
The number of youth (12 to 20 years of age) served in Primary Prevention programming from SFY 2019 was 130,621. In SFY 2019 additional technical assistance was provided to community providers on effective prevention strategies, leading prevention providers to focus their efforts. In addition, additional funding was provided for school-based prevention programming which could account for the decrease in youth served in Primary Prevention through Block Grant.

Data Source: MOSAIX Management Information System