Behavioral Health Advisory Council
Pierre, South Dakota

March 17, 2021

Advisory Council Members Present:	Jane Grant (Chair)	Dianna Marshall
	Ashlee Rathbun	Christie Lueth
	Kristi Bunkers	Karen Severns
	Wendy Figland	Lorraine Polak
	Matt Glanzer	Belinda Nelson
	Linda Reidt-Kilber	Chuck Frieberg
	Eric Weiss	Angie Dammer
	Teresa Rowland	Emily Erickson
	Melanie Boetel	Pamela Bennett
	Jon Sommervold	Penny Kelley
	Rosanne Summerside	
Advisory Council Members Absent:	Roseann Peterson-Olson (Vice-Chair)	Ellen Washenberger
	Angela Murphy	Joyce Glynn
	Bryan Harberts	Christy Alten-Osmera
Behavioral Health Staff Present:	Jana Boocock	Jennifer Humphrey
	Tiffany Wolfgang	Stacy Bruels
	Tessia Johnston	Brian Watterson
	Katie Demaray	
Others in Attendance:	Terry Dosch	Jeremy Johnson
	Shane Hamilton	

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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

March 17, 2021 the Behavioral Health Advisory Council meeting was called to order by Jane Grant. Jennifer Humphrey took attendance.

II. Review and Approval of Meeting Minutes

The Advisory Council reviewed the November 2020 meeting minutes. Eric Weiss moved to approve. Wendy Figland seconded the motion. Motion carried, all approved.

III. Bylaws

Jennifer Humphrey proposed a change to bylaws, adding a state mental health representative. The mental health block grant project officer informed Jennifer that, according to statute, the state mental health representative and the state social services representative cannot be the same person. Therefore, a separate position was added specifically for a state mental health representative. Ashlee Rathbun moved to approve. Angie Dammer seconded the motion. Motion carried, all approved.

IV. Membership

Melanie Boetel provided on overview of the current membership, discussing the importance and value of everyone's service.

New Appointments

Pamela Bennett, Director of Child Protection Services, appointed to serve as the Department of Social Service's representative.

Penny Kelley was appointed to fill Katherine Jaeger's position which is a family member of a child who is or has received services from a psychiatric residential treatment center.

Jon Sommervold was appointed to fill Jayne Parson's position of an adult recovering from substance abuse.

Vacancies

Kara Assid's position is a family member of a youth with a serious emotional disturbance and co-occurring substance use disorder. Nomination, Joanne Hairy Shirt will be reviewed by the Governor in April.

New Member Orientation

New member orientation took place March 12th. Members interested in viewing the recorded orientation, please contact Jennifer Humphrey.

V. Human Services Center (HSC) Update

Administrator, Jeremy Johnson, shared COVID cases have stabilized at the hospital. The hospital was able and continues to be able to support patients who test positive through a dedicated COVID unit. HSC continues to work with Monument Healthcare and Avera to ensure individuals in need of treatment can be served in a timely manner. HSC continues to enact Zero Suicide. Staff recruitment and retention continues to be a challenge with a 2% unemployment in the Yankton area. HSC is working with internal staff in a "grow your own" program as well as continuing ongoing outreach for recruitment.

VI. Division of Behavioral Health Update

2021 Legislative Session

Tiffany Wolfgang announced the Legislature approved funding to support behavioral

health provider rates to 100% methodology as developed by the Rate Setting Workgroup, plus a 2.4% inflation rate.

House Bill 1064, An Act to make an appropriation for and the establishment of peer support and critical incident stress management training for first responder organizations. Bill passed by the House and Senate.

House Bill 1063, An Act to make an appropriation to contract for mental health insurance for certain first responder organizations and to declare an emergency. Bill was tabled.

Senate Bill 144, An act to make an appropriation to provide for a crisis stabilization unit and to declare an emergency. This provides $4.6 million to the Department of Social Services for the purposes of providing funds to Pennington County to develop and build a crisis stabilization unit to serve as an appropriate regional facility serving western South Dakota. Bill passed by the House and Senate.

Senate Bill 186, An act to make an appropriation for behavioral and mental health service support in crisis stabilization and to declare an emergency. This provides $3 million to the Department of Social Services for purposes of providing funds to the city of Sioux Falls to support behavioral and mental health services in crisis stabilization. This is also intended to support The Link: https://www.linksf.org/. Bill passed by the House and Senate.

Senate Bill 96, An act to revise certain provisions regarding the use of telehealth technologies. This further defines telehealth to include audio only. Signed by the Governor on March 9th.

House Concurrent Resolution 6008, To reauthorize the Mental Health Services Delivery Task Force for the limited purposes of monitoring the growth and development of current initiatives in the delivery of mental health services, reviewing and proposing adjustments to the levels of funding, and ensuring that the statutory and regulatory framework complements intended outcomes. Passed by the House and Senate.

House Concurrent Resolution 6012, To encourage the Executive Board of the Legislature to reauthorize the Mental Health of First Responders Task Force interim legislative study. Passed by the House and Senate.

988 Planning Grant

Tiffany Wolfgang announced that the Division of Behavioral Health in partnership with the Helpline Center applied for and was awarded the 988 Planning Grant. The 988 Planning Grant will assist states in planning for the implementation of a new, national, three-digit number for mental health crisis and suicide response (988).

In July 2022, 988 will become the national three-digit dialing code for the National Suicide Prevention Lifeline, replacing the current phone number of 1-800-283-TALK (8255). A Behavioral Health Crisis Response Stakeholder Coalition (BHCRSC) will assist in developing and implementing a plan that addresses coordination, capacity,

funding, and communication strategies essential to the launching of 988 and supporting crisis care services.

The Division is seeking one member from the Behavioral Health Advisory Council with lived experience to serve on the BHCRSC. Interested members are asked to contact Jennifer Humphrey by March 19th.

Appropriate Regional Facilities

Tiffany Wolfgang announced that a Request for Proposal was issued January 14, 2021 to solicit proposals to fund Appropriate Regional Facilities throughout South Dakota to support admitting adults who are apprehended under SDCL 27A-10-2 or SDCL 27A-10-3. Proposals are due April 8th and an award decision is anticipated April 22nd. For more information, please visit: https://dss.sd.gov/keyresources/rfp.aspx

Needs and Gaps Analysis

Tiffany Wolfgang provided an update to the statewide needs and gaps analysis. The Division continues work with the Human Services Research Institute and anticipate the final report early Spring.

Office of Licensure and Accreditation

Tiffany Wolfgang announced that the behavioral health accreditation process has moved Department of Social Services, Office of Licensure and Accreditation. Muriel Nelson, Program Manager, oversees licensing and accreditation for behavioral health and youth care providers of group, residential and foster care programs. Program Specialists include Heidi Gravett, Chris Kenyon, and Kevin Kanta.

Office of Prevention Services

Tessia Johnston, Prevention Program Administrator, announced that the Office of Prevention Services is fully staffed. Jana Boocock is the Prevention Program Manager for suicide and substance use prevention services and Program Specialist, Melissa Renes, oversees substance use prevention services; Program Specialist, Kaitlyn Broesder, oversees the State Opioid Response Grant efforts and Program Specialist, Katie Demaray, oversees prevention's fiscal contacts and budgets.

Behavioral Health Website

Melanie Boetel provided an overview of the updates made to the Division of Behavioral Health's website. Please contact Jennifer Humphrey if you have questions or suggestions on ways to improve the website.

605 Strong - Crisis Counseling Program Grants

Melanie Boetel provided an update regarding the 605 Strong statewide awareness campaign and the Crisis Counseling Program Grants received due to flooding and other weather-related disasters in 21 counties during the spring and fall of 2019.

The Crisis Counseling Program offers outreach to individuals impacted by COVID-19, linking them to appropriate behavioral health or other necessary resources including unemployment, health, and financial assistance. Crisis counseling is available statewide, focusing on COVID-19 hotpots, and are supported by staff at Lutheran Social Services and The Helpline Center. In addition, webinars are available on a

variety of topics related to coping with the disaster. For more information, please visit: https://www.605strong.com/.

Natural Disaster Response Grant
Melanie Boetel announced that the Natural Disaster Response Grant is a continuation of the two Crisis Counseling Program Grants received in 2019. This grant enables the Division to continue crisis counseling and outreach services.

In addition, with the use of these grant funds, the Division will be launching a Behavioral Health Voucher program. Private mental health providers and contracted Community Mental Health Centers and Substance Use Disorder agencies may enroll to become a provider in this program. Through crisis counseling outreach or by calling 211, individuals in need of services and who meet the Division's financial eligibility guidelines will be issued a voucher to use with an enrolled provider of their choice. The enrolled provider will utilize the vouch for reimbursement through the Division.

Opioid Grant – Treatment Services
Melanie Boetel discussed Bethany Christian Services, an intensive case management program for pregnant women with opioid use disorder and other substances. Bethany Christian Services began providing services for pregnant women in both Rapid City and Sioux Falls in October 2020.

The Oxford House, a peer-led sober living environment with 4 homes in Rapid City, opened a new home in Rapid City for women in January 2021. The Oxford house continues to work to expand in other parts of the state.

Opioid Grant – Prevention Services
Jana Boocock provided the following updates:

Education on Proper Medication Storage & Disposal
Education on proper medication storage and disposal continues to be a top priority. In January 2021, there were 769 pounds of medication collected for destruction, totaling 13,889 pounds since the program's inception.

DisposeRx packets continue to be utilized. Since January 2020, 661 packets have been mailed to individuals to safely dispose of medications at home.

Medication lock boxes are available for anyone in South Dakota at no cost. Since July 2020, 321 lock boxes have been mailed to individuals to safely secure their medication.

Boys and Girls Clubs of America
While each club throughout the state remain in various phases of providing programing to youth due to COVID-19, the clubs that are fully operational have begun implementing Positive Action. In January 2021, an additional 96 youth were enrolled in Positive Action, bringing the total amount of youth enrolled in Fiscal Year 2021 to 635.

Increased Access to Lifesaving Medication - Naloxone Statewide Standing Order

In October 2020, the Division issued a statewide standing order allowing all participating pharmacies to dispense, with funding assistance available, Naloxone to anyone at risk of an opioid-related overdose.

Pharmacies must complete certain requirements to participate which include a one-hour training, registering as a participating pharmacy and data tracking. The steps and requirements are on the AvoidOpioidSD website under the pharmacy tab. To date, 44 pharmacies have enrolled.

In addition, a free naloxone online training on how to recognize and respond to an opioid overdose and the proper protocol for administering naloxone was successfully launched to the Desire2Learn (D2L) platform, allowing easier access to the training in an electronic learning management system.

Early Intervention Services

The Division will expand early intervention services availability utilizing State Opioid Response Grant funding through September 2022. The intended outcome for this project is to impact 1,000 at-risk youth through evidence-based early intervention programming.

Avoid Opioid Media Campaign/Public Awareness

New broadcast media ads promoting Care Coordination and the Resource Hotline began running in October 2020. During December through January the social media campaign largely focused on: overdose warning signs & naloxone information; the Resource Hotline & Care Coordination program; and the availability of Medication Assisted Treatment, medication lock boxes and online group support.

Resource Hotline and Care Coordination

The Resource Hotline continues to be staffed 24/7 for free confidential support and connection to services and/or resources. In January, 50 phone calls were received.

Care Coordination Calls were promoted through the Avoid Opioid campaign from October 2020 through January 2021, resulted in a 300% increase in average monthly call volume.

Fiscal Reports

Stacy Bruels provided an overview of the 2nd quarter report for Fiscal Year 2021 regarding the amount expended for contract and Medicaid services by area.

NSSP Grant / Suicide Prevention

Jana Boocock reported that the Youth Follow-Up Program provides follow-up calls to youth ages 10-24 hospitalized for suicidal ideation or attempt at any of the four inpatient behavioral health units in South Dakota. Since the inception of the Follow-Up program, through January 31, 2021, 1,775 youth have been enrolled.

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The Adult Follow-Up Program, which was adapted from the Youth Follow-Up Program, began in November of 2020, and provides follow-up calls to adults age 25 and older hospitalized for suicidal ideation or attempt at any of the four inpatient behavioral health units in South Dakota. Through January 31, 2021, 157 adults have been enrolled and 20 adults reported being actively engaged in mental health services in January.

Through March 5, 2021 in FY21, the Division has approved 42 suicide prevention and mental health awareness trainings, training 520 individuals, with an additional 7 requests pending approval. Trainings that have been approved include Mental Health First Aid (MHFA), Youth Mental Health First Aid (YMHFA), Question Persuade and Refer (QPR), and Applied Suicide Intervention Skills Training (ASIST).

Screening, Brief Intervention, and Referral to Treatment (SBIRT) Grant
The SBIRT Advisory Council met via Zoom the morning of March 17th. Jana Boocock reported that Avera St. Mary's in Pierre began SBIRT screening and implementation in January. Avera McKennan is providing oversight to this clinic, in addition to attempting to on-board additional clinics and Avera's E-Triage program.

Since the SBIRT grant began, through January 31, 2021, there have been 34,735 screenings completed, with 2,150 clients screening positive and 905 clients receiving either a Brief Intervention (BI), Brief Treatment (BT) or Referral to Treatment (RT) intervention.

South Dakota State Epidemiological Outcomes (SEO)
Jana Boocock reported that the SEO website is available at: https://www.sdseow.org/. This site is intended to serve as a resource for accessing state and regional data related to behavioral health and substance use/misuse in South Dakota.

2022-2023 State Plan
Jennifer Humphrey announced that the 2022-2023 combined block grant biannual application (aka State Plan) is due in September. A draft of the application will be shared at June meeting for Advisory Council recommendations. To review previous applications please go to: WebBGAS.
Username: citizenSD
Password: citizen

VII. Open Discussion/Council Member Updates

Lorraine Polak announced the allocation of additional funds for the SD CARES Housing Assistance Program which assists residents financially impacted by COVID-19 with temporary housing expenses such rental, mortgage or utility assistance. For more information please contact the South Dakota Housing Development Authority @ 1-800-540-4241 or the Helpline Center @ 211.

VIII. Public Comment / Testimony

No public comment or testimony received.

IX. Future Meetings

The next meeting will take place Wednesday, June 9, 2021 from 1:00-4:00 p.m. CT via Zoom.

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

X. Adjourn

Karen Severns made a motion to end the meeting. Jon Sommervold seconded the motion. Motion carried, all approved.

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Behavioral Health Advisory Council Quarterly Fiscal Report — Fiscal Year 2021 Quarter 3

Substance Use Disorder Services

Contract Services	FY21 Contract Amount	Q1 Expended	Q2 Expended	Q3 Expended	Q4 Expended	FY21 Expended	FY21 Percentage Expended
Outpatient Treatment	$ 5,167,738	$ 984,979	$ 967,466	$ 1,008,267		$ 2,960,713	57%
Clinically Managed Low Intensity	$ 5,244,893	$ 1,065,136	$ 1,079,521	$ 1,070,776		$ 3,215,433	61%
Residential (Inpatient) Treatment	$ 6,228,100	$ 1,259,918	$ 1,111,300	$ 1,076,729		$ 3,447,948	55%
Meth Programs	$ 3,953,326	$ 620,991	$ 669,434	$ 570,090		$ 1,860,514	47%
Recovery Supports (Specific to Pregnant Women)	$ 15,000	$ 629	$ 332	$ 795		$ 1,755	12%
Detoxification	$ 980,907	$ 147,291	$ 113,332	$ 123,182		$ 383,805	39%
Gambling	$ 306,195	$ 66,028	$ 56,191	$ 35,883		$ 158,102	52%
Criminal Justice Initiative	$ 6,976,797	$ 1,361,427	$ 1,230,472	$ 1,267,242		$ 3,859,142	55%
Adolescent SUD EBP	$ 285,000	$ 12,809	$ 13,175	$ 17,809		$ 43,793	15%
Total	**$ 29,157,956**	**$ 5,519,208**	**$ 5,241,224**	**$ 5,170,773**	**$ -**	**$ 15,931,205**	**55%**

Title XIX Services	Q1 Expended	Q2 Expended	Q3 Expended	Q4 Expended	FY21 Expended
CJI-CBISA	$ 42,527	$ 42,076	$ 65,111		$ 149,715
Adolescent SUD EBP	$ 10,884	$ 4,778	$ 7,660		$ 23,323
Intensive Meth Treatment	$ -	$ 2,690	$ 18,102		$ 20,792
Outpatient Treatment Total	$ 180,436	$ 156,164	$ 220,290		$ 556,891
Low Intensity	$ 101,827	$ 93,022	$ 147,669		$ 342,519
Residential Treatment	$ 135,817	$ 162,784	$ 247,577		$ 546,179
Residential Treatment-Pregnant Women	$ 62,810	$ 92,057	$ 116,496		$ 271,363
Residential Treatment-Adolescents	$ 778,470	$ 758,317	$ 730,246		$ 2,267,034
Total	**$ 1,312,773**	**$ 1,311,888**	**$ 1,553,153**	**$ -**	**$ 4,177,814**

Prepared: May 13, 2021
Expenditures obtained from STARS.

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

Mental Health Services

Contract Services	FY21 Contract Amount	Q1 Expended	Q2 Expended	Q3 Expended	Q4 Expended	FY21 YTD Expended	FY21 Percent Expended
CYF Services (SED)	$ 1,838,183	$ 293,496	$ 379,928	$ 410,151		1,083,576	59%
CARE Services	$ 7,781,623	$ 1,953,647	$ 1,779,643	$ 1,653,255		5,386,546	69%
Room and Board	$ 287,320	$ 54,618	$ 52,567	$ 52,279		159,463	56%
Outpatient Services	$ 1,519,381	$ 322,804	$ 219,864	$ 131,258		673,926	44%
IMPACT	$ 2,007,234	$ 459,688	$ 378,653	$ 332,093		1,170,434	58%
MH Courts (FACT)	$ 565,080	$ 68,178	$ 63,790	$ 58,474		190,442	34%
First Episode Psychosis	$ 127,333	$ 17,168	$ 6,147	$ -		23,315	18%
Transition Age Youth	$ 561,202	$ 128,836	$ 145,207	$ 136,928		410,971	73%
JJRI	$ 875,220	$ 96,318	$ 112,474	$ 118,228		327,020	37%
Total	**$ 15,562,576**	**$ 3,394,752**	**$ 3,138,275**	**$ 2,892,666**	**$ -**	**9,425,693**	**61%**

Title XIX Services	FY21 Target Amount	Q1 Expended	Q2 Expended	Q3 Expended	Q4 Expended	FY21 YTD Expended	FY21 Percent Expended
CYF Services (SED)	$ 6,947,365	$ 1,103,917	$ 1,433,578	$ 1,565,623		4,655,674	67%
CARE	$ 1,673,028	$ 1,496,736	$ 1,374,584	$ 1,380,131		4,251,451	70%
Outpatient Services	$ 295,634	$ 426,481	$ 412,240	$ 488,804		1,341,280	68%
IMPACT	$ 2,552,750	$ 665,407	$ 590,726	$ 583,940		1,840,073	72%
MH Courts (FACT)	$ -	$ 17,890	$ 16,528	$ 28,009		62,427	0%
JJRI	$ 996,273	$ 106,023	$ 146,251	$ 164,361		416,635	42%
Total	**$ 12,465,050**	**$ 3,816,455**	**$ 3,973,907**	**$ 4,210,867**	**$ -**	**12,567,540**	**68%**

Prepared: May 13, 2021
Expenditures obtained from STARS.

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

South Dakota Department of Social Services

Department of Social Services
Division of Behavioral Health
605.367-5236
dss.sd.gov

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

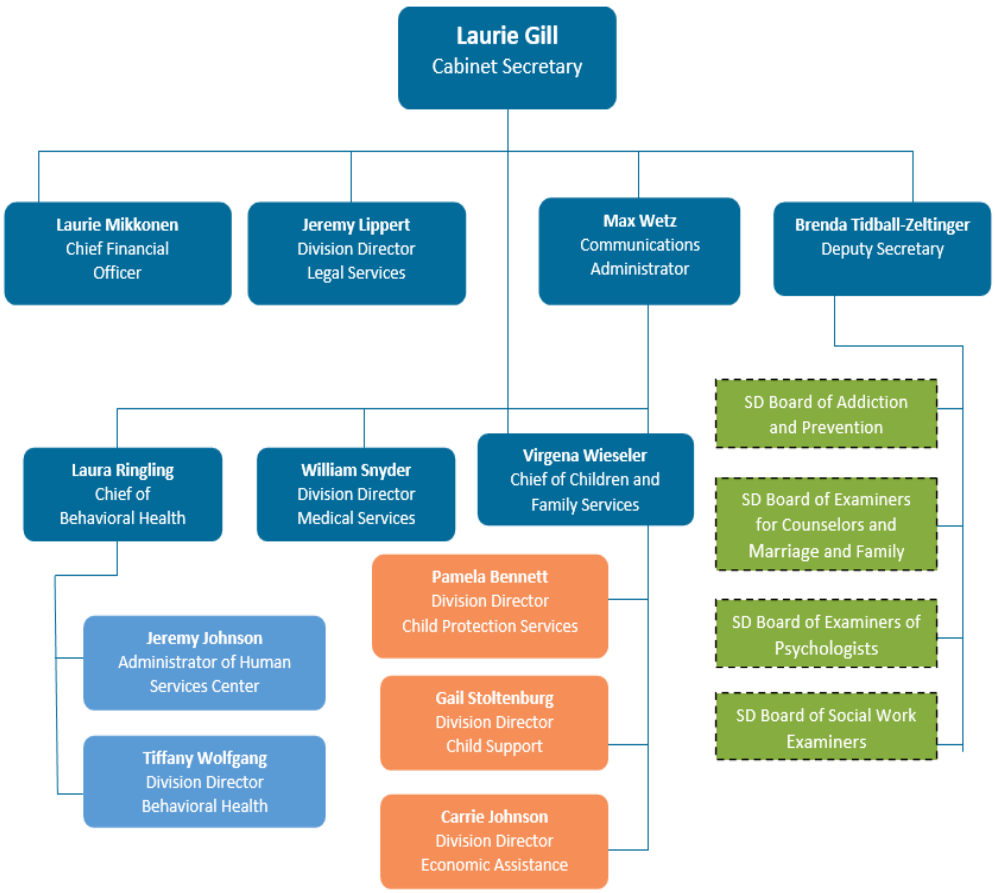
STATE DEMOGRAPHICS

The State of South Dakota is spread across more than 75,000 square miles and is home to approximately 884,659 residents (2019 US Census Bureau) with four out of ten South Dakotans living in a rural area. Our representative population is largely white (84.9%) with 9% American Indian/Alaska Native. South Dakota is predominantly a rural state with an average of 10.7 persons per square mile, which falls at the very low end of rural (6-99 persons per square mile). Additional demographics include:

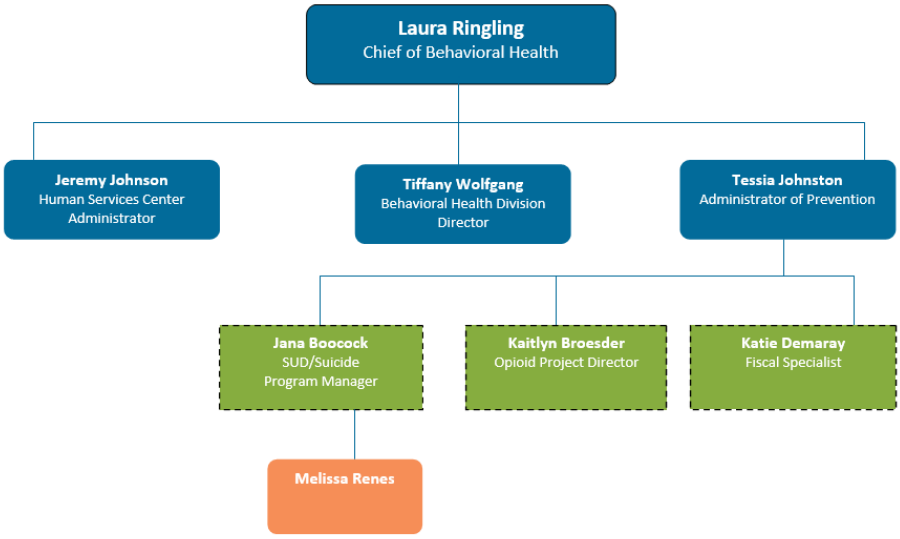
- 66 counties and 35 counties classified as frontier (less than 6 persons per square mile).
- 30 counties classified as rural (6 to 99 persons per square mile).
- 1 county considered urban (100 or more persons per square mile); and
- 9 reservations encompassing 15,000 square miles.

STATE ORGANIZATIONAL STRUCTURE

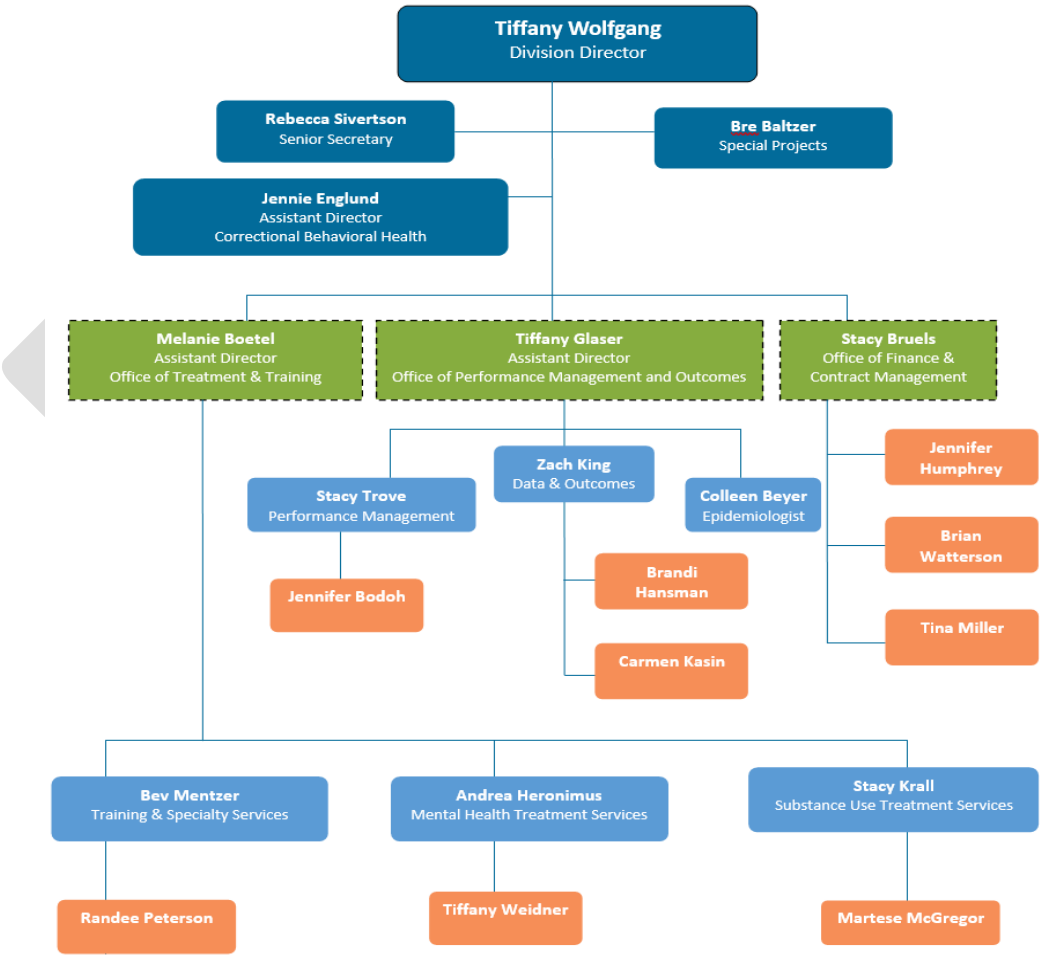
Department of Social Services



Office of Behavioral Health



Division of Behavioral Health



Department of Social Services

Strengthening and supporting individuals and families by promoting cost effective and comprehensive services in connection with our partners that foster independent and healthy families.

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

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

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

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

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

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

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

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

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

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The Human Services Center provides individuals who are mentally ill or chemically dependent with effective, individualized professional treatment enabling them to achieve their highest level of personal dependence in the most therapeutic environment.

The Division of Behavioral Health ensures children and adults with mental health and substance use disorders in South Dakota communities can choose and receive effective services needed to promote resilience and recovery.

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

Behavioral Health Services

Strengthening and supporting children and adults through community-based substance use disorder and mental health services, psychiatric hospitalization, and services for offenders incarcerated in state correctional facilities.

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

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

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

In addition, The Division of Behavioral Health provides mental health and substance use disorder services to adult offenders incarcerated by the Department of Corrections. The Resource Coordination Program connects inmates to community-based services upon their release. Community-based services are made available statewide for justice involved youth and adults through contracts with community providers.

Behavioral Health Services Workgroup

The Division of Behavioral Health continues to utilize recommendations from the Behavioral Health Services Workgroup 2012 Final Report to identify current service gaps and critical service needs.

Behavioral Health Services Workgroup Final Report: Behavioral Health Work Group (sd.gov)

Mental Health Initiative

In 2016, Chief Justice David Gilbertson, with the support of Governor Dennis Daugaard, created a Task Force on Community Justice and Mental Illness Early Intervention. The formation of the Task Force aligned with recommendations from the Behavioral Health Services Workgroup 2012 Final Report.

The Task Force 2016 Final Report: Task force on community Justice and mental illness early intervention (sd.gov)

As part of the Mental Health Initiative, in 2018, the Division of Behavioral Health developed a Behavioral Health Quick Reference Guide that is used as a resource for criminal justice and legal system professionals.

Behavioral Health Quick Reference Guide: quick_reference_guide.pdf (sd.gov)

The Virtual Crisis Care pilot program began in 2020 and provides probation and law enforcement with 24/7 access to behavioral health professionals who can assist in responding to people experiencing a mental health crisis. It advances Chief Justice David Gilbertson's vision to ensure that those working in the criminal justice system have access to the resources they need to help people with mental illness, regardless of where they live.

South Dakota Unified Judicial System: https://ujs.sd.gov/Resources/VirtualCrisisCare.aspx

House Bill 1183

In 2017, House Bill 1183 passed with several provisions related to improving the efficiency and effectiveness in how the criminal justice system responds to individuals with mental illness.

House Bill 1183: South Dakota House Bill 1183 (sdlegislature.gov)

The 2020 Annual Report of the Oversight Council for Improving Criminal Justice Responses for Persons with Mental Illness details continued advancements of the legislative goals, including the Crisis Care Center in Pennington County and a Minnehaha County triage center which is scheduled to open mid-2021, a new Mental Health Court in Minnehaha County, continued reduction in wait times for individuals to be evaluated for competency, and continued training of law enforcement officers and stakeholders related to mental illness.

2020 Annual Report: HB 1183 Annual Report (2-11 Proof) (sd.gov)

Mental Health Summer Study

A Mental Health Summer Study took place in 2018. Legislatures were provided education regarding mental illness and provided an overview of Community Mental Health Centers and the community-based mental health services provided in South Dakota. Other areas discussed more deeply involved suicide, west river access to mental health services and the budget.

A concurrent resolution passed during the 2019 Legislative Session for legislative tasks forces to study, report and develop and consider recommendations and proposed legislation regarding sustainable improvements to the continuum of mental health services available in the state.

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For more information, please visit: 2018 South Dakota Access to Mental Health Services Study (sdlegislature.gov) or South Dakota Senate Concurrent Resolution 2 (sdlegislature.gov)

Behavioral Health Advisory Council

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

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

LOCAL SERVICE SYSTEM

Community Behavioral Health

Supporting quality clinical treatment and prevention services with integrity to obtain positive outcomes for individuals with behavioral health needs.

Fiscal Management

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

Funding utilized for mental health services include direct services to individuals with serious mental illnesses and children with serious emotional disturbances as well as outpatient services, emergency services, and services through the Indigent Medication Program. The Indigent Medication Program assists individuals with serious mental illness and/or substance use disorders in purchasing psychotropic medications, related lab costs and medications for substance use disorders, with temporary funding, until longer term funding can be obtained.

Funding utilized for substance use disorder services includes prevention, outpatient, intensive outpatient, day treatment, medically monitored intensive inpatient treatment, clinically managed low intensity residential treatment, clinically managed residential detoxification, and specialty programs including intensive methamphetamine treatment and treatment for pregnant and parenting women. As of July 1, 2018, the Medicaid State Plan covers substance use disorder services for all Medicaid-eligible individuals.

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

Behavioral Health is responsible for determining eligibility based on hardship considerations defined in provider contract requirements.

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

Targeted Services for Justice-Involved Adults

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

Outcome measure tools are collected by providers at the time of intake and discharge and Division of Behavioral Health staff conduct follow-up surveys six months post completion of treatment. The Public Safety Initiative Oversight Council, which released outcomes of the CJI Program annually, dissolved in 2018 based on statute.

CJI Flyer: CJI_flyer.pdf (sd.gov)

Targeted Services for Justice-Involved Youth

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

Other treatment services for justice-involved youth include Moral Reconation Therapy (MRT), Aggression Replacement Training (ART), Cognitive Behavioral Interventions for Substance Abuse (CBISA), and Cannabis Youth Treatment (CYT).

Through the Juvenile Justice Reinvestment Initiative (JJRI) and state general funds, the DBH contracts with the following CMHCs to provide Systems of Care (SOC) within their catchment area: Behavior Management Systems, Brookings Behavioral Health and Wellness, Capital Area Counseling Services, Community Counseling Services, Dakota Counseling Institute, Lewis and Clark Behavioral Health Services, , Human Service Agency, Southeastern Behavioral Health Care, Southern Plains Behavioral Health Services, and Three Rivers Mental Health Center. The South Dakota Department of Education (DOE) is the recipient of the 5-year FFY2018 Project AWARE (Advancing Wellness and Resiliency in Education) State Education Agency grant and the DBH partners with the DOE to achieve the goals of the grant which are to implement a multi-tiered system of support approach and to strengthen and enhance partnerships between schools and CMHCs. These

services are provided by Behavior Management Systems, Lewis and Clark Behavioral Health Services and Southeastern Behavioral HealthCare, with an additional SOC coordinator for four partnering schools.

Additionally, in FY20's state budget, the DBH was allotted five additional SOC coordinators to expand implementation throughout the state.

JJRI Final Report: Microsoft Word - JJRI WG Report_Final (sd.gov)

JJRI Flyer: JJRI_flyer.pdf (sd.gov)

Resource Coordination Program

The Division of Behavioral Health has partnered with the Department of Corrections to ensure individuals with behavioral health disorders released from state operated correctional facilities have appropriate referrals to community providers. The DBH collaborates with many community agencies, including mental health and substance use disorder providers to facilitate improved discharge planning for individuals being released from correctional facilities. All agencies work together on discharge plans to ensure individuals being released, receive appropriate mental health and/or substance use services.

Correctional Behavioral Health

Through state general funds, services are offered at state correctional facilities operated by the Department of Corrections (DOC). At the time of an offender's admission, an integrated behavioral health assessment is conducted, which identifies the level of need for both substance use disorder treatment and mental health services. If eligible, program referrals are made accordingly.

A master's level clinician completes a full evaluation of offenders with a serious mental illness. The therapist works with the offender to develop a treatment plan, which includes coping with the prison environment, mental illness and release planning.

All offenders can request mental health services regardless of history. DOC staff and Department of Health staff may also refer offenders if a need is identified.

Master's level therapists conduct suicide screenings, crisis intervention services as well as provide individual and group therapy sessions.

All DOC facilities have implemented evidence-based substance abuse curriculum. Mental health and substance use staff provide services to offenders with co-occurring issues in a collaborative manner.

Prevention Services

Create and sustain a statewide prevention system promoting behavioral health and preventing mental and substance use disorders through evidence-based programs.

The Office of Prevention Services (OPS) oversees the statewide prevention system, maintaining expenditures of not less than 20% of the Substance Abuse Prevention and Treatment Block Grant.

SD is divided into three main regions that three Prevention Resource Centers (PRCs) serve, ensuring coverage to all 66 counties of the state. The six identified primary prevention strategies are:

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

SUD Prevention Providers Flyer: SUD_Prev_flyer.pdf (sd.gov)

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

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

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

Suicide Prevention Flyer: suicide_prevention_flyer.pdf (sd.gov)

Project AWARE (Advancing Wellness and Resiliency in Education) State Education Agency Grants

In 2019, the Department of Education received a Notice of Grant Award from the Substance Abuse and Mental Health Services Administration for the Project AWARE SEA grant, a 5-year grant, beginning September 30, 2018 to September 29, 2023. The DBH is a close partner in the grant, which aims to build a trauma-informed interconnected systems framework in support of children and their mental health across the state. Grant activities are occurring within 4 Local Education Agencies (LEAs) across the state to build multi-tiered systems of support, including Systems of Care by the local CMHC serving the LEA, as well as statewide to de-

stigmatize mental health, and increase self- and peer-awareness of mental health issues.
Prevention programming supported through the grant includes Second Step, Youth Mental Health First Aid (YMHFA), National Alliance on Mental Illness (NAMI) Ending the Silence (ETS), and Sources of Strength (SOS).

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

The Office of Prevention Services (OPS) received Notice of Award from the Substance Abuse and Mental Health Services Administration for the South Dakota Screening, Brief Intervention and Referral to Treatment (SBIRT) Grant. The award is for $1,658,375 per year for the next five years, beginning September 30, 2016 to September 29, 2021.

The goals of the grant are:

1. To develop the organizational relationships and infrastructure for integration of SBIRT services into primary care clinics and community behavioral health systems in South Dakota.
2. To develop and implement SBIRT training for primary care, community health, substance use prevention and treatment providers.
3. Implement SBIRT services in primary care and community behavioral health settings in South Dakota.
4. Monitor quality and evaluate SBIRT implementation and programming.

The objectives of the grant are:
Objective 1

1. Enhance organizational readiness and commitment for implementation of SBIRT into community behavioral health systems.
2. Develop SBIRT patient flow processes for primary care and community behavioral health settings.
3. Develop patient flow and referral protocols for referral of patients from primary care settings to behavioral prevention services, treatment services, and/or Medication-Assisted Treatment.
4. Facilitate the establishment of formal referral agreements between SBIRT and partner organizations.

Objective 2

1. Assemble a SBIRT training curriculum for primary care clinics and community behavioral health including substance abuse prevention and treatment providers.
2. Train all staff involved in SBIRT services in primary care clinics and community behavioral health including substance abuse prevention and treatment providers in each partnering community.
3. Provide annual refresher training in SBIRT to behavioral health prevention and treatment provider agencies participating in each community.

Objective 3

1. Integrate screening tools into clinical processes and EHRs.
2. Integrate brief intervention and prevention services into the clinical process
3. Integrate referral to treatment and or MAT.
4. Implement the SBIRT in primary care and community health settings.

Objective 4

1. Develop data collection protocols.
2. Monitor program implementation.
3. Conduct ongoing formative evaluation of SBIRT screening, brief intervention, and referral to treatment and/or MAT.
4. Conduct an impact evaluation of patient outcomes.

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5. Participate in national evaluation through collection and reporting of required data elements

South Dakota National Strategy for Suicide Prevention (SD NSSP)

The Office of Prevention Services received Notice of Award from the Substance Abuse and Mental Health Services Administration for the South Dakota National Strategy for Suicide Prevention (SD NSSP) grant. The award is for $400,000 per year for three years, beginning August 31, 2020 – August 30, 2023.

Key goals and outcomes will include improving continuity of care and targeted follow-up to individuals at risk for suicide after discharge from inpatient behavioral health units by establishing or enhancing care transition protocols as well as increasing the confidence and competence among critical stakeholders to better identify those at risk of suicide. Another key focus is on the veteran population of South Dakota; Veterans in South Dakota approximate 51,000, or 8.2% of the state's population according to the most recent census data. Our goals for the Veteran population is to increase the available interventions and engagement with at-risk veterans who are not currently receiving services through the Veteran's Health Administration (VHA) by utilizing information through state clearinghouses (such as the Department of Motor Vehicles and South Dakota Department of Veterans Affairs) as well as established veterans' organizations to identify the needs of at-risk veterans throughout the state.

Methamphetamine Prevention Campaign

South Dakota Meth Prevention and Awareness Campaign (onmeth.com)

During the 2019 legislative session, the Governor proposed, and the legislature approved $1,375,000 for a meth prevention and public education awareness campaign and $250,000 annually to support the campaign. Since its start on November 17, 2019, the OnMeth campaign has received news coverage across South Dakota, nationally, and internationally. It's also been discussed on late night talk shows and other media programs. Much of the initial coverage focused on reactions to the campaign slogan, but the attention has generated nearly 211,000 unique visitors to the OnMeth.com website. The campaign sparked a national discussion on addiction and drug use, highlighting its effectiveness.

Since the launch of the OnMeth.com website in November 2019 through December 2020, there were nearly 211,000 site visits, with over 32,000 of those coming from within South Dakota. Forty-one South Dakotans utilized the website to access the meth hotline.

Middle School Meth Prevention

During the 2019 legislative session, the Governor proposed, and the legislature approved $731,281 for school-based meth prevention programming. On August 19, 2019, the Department of Social Services (DSS) published Request for Proposal (RFP) #1784 Evidence-Based Middle School Meth Prevention, seeking offerors to provide evidence-based substance use prevention programing, with emphasis on methamphetamine prevention, in South Dakota middle schools. Nine proposals were received and approved for funding, identifying a projected 40 schools that will receive programming with this funding. Programming began January 1st, 2020.

The number of middle schools with meth prevention funding has almost doubled since 2019 (46 in FY 19 to 85 in FY 21).

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

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

The Division of Behavioral Health (DBH) and Office of Prevention Services (OPS) collaborates with key partners to share relevant and educational information about opioid abuse and misuse with South Dakotans through various forms of media, backed by a comprehensive and targeted promotional campaign. The campaign, AvoidOpioidSD, includes 4 testimonials featuring stories of SD residents with lived experience, a website, social media, and print materials including brochures, business cards, and display materials: https://www.avoidopioidsd.com/. Key outcomes include:

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

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

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

COMMUNITY-BASED MENTAL HEALTH SERVICE SYSTEM

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

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

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

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

Community Mental Health Centers (CMHCs)

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

Funding that supports mental health services for indigent and/or Medicaid eligible individuals are supported through Mental Health Block Grant funding as authorized under US Title 42 Part B. As a requirement of the funding, a full array of services must be provided and include services to priority populations, children with serious emotional disturbance and adults with serious mental illness. To ensure fulfillment of the requirements of US Title 42 Part B, South Dakota's Mental Health Block Grant dollars are allocated to agencies defined in South Dakota Codified Law 27A-1-1(16) and accredited according to Administrative Rules of South Dakota 67:62.

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

1. Behavior Management Systems (BMS), Rapid City- Catchment area: Bennett, Butte, Custer, Fall River, Harding, Jackson, Lawrence, Meade, Pennington, and Oglala Lakota counties. The Pine Ridge Indian Reservation falls within the catchment area as well. Additional mental health services include MRT, ART, FFT, SOC and IMPACT. BMS established a First Episode Psychosis Program in 2016. Substance use services include early intervention, outpatient services and clinically managed low intensity residential treatment and medically monitored intensive inpatient treatment for pregnant women and women with dependent children. Additionally, BMS provides residential housing supports for individuals with serious mental illness.

2. Brookings Behavioral Health and Wellness (BBHW), Brookings- Catchment area: Brookings county. Additional services include SOC. Substance use services: prevention, and outpatient.

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

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

5. Dakota Counseling Institute (DCI), Mitchell- Catchment area: Aurora, Brule, Davison, Hanson, and Sanborn counties. Additional mental health services include FFT. Substance use services include

outpatient, clinically managed low intensity residential, clinically managed residential detoxification, medically monitored intensive inpatient, CBISA, and intensive methamphetamine treatment.

6. Human Service Agency (HSA), Watertown- Catchment area: Clark, Codington, Deuel, Grant, Hamlin, and Roberts counties. The catchment area includes the Sisseton-Wahpeton Oyate. Additional mental health services include MRT, FFT and SOC. Substance use services include prevention, outpatient, clinically managed low intensity residential, clinically managed residential detoxification, and CBISA. Additionally, HSA provides residential housing supports for individuals with serious mental illness. HSA also provides services to people with developmental disabilities.

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

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

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

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

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

ADULT MENTAL HEALTH SERVICES

The Division of Behavioral Health, the Behavioral Health Advisory Council, and the Community Mental Health Centers (CMHCs) collaborate with one another to ensure that the community-based mental health system

provides services that are comprehensive, culturally responsive, and client driven. Moreover, services through the CMHC system provide a recovery focus to all individuals with mental health issues, including individuals with co-occurring disorders. Although CMHCs provide mental health services to all adults identified with mental health issues, the highest priority target group is adults with a serious mental illness (SMI).

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

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

In addition to meeting at least one of the criteria above, the individual must have impaired functioning as indicated by at least three (3) of the following:

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

CARE

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

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

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

place in a variety of settings including the client's home, within the community, or at the Community Mental Health Center, dependent upon the client's needs and preferences.

The CARE team is responsible for the following services:

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

IMPACT

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

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

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

1. The client has a medical necessity to receive IMPACT services, as determined by a clinical supervisor.
2. The client is approved by the division to receive IMPACT services.
3. The client understands the IMPACT model and voluntarily consents to receive IMPACT services or is under transfer of commitment from HSC.
4. No other appropriate community-based mental health service is available for the client; and

5. The client meets at least four of the following criteria.
    a. Has a persistent or recurrent difficulty performing daily living tasks except with significant support or assistance from others such as friends, family relatives, or community mental health providers.
    b. Has frequent psychiatric inpatient hospitalizations within the past year.
    c. Has constant cyclical turmoil with family, social, or legal systems or inability to integrate successfully into the community.
    d. Is residing in an inpatient, jail, prison or residential facility and clinically assessed to be able to live in a more independent living situation if intensive services are provided.
    e. Has an imminent threat of losing housing or becoming homeless; or
    f. Is likely to need residential or institutional placement if more intensive community-based services are not provided.

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

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

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

Mental Health Court

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

Collaboration of CARE and IMPACT with other agencies

Comprehensive Assistance with Recovery and Empowerment (CARE) and Individualized Mobile Programs of Assertive Community Treatment (IMPACT) services encompass physical health, mental health, rehabilitation, and case management services including services for individuals with co-occurring disorders. Staff work with individuals through regular referral/contact with community resources and agencies such as Vocational

Rehabilitation, Divisions within the Department of Social Services including Economic Assistance, other community social service agencies, substance use disorder treatment agencies, primary care physicians, and dentists. The CARE/IMPACT teams address needs of clients on an individual basis, and treatment plans for that individual include referrals and linkage with other systems. In addition, nine Community Mental Health Centers act as Health Home providers and provide comprehensive care management, care coordination, health promotion, comprehensive transitional care/follow-up, patient and family support, and referral to community and social supports.

Medical/Dental Service Coordination

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

Transitional Housing

Residential housing provides room and board for individuals ages 18 and older who have a serious mental illness, including those with co-occurring substance use disorders and due to their illness, need additional support. Three of the eleven Community Mental Health Centers (Behavior Management Systems, Capital Area Counseling Services, and the Human Service Agency) offer residential housing supports. Individuals living in residential housing are provided a broad range of services available through Comprehensive Assistance with Recovery and Empowerment or Individualized Mobile Programs of Assertive Community Treatment services. Community Mental Health Centers focus on supporting individuals to develop the skills necessary to live independently and transition into their own apartment, if clinically appropriate. In addition to funding provided by the DBH, providers work with local partners to identify additional resources for their clients.

Assisted Living Centers

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

The Behavioral Health Workgroup Geriatric Subcommittee developed recommendations regarding the growing trends of dementia-related healthcare needs among the state's senior population, which is leading to an increased need for behavioral health training among healthcare staff and additional capacity for patients with dementia and short-term behavioral health needs.

Behavioral Health Services Workgroup: Behavioral Health Work Group (sd.gov)

Because of the Behavioral Health Workgroups final recommendations, the Human Services Center (HSC) and the Division of Long Term Services and Supports worked with a nursing home in Irene to create a specific unit that serves 11 individuals who have behavioral health challenges. This allows individuals who are currently residing in the nursing facility units at the HSC to transition to a less restrictive community setting.

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

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

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

If the Clinical Review is not successful and less restrictive options have failed, residents are transferred directly to the HSC Geriatric Program for a short stay treatment.

The goals of the short stay program in the Geriatric Program are to assess the resident, provide treatment in both medication and non-medication forms, and return the resident to their home community.

Discharge Planning between the Human Services Center and Community

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

The Behavioral Health Workgroup Geriatric Subcommittee collaborated with the discharge planning workgroup to reduce the number of inappropriate admissions by developing a capacity for the HSC to provide psychiatric reviews/consultations to nursing facilities to assist with clients who have challenging behaviors or behavioral health needs. This is also explained in more detail under "Assisted Living Centers (Adult Services)".

Preadmission Screening and Resident Review (PASRR)

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

Preadmission Screening and Resident Review (PASRR), is a federal mandate which ensures individuals are not inappropriately placed in nursing homes for long term care. PASRR requires that each resident, regardless of payment source, applying for admission to, or residing in, a Medicaid-certified nursing facility be screened for

mental illness and /or intellectual disability.

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

The Division of Behavioral Health and Division of Medical Services, together with the Department of Human Services participated in technical assistance sessions with the PASRR Technical Assistance Center (PTAC) in August 2020. DBH is currently preparing for a redesign of the PASRR process to improve the South Dakota PASRR program as well as to ensure this procedure is carried out according to federal mandates.

Projects for Assistance in Transition from Homelessness (PATH)

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

The allocation amounts of PATH funds are based on the need for services. The urban areas of Sioux Falls and Rapid City have the largest homeless populations and, therefore, need and receive the highest allocation amounts.

To make the best use of PATH funds, the DBH has divided funds into two separate categories, Category 1 and Category 2.

Category 1 is for the provision of direct mental health services, including the following:

- Outreach services
- Screening and diagnostic treatment services
- Habilitation/rehabilitation services
- Community mental health services
- Case management
- Substance use disorder treatment services
- Referrals for primary health services
- Job training
- Educational services

Category 2 funds are used for one-time rental assistance and security deposits.

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

Housing Coordination and Supports

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

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

There are three agencies within the CMHC system that offer board and care facilities including; 12 beds at Behavior Management Systems in Rapid City, 20 beds within two facilities at Capital Area Counseling Services in Pierre, and 14 beds at Human Service Agency in Watertown, The DBH has recognized that there is a deficit in available mental health board and care for SMI individuals, particularly those who are coming out of a correctional facility. It is therefore a priority for the DBH to collaborate with these existing providers to explore flexibilities within the current system as well as future funding to expand available housing.

Mental Health Services to Veterans

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

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In 2020, the Division of Behavioral Health facilitated collaborative conversations between the CMHCs, the Council of Community Behavioral Health, and the VA community engagement and partnership coordinators, to promote effective working relationships between the CMHCs and the VA. By working together, the CMHCs can provide additional services to veterans with SMI, such as case management services and medication monitoring, as well as Coordinated Specialty Care services for veterans with ESMI that are not currently available within the VA system.

Vocational Coordination

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

CHILDREN'S MENTAL HEALTH SERVICES

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

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

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

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

1. Is under eighteen years of age.
2. Exhibits behavior resulting in functional impairment which substantially interferes with or limits the individual's role or functioning in the community, school, family, or peer group.

3. Has a mental disorder specified within the Diagnostic and Statistical Manual of Mental Disorders, fifth edition, 2013, or coding found in the International Classification of Diseases, 10th revision, Clinical Modification, 2015.
4. Has demonstrated a need for one or more special care services, in addition to mental health services; and
5. Has problems with a demonstrated or expected longevity of at least one year or has an impairment of short duration and high severity.

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

Children, Youth and Family (CYF) Services

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

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

Vocational Coordination

Community Mental Health Centers support youth with serious emotional disturbances and their families when the youth is seeking employment. Services include assisting the individual in locating, securing and maintaining employment or accessing services through other services, such as Project Skills. Project Skills is funded through the Department of Human Services: Divisions of Rehabilitation Services (DRS) and Service to the Blind and Visually Impaired (SBVI) and local school districts across South Dakota. DRS and SBVI are referred to as Vocational Rehabilitation (VR) which provides individualized vocational rehabilitation and supportive services to assist individuals with disabilities to reach their employment goals. Project Skills offers students with disabilities an opportunity to gain paid employment experience of up to 250 hours while in high school. VR funds the wages, workers compensation, and the Federal Insurance Contributions Act while schools provide job development, job coaching and follow-along for the student at the job site.

Educational Coordination

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

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

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

Medical/Dental Service Coordination

Case management services in CYF include a holistic approach to maintaining physical and mental health. CYF staff work with individuals through regular referral/contact with agencies such as a child/family's primary health care physician and/or a dentist. CYF case managers and family teams address the needs of children/families on an individual basis, and treatment planning for that child/family includes referrals and linkage with other systems.

Residential Services

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

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

Out of State Placement

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

Child Welfare, Juvenile Services, and Criminal Justice Coordination

The Unified Judicial System (UJS), Child Protective Services (CPS), the Department of Corrections (DOC), and Community Mental Health Centers (CMHCs) collaborate with one another to improve the referral and service delivery system for children/youth who are referred by UJS, DOC or CPS to a CMHC. The Division of Behavioral Health (DBH) supports these collaborative efforts by coordinating both system-wide conversations and local conversations, if needed.

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In June of 2014, Governor Daugaard established the Juvenile Justice Reinvestment Initiative (JJRI) Workgroup. The workgroup established a comprehensive package of reforms. A final report was issued in November 2014.

In March 2015, Governor Daugaard signed a bill to reform South Dakota's juvenile justice system. Since that time, the DBH has worked closely with the UJS and the DOC to implement targeted services for justice-involved youth, with oversight by the Juvenile Justice Public Safety Improvement Act (JJPSIA) Oversight Council.

JJPSIA: Boards and Commissions (sd.gov)

ADULT AND CHILDREN MENTAL HEALTH SERVICES

Services for Transition Age Youth Program – New Alternatives

In February 2013, The Division of Behavioral Health (DBH) received technical assistance from the Substance Abuse and Mental Health Services Administration regarding the Assertive Community Treatment model and housing supports for youth aging out of placements with no family supports.

During the 2014 Legislative Session, funding was approved for the DBH to develop supervised supported housing services for transition-age youth. The Behavioral Health Services Workgroup Final Report identified this as an area of need.

This intensive independent living program serves young adults diagnosed with a serious emotional disturbance or serious mental illness as they transition into adulthood. The program coordinates housing, mental health services, and support services targeted at assisting the young adult at developing independent living skills. An emphasis on employment, independent living skills, education and developing a community support system are also a part of this program.

The New Alternatives program, located in Rapid City, can serve up to 12 young adults at one time. The housing component of the program provides six (6) two-bedroom apartments to develop and foster the skills needed for independent living. Each apartment is fully furnished and includes two bedrooms, a full kitchen, bathroom and living room. To support the young adults' needs, 24-hour onsite staff supervision and support is provided.

Additionally, Lutheran Social Services is coordinating with Rapid City area community mental health and substance use disorder treatment agencies to provide services to the program participants.

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

First Episode Psychosis Program

Two First Episode Psychosis (FEP) Programs, utilizing the Coordinated Specialty Care (CSC) evidence-based model, have been established within the State of South Dakota. DBH initially contracted with OnTrackNY to provide training and technical assistance based on the CSC model to Southeastern Behavioral Health Care (SEBHC), in the eastern part of the state and Behavior Management Systems (BMS), in the western part of the state. SEBHC began serving clients in 2015 and BMS began serving clients in 2017. Providers were initially selected based on the most populous areas of the state, which allows a greater number of individuals the ability

to access FEP services however, with expanded telehealth utilization, these services are now able to be delivered statewide. Moreover, the DBH offered training in December 2020 to all CMHCs who were interested in learning about the CSC model of delivering services to individuals experiencing a first episode of psychosis. The two existing FEP teams are open to working with other CMHCs who have identified FEP clients to augment these services.

Health Homes

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

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

As of April 1, 2021, nine Community Mental Health Centers serving 13 locations, 28 FQHCs, 12 Indian Health Service Units/Tribal 638 and 83 other clinics act as Health Homes providers. The core services expected to be provided through the Health Homes providers include comprehensive care management, care coordination, health promotion, comprehensive transitional care/follow-up, patient and family support, and referral to community and social supports.

Respite Care

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

The Department of Human Services, Division of Developmental Disabilities, operates the Respite Care Program. Any family having a child or adult family member who has a developmental disability, a developmental delay (children only), a serious emotional disturbance, a serious mental illness, a chronic medical condition (children only), a traumatic brain injury, or a child that has been adopted may be considered for respite care services. The family chooses the respite provider and utilizes the required form to purchase respite care services.

Respite care is designed to help families and caregivers of children and adults with special needs. Caregivers and families often face serious problems and stress because of balancing the needs of their child or adult with special needs with the needs of other family members. Respite care is temporary relief care designed for families of children or adults with special needs. Respite care can range from a few hours of care provided on a

one-time basis to overnight or extended care sessions. Respite care can be utilized on a regular or irregular basis and can be provided by family members, friends, skilled care providers or professionals.

Indigent Medication Program

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

The Indigent Medication Program provides temporary funding to assist individuals with a serious mental illness and/or substance use disorder, who do not exceed 185% of the Federal Poverty Level, in purchasing psychotropic medications, related lab costs and medications for substance use disorders, until longer term funding can be obtained.

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

COMMUNITY-BASED SUBSTANCE USE DISORDER TREATMENT AND PREVENTION SERVICES

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

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

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

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

As of April 2021, there are 44 substance use disorder treatment programs accredited by the Office of Licensure and Accreditation in the state. The Division of Behavioral Health (DBH) contracts with 34 of them. The broad spectrum of services includes:

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

Any individual with a co-occurring disorder related to the client's primary substance use disorder may utilize block grant dollars if indigent funding requirements are met. Eleven accredited/contracted substance use

disorder treatment agencies receive state funding from lottery and gaming revenue to specifically target individuals with a primary gambling disorder.

In addition to primary prevention services, the substance use disorder service delivery system in South Dakota has built a solid foundation and infrastructure to include:

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

The Office of Prevention Services (OPS) contracts with 21 substance use prevention providers to provide prevention programming in the state of South Dakota.

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

School-based programming focuses on classroom presentations, early identification, screening and referral to services. Community-based programming focuses on establishing or changing community standards, policies and attitudes towards substance use. Individual-based programming focuses on targeted interventions to high risk individuals to reduce the likelihood of an individual developing a substance use disorder.
In addition, South Dakota has three Prevention Resource Centers that provide local trainings and are a resource for supporting implementation of evidence-based prevention programming for local communities or schools across the state.

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ADULT AND CHILD SUBSTANCE USE DISORDER SERVICES

Pregnant Women and Women with Dependent Children

Pregnant women are at highest priority for admission to services. Clients meeting this status must be admitted to the program no later than 14 days from the initial clinical assessment. If the program does not have the capacity to admit the client on the date of such request, interim services must be provided no later than 48 hours from the initial clinical assessment. The referring provider will ensure the client is provided interim services until an alternative placement can be located.

The Division of Behavioral Health (DBH) complies with Section 1922(c) of the Public Health Service Act and 45 CFR 96.124(e), which requires states to ensure that programs receiving funding for services also provide for or arrange for the provision of primary medical care, prenatal care, child care, primary pediatric care including immunizations for children, gender specific treatment, therapeutic interventions which addresses relationship issues, sexual and physical abuse, and parenting and child care, sufficient case management and transportation to ensure that women and their children have access to all services listed in this paragraph.

The DBH provides funding to two community-based treatment programs for pregnant women and women with dependent children. Behavior Management Systems (BMS) in Rapid City and Volunteers of America (VOA) in Sioux Falls both serve adult women. Both programs accept clients statewide and provide medically monitored inpatient, low intensity residential, outpatient services, case management, aftercare and interim services. Agencies can provide recovery support services before admission and after discharge to assist the women and their families in accessing services that support establishing healthy lifestyles and recovery.

The DBH modified the State Treatment Activity Reporting System (STARS) to allow the tracking of specific services provided to pregnant women. Language was written into each provider's contract to assure state compliance with the federal rules governing the notification of 90% program capacity. The capacity of each program is monitored by DBH staff through STARS, including interim services. Monitoring specific services provided and agency capacity level allows DBH to track utilization rates and to identify those service areas that are greatest in need. Additionally, the DBH implements a "daily open bed" report which captures the daily point-in-time open bed and next available bed date status for all inpatient and residential treatment services.

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

Persons Who Inject Drugs (PWID)

Contracted substance use disorder providers prioritize and provide outreach and intervention services to individuals identified as needing treatment for intravenous drug use. As per section 1923(a) (2) of the Public Health Services Act and 45 CFR 96.126 (b), clients are placed into services within 2-14 days after a request for treatment has been made by the referring agency. If an individual cannot be placed into services within 48 hours, the referring agency will provide interim services until a placement can be made.

Each provider receiving Block Grant funds complies with the established referral process for this high-risk population to facilitate access to services, testing, and the appropriate level of treatment. Language was written

into each provider's contract to assure state compliance with the federal rules governing the notification of 90% program capacity. The capacity of each program is tracked through State Treatment Activity Reporting System.

Each contracted provider is required to develop, adopt and implement policies and procedures to ensure that everyone who requests and needs treatment for intravenous drug use is admitted to the program no later than 14 days from the initial clinical assessment. If the program does not have the capacity to admit the individual on the date of such request, interim services must be provided until an individual is admitted to a substance use disorder treatment program. The purpose of interim services is to reduce the adverse health effects of such use, promote the health of the individual, and to reduce the risk of transmission of disease. At a minimum, interim services include counseling and education about HIV and tuberculosis (TB), the risks of needle-sharing, the risks of transmission to sexual partners and infants, and steps that can be taken to ensure that HIV and TB transmission does not occur. Interim services may also include referral for HIV or TB treatment services if necessary. Interim services must be made available to the individual no later than 48 hours from the initial clinical assessment.

In compliance with 42 U.S.C. 300x-23(a) (2) (A) (B), the DBH provides funding for treatment services for individuals who are unable to pay. All accredited treatment programs are notified on a yearly basis of the existence of this priority population and the process needed to secure the funds from the DBH when needed. To ensure compliance with 4.42 U.S.C. 300x-23(b), DBH specifies in contract the requirement to conduct outreach activities for this specific population. The DBH monitors compliance by reviewing the data submitted to STARS by providers and the Office of Licensure and Accreditation ensures policies and procedures are in place for this during regular on-site accreditation reviews.

Referral & Assessment Process

Clinicians complete an assessment to determine the clinical need and the appropriate level of care for each client. Clinicians utilize an integrated assessment that address co-occurring treatment needs for mental health, substance use disorders, or both. Recommendations for substance use disorder treatment are based on the admission criteria from American Society of Addiction Medicine (ASAM) Placement criteria. The ASAM Placement criteria are the basis for eligibility criteria for levels of care in the Administrative Rules of South Dakota. The Division of Behavioral Health (DBH) partnered with the Central Rockies Addiction Technology Transfer Center (ATTC) in 2017 to provide four ASAM trainings and with the Mountain Plains ATTC in 2018 to support workforce development and to ensure that the application of the ASAM placement criteria is consistent across the state. DBH partnered with the Mountain Plains ATTC to provide a three-part webinar series on ASAM that took place December 2019- April 2020. DBH then encouraged each SUD agency to participate in an ASAM Enhanced Professional Learning Series that was led by the Mountain Plains ATTC weekly from May 20-July 1st, 2020. this allowed them to have a staff on site who has had ASAM education and experience.

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

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

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Development of Group Homes

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

Through State Opioid Response (SOR) funds, efforts were expanded in 2020 to support the establishment of drug-free, MAT-friendly recovery homes, in partnership with Oxford House Inc. Two in-state outreach coordinators were recruited and onboarded in partnership with Oxford House Inc. to support continued expansion of MAT-friendly recovery homes statewide, and support chapter and state association formation to ensure consistent adoption of policies and procedures. Four existing recovery homes, through updated policy and house procedures, were coordinated through a Sioux Falls chapter – the first Oxford House chapter in state. One new recovery home was opened in Rapid City for women in March 2021 and a new house for men will be opening in Sioux Falls in May 2021. The Oxford House Inc. will continue to work on opening more houses to meet community needs.

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

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

Hypodermic Needle Program

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

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

According to ARSD, 67:61:05:01, the TB screening requirements for employees of DSS accredited substance use disorder treatment agencies are as follows:

1. Each new staff member, intern, and volunteer shall receive the two-step method of tuberculin skin test or a TB blood assay test to establish a baseline within 14 days of employment. Any two documented tuberculin skin tests completed within a 12-month period before the date of employment can be considered a two-step or one TB blood assay test completed within a 12-month period before employment can be considered an adequate baseline test. Skin testing or TB blood assay tests are not required if a new staff, intern or volunteer provides documentation of the last skin testing completed within the prior 12 months. Skin testing or TB blood assay tests are not required if documentation is provided of a previous position reaction to either test.

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2. A new staff member, intern, or volunteer who provides documentation of a positive reaction to the tuberculin skin test or TB blood assay test shall have a medical evaluation and chest X-ray to determine the presence or absence of the active disease.
3. Each staff member, intern and volunteer with a positive reaction to the tuberculin skin test or TB blood assay test shall be evaluated annually by a licensed physician, physician assistant, nurse practitioner, clinical nurse specialist, or a nurse and a record maintained of the presence or absence of symptoms of *Mycobacterium tuberculosis*. If this evaluation results in suspicion of active tuberculosis, the licensed physician shall refer the staff member, intern, or volunteer for further medical evaluation to confirm the presence or absence of tuberculosis; and
4. Any employee confirmed or suspected to have infectious tuberculosis shall be restricted from employment until a physician determines that the employee is no longer infectious.

Also, according to ARSD 67:61:07:12, providers screen clients by asking the four required questions in the first 24 hours of admission: (1) Unexplained weight loss (2) Night Sweats (3) Productive Cough lasting three or more weeks (4) Unexplained fevers. If clients answer yes to any of these questions, they are referred to a physician for further screening.

The DSS Office of Licensure and Accreditation monitors adherence to TB screening requirements during accreditation reviews by reviewing clinical and personnel files.

HIV (Human Immunodeficiency Virus)

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

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

DBH partnered with the Helpline Center to develop the South Dakota Opioid Resource Hotline. The Helpline Center answers calls 24 hours a day, seven days a week, 365 days a year. It provides resources for treatment, support, and referrals for individuals or loved ones of individuals who are seeking assistance with substance use. Individuals can also utilize the texting support program to access local resources.

DBH has continued to collaborate with the Department of Health to support overdose education and Naloxone distribution to first responders. There have been over 4,900 Naloxone kits distributed and 600 patients with an improved condition after been administered Naloxone.

DBH requested technical assistance from Substance Abuse and Mental Health Services Administration (SAMHSA) for addiction professionals. In April 2018, addiction clinical supervisors and agency directors were invited to participate in an Opioid Listen and Learn. Throughout the spring and summer of 2018, there were four webinars that took place to provide education on best practices for individuals with opioid use disorders, with topics including the history of Medication-Assisted Treatment (MAT), an overview of MAT pharmacology, integration of MAT and coordination of care, and special populations. In September 2018, 115 professionals attended the South Dakota Association of Addiction and Prevention Professionals (SDAAPP) Fall Conference where the capstone presentation discussed Addressing Opioid Use in South Dakota.

Increased access to MAT across South Dakota has been a significant accomplishment; prior to the STR and SOR funding, access was very limited. DBH is currently contracted with four (4) MAT providers that are

implementing access via office-based and telehealth strategies so that individuals in need of MAT can access that treatment despite South Dakota's predominantly rural and frontier demography. In addition, two of the contracted MAT providers working with the SOR team to expand access statewide to MAT - Project Recovery has established agreements with Pine Ridge, where clients now have access to MAT via telemedicine 5 days per week. Lewis & Clark Behavioral Health Services has continued to establish their spoke sites with Winner, Huron, Mitchell, Watertown, Pierre, Rapid City, and Lemmon. Delivery of care is both office-based and via telemedicine. SOR funding has allowed these efforts to continue.

DBH utilized STR/SOR funds to support the Indigent Medication Program which provides temporary financial support for psychotropic medication, medication for the treatment of substance use disorders and/or maintenance treatment and/or related lab costs to eligible individuals while other funding options are identified. This can be used to cover the costs associated with MAT for individuals with no other funding source.

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

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

Methamphetamine Treatment Expansion

Beginning with a technical assistance (TA) request in May 2016, the DBH received technical assistance from the Substance Abuse and Mental Health Services Administration (SAMHSA) related to recommended evidence-based practices (EBPs) and best practices for methamphetamine treatment.

In 2017, the TA consultants provided by SAMHSA completed a site visit in South Dakota of the existing specialized meth treatment providers and provided a comprehensive report identifying strengths and weaknesses of the current programming and made recommendations for an intensive meth treatment (IMT)program including EBPs proven to be effective for this population.

During the 2017 legislative session, Senate Bill 43 passed to expand intensive methamphetamine treatment services in South Dakota and to declare an emergency. Following a Request for Proposal (RFP) process, the DBH contracted with two additional substance use disorder treatment providers to expand the intensive meth treatment programming, utilizing the EBPs recommended through the TA process. The DBH supports ongoing training in the EBPs recommended by the TA consultants. Additionally, the DBH continues to contract with national expert consultants for ongoing TA related to best practices in the treatment of meth use disorder.

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

Care Coordination

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

Independent Peer Reviews

The Division of Behavioral Health (DBH) supports peer reviews of accredited substance use disorder treatment agencies which are conducted annually under contractual agreement with Mountain Plains Evaluation, LLC. The DBH selects at least a 5% sample of providers who receive Block Grant funds. The on-site reviews are conducted with the Clinical Director. The provider's substance use disorder policies and procedures manual along with a random sample of client files are reviewed following Administrative Rules of South Dakota and the criteria below.

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

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

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

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

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

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ADDRESSING THE NEEDS OF CULTURAL AND GENDER MINORITIES

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

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

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

In primary prevention, contracted prevention providers provide culturally considerate programing within their communities and schools. Five contracted prevention providers provide culturally specific activities focusing on Native American youth.

Additionally, provided through the Center for the Application of Prevention Technologies, prevention providers participate in Native American culturally specific trainings and immigrant population and LBGTQ webinars.

The DBH partners with the state's Department of Tribal Relations to plan and deliver the State-Tribal Meth Summit series, with Meth Summit 3 held in October 2020, and Meth Summit 4 planned for October 2021. Meth Summit 3 in 2020 was held virtually in partnership with the Mountain Plains Addiction Technology Transfer Center (MP-ATTC) and focused on best practices in the treatment of methamphetamine use disorder, including a tribal-based intensive meth treatment provider. Meth Summit 4 in 2021 is also scheduled to be held virtually and will focus on community and family resources.

In 2020, the DBH submitted a technical assistance (TA) request to SAMHSA's Tribal Technical Assistance Center (TTAC), following feedback from CMHCs involved in 2 SAMHSA Crisis Counseling Program (CCP) grants implemented in 2019-2020 about challenges in outreaching tribal members and tribal leaders. In collaboration with SAMHSA's TTAC, a 3-part virtual Learning Community was delivered in April 2021, with Great Plains Tribal Leaders Health Board and local tribal leaders sharing information and engaging in a dialogue with treatment providers statewide about cultural best practices to serve tribal members. Over 100 individuals attended one or more of the TA sessions.

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

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

PROFESSIONAL WORKFORCE DEVELOPMENT AND TRAINING

Educational Coordination

The Division of Behavioral Health (DBH) supports professional training opportunities for prevention and treatment professionals across the state and collaborates with providers to determine training needs. In addition, providers are responsible for ensuring their staff receives appropriate training to adequately fulfill their job duties. In 2020, the DBH began making technical assistance and training funding available to community mental health centers, substance use disorder treatment and prevention agencies through a "mini-grant" application process to address training needs at the local level.

Technology Transfer Center Network

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

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

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

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

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

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Disability Rights South Dakota

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

Disability Rights South Dakota (DRSD) provides protection and advocacy services for individuals with mental illness statewide. The DRSD is the non-profit legal services agency dedicated to protecting and advocating for rights and inclusion of South Dakotans with disabilities. The DBH partners with DRSD on case consultations and advocacy efforts for individuals and children/families receiving services in the state's behavioral health system. The DBH values collaboration with DRSD and the Behavioral Health Advisory Council's By-Laws include membership from the Executive Director or designee from DRSD to ensure input into the planning and delivery of behavioral health programming.

Council of Community Behavioral Health, Inc.

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

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

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

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

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

- *Connection* is a recovery-focused support group led by trained mental health consumers for adults living with a mental illness.
- *NAMI Basics*, an educational program for parents and family caregivers of children and teens who are experiencing a mental illness.
- *Family to Family*, recognized as an evidence-based practice, is NAMI's psycho-education program led by trained family members for family members of adults with mental illness.
- *In Our Own Voice* is NAMI's unique public education program in which two trained adult speakers share compelling personal stories about living with mental illness and achieving recovery. An *In Our Own*

Voice presentation is given during quarterly trainings at the Statewide Law Enforcement Training Center for new officers entering the field across the state.

- *Ending the Silence,* an engaging presentation delivered by someone with lived experience, that helps educators, students and family members learn about the warning signs of mental health conditions and tools to help someone.
- Customized trainings for law enforcement agencies utilizing a core curriculum on Crisis Intervention Training.
- Annual educational conference in which NAMI partners with the Division of Behavioral Health (DBH) to provide scholarships to individuals who have limited financial resources for attendance. DBH also provides speakers to keep attendees updated on transformation activities at the state level.

NAMI South Dakota:

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

South Dakota Association of Addiction and Prevention Professionals

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

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

Development of Community Crisis Services

Behavior Management Systems in Rapid City coordinates the operations of a Crisis Care Center, which was created in 2011. The facility is now located within the CARE Campus in Rapid City and provides access to

immediate care for adults (18 years of age and older) with critical mental health episodes or need for substance use stabilization in the Black Hills area. The Center is open 24 hours per day, 7 days per week and is always staffed with one Qualified Mental Health Professional and two Emergency Medical Technicians. Services focus on personalized recovery through a stabilization plan that is established collaboratively with the client and their assigned Qualified Mental Health Professional. The plan provides a framework for the client to move forward and prevent future crisis. Individuals are admitted to the Crisis Care Center for up to 24 hours, and then referred to community agencies or service providers for continued care.

The CARE Campus in Rapid City, including the Crisis Care Center, is a city-county partnership which provides a "no wrong door" approach and offers detoxification services for substance use stabilization, as well as outpatient and residential substance use disorder treatment through evidence-based programming.

Behavior Management Systems Crisis Care Center: Crisis Care Center/Emergency Services | BMS Cares

Pennington County CARE Campus: Care Campus - Addiction Treatment - Pennington County, South Dakota (pennco.org)

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

The Mental Health Services Delivery Task Force of the South Dakota Legislature in 2020 made recommendations regarding crisis services, resulting in the development of Administrative Rules of South Dakota for Appropriate Regional Facilities for mental health crisis stabilization, effective December 2020. In the spring of 2021, the DBH issued a Request for Proposal to solicit proposals for these services.

Additionally, in South Dakota, a Virtual Crisis Care pilot project is currently underway in partnership with the Unified Judicial System, Avera eCARE, and the Helmsley Charitable Trust. This pilot project involves law enforcement officers in sheriff's offices across the state having 24/7 access to a behavioral health specialist at Avera eCARE via an iPad device, when the law enforcement officers engage with individuals experiencing a behavioral health crisis.

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

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

SOAR in Your State:
South Dakota | SOAR Works! (samhsa.gov)

Qualified Mental Health Professional Training

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

To ensure the involuntary commitment process is implemented appropriately, the Division of Behavioral Health provides training to individuals who perform mental health status examinations in accordance with involuntary commitment laws. Licensed Social Workers, Marriage and Family Therapists, Licensed Professional Counselors, Psychologists, Advanced Practice Nurses/Certified Nurse Practitioners, and Physician Assistants qualify for certification as Qualified Mental Health Professionals (QMHPs). The QMHP training, which became available online May 2015, includes:

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

Suicide Prevention and Mental Health Promotion Training

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

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

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

Housing for the Homeless Consortium

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

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

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

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

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South Dakota Department of Social Services

Department of Social Services
Division of Behavioral Health
605.367-5236
dss.sd.gov

STEP 2: IDENTIFY THE UNMET SERVICE NEEDS AND CRITICAL GAPS WITHIN THE CURRENT SYSTEM.

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

IDENTIFICATION OF DATA SOURCES USED TO IDENTIFY NEEDS AND GAPS

State Treatment Activity Reporting System (STARS)

South Dakota utilizes treatment data collected from an internal source to identify needs and gaps. In 2005, the DBH developed the State Treatment Activity Reporting System (STARS) which collects, stores, and reports behavioral health data and billing information for publicly funded individuals receiving behavioral health services. The STARS collect and reports client level, program level, provider level, and state level data. The STARS data is used to help determine emerging trends and needs for programs and services throughout the state. The data is collected at admission and discharge, allowing data to be updated regularly for individuals receiving publicly funded services. The STARS assist the DBH in monitoring waitlist information for priority populations such as pregnant women, intravenous drug users, and others in need of high intensity substance use services. In conjunction with providers, the DBH has enhanced the STARS to report treatment data and outcome data at a state level. Having this ability supports the DBH's desire to compare national and state data.

To support this effort, in 2016, the DBH expanded the STARS system to collect perception of treatment outcomes through a web-based survey for adults. To continue to increase our data reporting capabilities, the STARS was expanded once more to collect web-based treatment outcome surveys for adolescents receiving publicly funded behavioral health services during State Fiscal Year (SFY) 2017. The addition of web-based outcome tools has allowed the DBH to ensure publicly funded services are held to a high standard of quality and efficacy.

South Dakota State Epidemiological Outcomes (SD SEO)

The intent of the South Dakota State Epidemiological Outcomes (SD SEO) is to build upon past efforts and experience in applying the Strategic Prevention Framework in order to more effectively identify and target behavioral health needs. In addition, the project now can enhance the SD SEO data through integration with South Dakota's Screening, Brief Intervention, and Referral to Treatment (SBIRT) data and support from SBIRT's supplemental evaluation funding. The combination of the two efforts will enhance the state's understanding of substance abuse related behaviors, consumption patterns, and consequences.

The objectives of the SD SEO are to maintain and enhance the SD SEO to provide oversight of data collection, analysis, and provision of recommendations for targeted programming efforts, maintain and enhance data collection and analysis procedures that provide accurate and comprehensive assessments of the substance abuse and mental health issues in South Dakota, and disseminate SD SEO information and expand training and technical support to communities in establishing behavioral health programs.

The SD SEO Website (sdseow.org) was launched in January of 2021 and serves as a central location for South Dakota residents to access behavioral health data.

Behavioral Health Outcome Tool Data

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

Other Sources

In addition, the DBH utilizes external resources including the Mental Health in America (MHA) report, NSDUH, TEDS, the URS, and the Behavioral Health Barometer for South Dakota. South Dakota has used these data sources to monitor and inform decision making for budget purposes and treatment services. National data sources are often used as benchmarks for behavioral health services. South Dakota monitors completion of services, employment, and perception of services.

The DBH also utilizes recommendations from the Behavioral Health Services Workgroup 2012 Final Report to identify current service gaps and critical service needs. To view a copy of the Behavioral Health Workgroup Final Report, please visit: Microsoft Word - 1.11.13_Behavioral Health Work Group Report_FINAL.docx (sd.gov)

In 2021, the DBH contracted with the Human Services Research Institute (HSRI) to conduct a needs and gaps analysis of the private and publicly funded behavioral health system in South Dakota. The results of that analysis are under review, with a final report expected to be published in Spring 2021.

Another source South Dakota utilizes is the final report from the Task Force on Community Justice and Mental Illness Early Intervention. This task force was created in 2016 which aligned with recommendations from the Behavioral Health Services Workgroup 2012 Final Report. A copy of the final recommendations can be found here: Task force on community Justice and mental illness early intervention (sd.gov)

Access to Services

Additional data the DBH utilizes is quarterly Access to Services Survey data. In the past, the DBH surveyed Community Mental Health Centers (CMHCs) about wait list information on a quarterly basis. Beginning in SFY2018, the DBH also began surveying substance use disorder treatment providers about wait list and access/capacity concerns. During SFY2019, the DBH and members from the DOWG revised the survey to more accurately capture information. This information is used to monitor clients' wait-time, workforce shortages across the state, and walk-in assessment accessibility. This information is monitored, and areas of concerns are addressed, if identified. The results of the access to services survey are shared with providers quarterly. The days/times of available walk-in assessments for each substance use disorder agency is reported on the DSS website.

Additionally, to monitor access to high intensity substance use disorder treatment services, the DBH requests bed availability for admission on a weekly basis from providers. The DBH has identified a gap in collecting real-time bed availability data and making it available to providers. As a result, the DBH is researching

electronic systems indicating bed availability, as well as availability of outpatient services to providers and individuals seeking services.

NEXT STEPS IN ADDRESSING UNMET SERVICE NEEDS AND CRITICAL GAPS

Through a comprehensive review of data sources and reports, followed by discussions with advisory groups and other key stakeholders, the DBH has identified four additional priority areas outside the required priority populations based on unmet service needs and critical gaps within the current delivery system. Each identified priority has been determined as an area to improve treatment and recovery needs of South Dakotans.

Additionally, HSRI has made the following recommendations following its recent needs and gaps analysis:

- Develop certified peer specialists for mental health
- Expand the crisis response system
- Continue the enhanced flexibility of telehealth services prompted by the pandemic
- Continue efforts to address reciprocity in licensing and other changes to licensing processes that will help increase the number of individuals in the behavioral health workforce
- Develop and expand services and programs that help address some of the social determinants of health
- Enhance opportunities for individuals with lived experience in systems activities and support their participation
- Fully partner with the tribal nations from the outset on initiatives
- Continue public education campaigns targeting stigma related to behavioral health conditions and suicide prevention

Block Grant Priority Populations

Adults with Serious Mental Illness and Children with Serious Emotional Disturbance

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

In addition, South Dakota has prioritized serving clients who experience their first psychosis episode. Two first episode psychosis (FEP) programs were established in the two largest cities, Sioux Falls and Rapid City. South Dakota is currently using the OnTrackNY evidence-based model and uses this model to monitor program fidelity yet remains open to exploring other similar CSC (Coordinated Specialty Care) models which are evidence-based such as Navigate. The DBH has established program goals including meeting and maintaining a set client engagement rate and is looking to expand this to more broadly include ESMI (Early Serious Mental Illness).

Substance Use Disorder Priority Populations

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

1. Pregnant Women (including Pregnant Women Who Inject Drugs)

2. Persons Who Inject Drugs
3. Women with Dependent Children and
4. Adolescents with a substance use disorder.

The DBH identified a gap in monitoring access to substance use disorder services. As a result, the DBH implemented a new tool to survey substance use providers regarding the amount of days a client may wait for an assessment, outpatient services, or admission into a residential service. In addition, the DBH recognized a need to monitor access to inpatient substance use disorder treatment. In August of 2019, the DBH implemented a process to collect the number of open inpatient substance use disorder beds across the state. This document is updated daily by providers. Finally, the DBH also utilizes information from referral sources to identify barriers effecting access to services and to address barriers with providers. These tools helped the DBH identify a gap in services for pregnant women and women with dependent children in state fiscal year 2018.

Pregnant women are at highest priority for admission followed by people who inject drugs. Those individuals meeting this status must be admitted to services no later than 14 days from the initial clinical assessment. If the recommended services do not have the capacity to admit the client on the date of such request, interim services must be provided no later than 48 hours from the initial clinical assessment. The referring provider will ensure the client is provided interim services until an alternative placement can be located. Due to increased wait times for the priority population, the DBH requested and was granted additional funds to increase residential capacity during the 2019 legislative session.

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

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

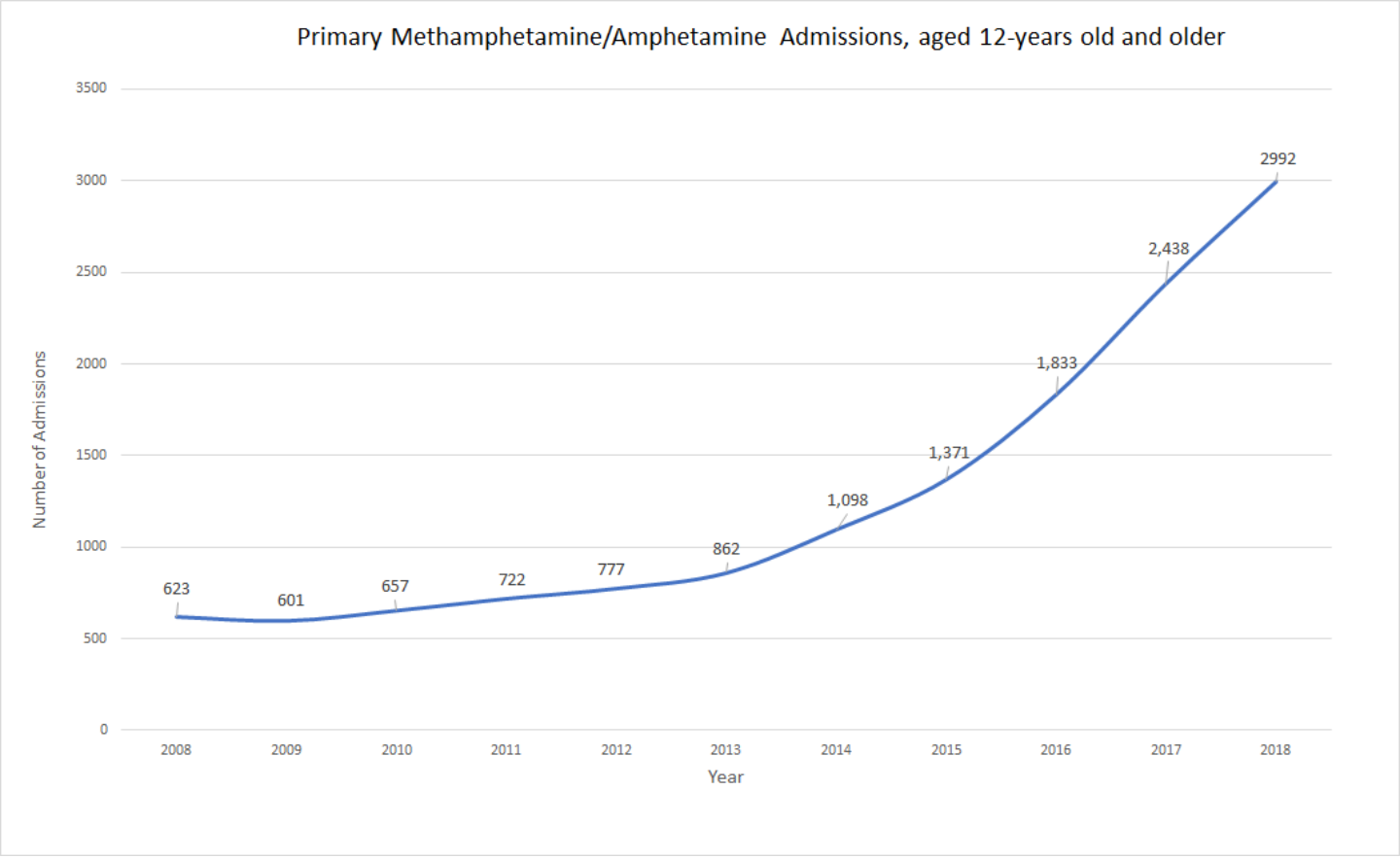
Also, substance use disorder treatment providers of outpatient treatment, intensive outpatient, day treatment, clinically-managed low intensity residential treatment, clinically managed detoxification, and intensive inpatient treatment services also screen and refer clients per ARSD 67:61:07:12. The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

For individuals in need of primary prevention services, 21 contracted substance use prevention providers tailor their prevention efforts around the needs of their community, using effective community-based, school-based and/or individual evidence-based programs. School-based programming focuses on classroom presentations, early identification, screening and referral to services. Community-based programming focuses on establishing or changing community standards, policies and attitudes towards substance use. Individual based programming focuses on targeted interventions to high risk individuals, to reduce the likelihood of an individual developing a substance use disorder. In addition, South Dakota has three Prevention Resource Centers that provide regional support across the state to students, parents, educators, community groups, community agencies, law

enforcement and any other interested entity looking for prevention resource materials or support. Each PRC has a resource library with videos, DVDs, books, CDs, brochures and curriculums available to the public for use. PRC staff are also able to provide training and education in the areas of prevention. The Office of Prevention Services (OPS) monitors requests for primary prevention services through contracted prevention providers. When requests are made, the OPS works with the contracted prevention provider in the area of the request, or the PRC serving the region, to fulfill gaps in programming.

Methamphetamine (Meth) Epidemic

Over the past several years, South Dakota has seen a rise in the use of meth. In South Dakota, 2.8 percent of high school students have tried meth according to the 2019 Youth Risk Behavior Surveillance System (YRBSS). That is slightly higher than the national average of 2.1 percent. Furthermore, an estimated 0.66% of South Dakota's population, or an estimated 5,000 people ages 12 and older, used methamphetamine in the past year compared to 0.70% nationally according to the 2018-2019 National Survey on Drug Use and Health (NSDUH). Treatment data also show a similar trend of increased admissions for meth use. The number of individuals entering treatment for meth use continues to increase each year since 2010.



In May 2016, the DBH requested technical assistance from the Substance Abuse and Mental Health Services Administration (SAMHSA) to develop or recommend a current training regarding evidence-based practices (EBPs) for meth treatment and either provide or recommend a trainer to lead the training to the DBH and specialized meth treatment providers. The DBH began working with selected consultants in December 2016. The consultants traveled to South Dakota in March 2017 to tour the intensive meth treatment

programs. Following the site visit, the consultants provided a report identifying strengths and areas of improvement as well as recommendations for treatment practices shown to be effective in the treatment of meth use disorder. The DBH continues to contract with the consultants in ongoing efforts to support technical assistance in best practices for methamphetamine treatment.

The DBH currently contracts 7 providers across the state to provide intensive methamphetamine treatment (IMT) services, using the Matrix Curriculum as the core program for those involved in IMT services. Additional services may include referrals to Moral Reconation Therapy, Dialectical Behavior Therapy, individual counseling, medication management, and case management.

During the 2019 legislative session, the Governor proposed and the legislature approved $1,375,000 for a meth prevention and public education awareness campaign and $250,000 annually to support the campaign. Since its start on November 17, 2019, the OnMeth campaign has received news coverage across South Dakota, nationally, and internationally. It's also been discussed on late night talk shows and other media programs. Much of the initial coverage focused on reactions to the campaign slogan, but the attention has generated nearly 211,000 unique visitors to the OnMeth.com website. The campaign sparked a national discussion on addiction and drug use, highlighting its effectiveness.

Since the launch of the OnMeth.com website in November 2019 through December 2020, there were nearly 211,000 site visits, with over 32,000 of those coming from within South Dakota. Forty-one South Dakotans utilized the website to access the meth hotline.

During the 2019 legislative session, the Governor proposed and the legislature approved $731,281 for school-based meth prevention programming. On August 19, 2019, the Department of Social Services (DSS) published Request for Proposal (RFP) #1784 Evidence-Based Middle School Meth Prevention, seeking offerors to provide evidence-based substance use prevention programing, with emphasis on methamphetamine prevention, in South Dakota middle schools. Nine proposals were received and approved for funding, identifying a projected 40 schools that will receive programming with this funding. Programming began January 1st, 2020.

The number of middle schools with meth prevention funding has almost doubled since 2019 (46 in FY 19 to 85 in FY 21).

Data and Outcome Reporting

South Dakota has identified data and outcome reporting as a gap in our service system. Collecting and reporting outcome data has presented challenges with maintaining consistency among providers, as well as minimizing the redundancy of current outcome tools. In 2015, the DBH took steps to solidify and streamline treatment data collected through a work group comprised of DBH staff, mental health and substance use disorder treatment providers.

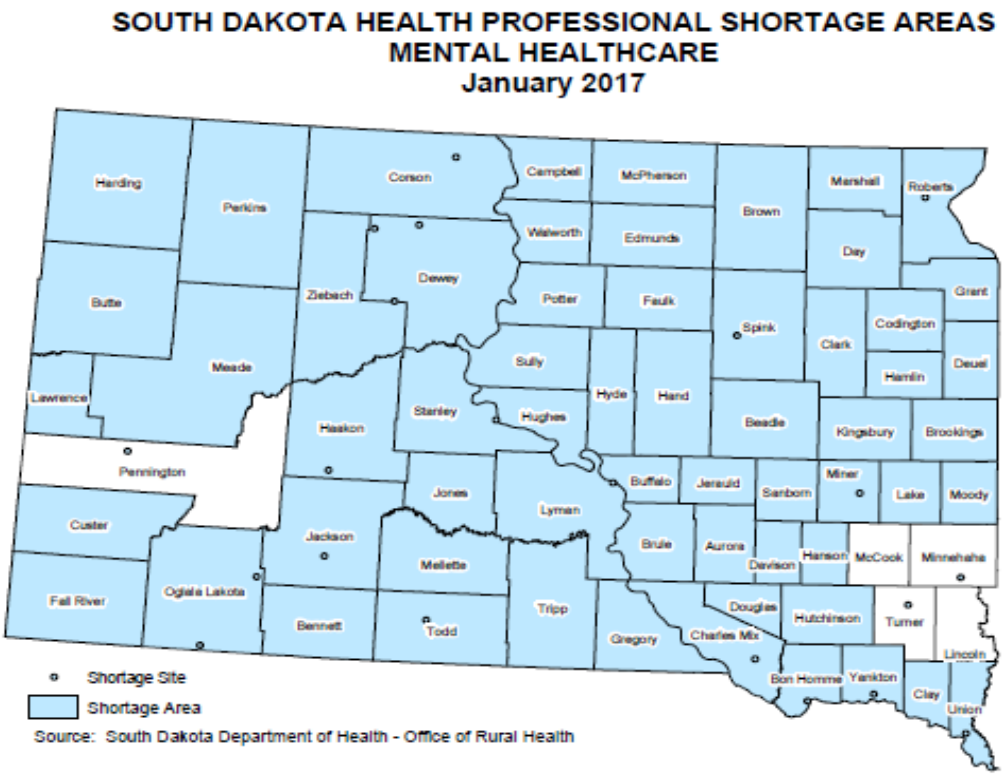
The Data Outcomes Work Group (DOWG) developed a framework for identifying and determining meaningful data and outcome measures for mental health and substance use disorder services. The DOWG agreed upon a comprehensive data collection and analysis process to measure the impacts of behavioral health services. This methodology allows for monitoring and reporting of outcome measures on a variety of levels including, but not limited to, the individual client, the provider, and funding sources at both state and federal levels.

During Fiscal Year (FY) 2017, the DBH began collecting and monitoring outcome measures and performance indicators for all adults receiving services within the public behavioral health system. Also, during FY 2017, the DBH and DOWG members reconvened to develop tools to measure outcomes and performance indicators for all youth and family members of youth receiving services within the public mental health system. In FY 2018, the DBH began collecting and monitoring outcome measures and performance indicators for all youth receiving publicly funded behavioral health services.

The DBH established an expectation of a 60% outcome tool return rate to ensure an accurate reflection of outcomes and performance indicators. The DBH monitors the rate of return on expected outcome tools for clients admitted to services and implemented a monthly reporting process of feedback to agencies in FY 2019. The DBH also compiles information into a state and agency profile for accredited and contracted agencies to see their performance and compare themselves to statewide outcomes. In FY 2021, DBH began work on updating our data and outcomes reporting standards to incorporate Power BI to allow for more robust analyses and the ability to work with real-time data. This work will continue through FY 2022.

South Dakota's goal is to use this information to drive decision making for behavioral health services in South Dakota.

Workforce Development



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

Shortage Areas Map: State Map with county names (sd.gov)

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

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

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

Future goals include exploring collaborative relationships with institutions of higher learning to provide exposure and experiences to students preparing for the workforce.

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

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South Dakota Department of Social Services

Department of Social Services
Division of Behavioral Health
605.367-5236
dss.sd.gov

QUALITY AND DATA COLLECTION READINESS

As described in Planning Step Two, the Division of Behavioral Health (DBH) collects client level data through a management information system called the STARS (State Treatment Activity Reporting System). The STARS collect and reports mental health and substance use disorder client level, program level, provider level, and state level data; and is used to help determine emerging trends and needs for programs and services throughout the state. Currently, the STARS is specific to mental health and substance use disorder services and is not part of any larger data system.

In 2016, the DBH expanded the STARS to collect client outcome measures. Data is collected at intake, discharge, and every six months until the client discharges from mental health or substance use disorder services. Data points collected include client perception of treatment services, perception of health, utilization of emergency room visits, hospital stays as a result of mental health issues, arrests, and nights spent in jail. In addition, substance use disorder services collect data on an individual's ability to control their substance use from admission to discharge, and motivation to not use drugs at discharge.

Currently, the DBH can generate reports through the STARS that includes aggregate client level data that does not contain client identifying information.

In turn, providers can generate reports in order to review data specific to their agency and to identify the effectiveness of their programs or any outstanding trends.

Overall, through the STARS and other data sources, the DBH can track state behavioral health trends, needs and gaps in services, which is used to drive the state's planning efforts.

A detailed description of data sources and collection can be found in Planning Step Two.

Since June 2016, the DBH has utilized the MOSAIX Management Information System for all state prevention providers. This system records the number and type of programs and activities conducted, in addition to the number of individuals served. The MOSIAX Management Information System is also used as the billing system for prevention services. The DBH has had initial discussion to further expand the STARS to collect and report prevention related data. This move would align billing practices and data reporting in South Dakota for all behavioral health and prevention services and place all provider data into one system.

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Priority Area:

Priority Type: Access to Services

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

Goal: To ensure all South Dakotans in need of treatment can access services in a timely manner.

Objective: To monitor number of clients waiting to enter treatment services and their wait times to ensure timely access.

Strategy: Collaborate with the Data and Outcomes Work Group to revise the quarterly Access to Services survey to ensure accuracy and consistency in reporting of data related to access to services and set benchmarks for performance.

Annual Performance Indicator: Data from quarterly Access to Services survey

Baseline Measurement: Currently N/A.

First-year target/outcome measurement: In SFY22, the DBH will establish benchmarks in collaboration with the Data and Outcomes Work Group and implement the revised quarterly Access to Services survey.

Second-year target/outcome measurement: will be identified in first year.

Data Source: Quarterly Access to Services Survey

Description of Data: A survey implemented quarterly by the DBH, completed by all contracted treatment agencies, which collects point in time information on agency staffing levels and vacancies, number of clients waiting by type of treatment service, and length of time waiting for treatment.

Data Issues: The DBH has been administering the Access to Services on a quarterly basis but has identified inconsistencies in the reporting of data by agencies. Because of this, benchmarks have been unable to be established.

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Priority Area:

Priority Type: Mental Health

Priority Population: ESMI, SMI, SED

#1 Goal: To increase the frequency of engagement of newly identified clients with First Episode Psychosis (FEP) served in the 2 FEP programs in South Dakota.

Objective: Set expectations for frequency of engagement with newly identified FEP clients at each FEP agency.

Strategy: DBH will work collaboratively with the 2 Community Mental Health Centers (CMHCs) contracted to deliver FEP programming to establish benchmarks by the end of SFY22 for frequency of engagement in the first 12 months of FEP services. Data regarding dates of first engagement and frequency of services within the first 12 months will be collected and monitored.

Annual Performance Indicator: Frequency of engagement for clients within their first 12 months of FEP services

Baseline Measurement: The DBH does not currently have an established benchmark for frequency of engagement in the first 12-month time period.

First-year target/outcome measurement: Monitor frequency of engagement for FEP clients in their first 12 months of services to establish benchmark rates, which will be implemented in the second year.

Second-year target/outcome measurement: Implement benchmark expectations and continue monitoring frequency of engagement to ensure FEP programs are meeting the established benchmarks and working with agencies to increase rates, when/if benchmarks are not being met.

Data Source: monthly report from FEP teams

Description of Data: Date of first engagement after approval/referral for services, number of engagement attempts and/or services provided monthly, rates of follow-up engagement attempts within one day of missing an appointment.

Data Issues: The DBH does not currently monitor frequency of engagement of the newly identified FEP clients so a process will need to be developed.

#2 Goal: To implement the Wellness Recovery Action Plan (WRAP) Model by the end of SFY23.

Objective: To build statewide capacity for implementation of the WRAP model

Strategy: Train clinicians serving individuals with ESMI, SMI, and SED in the WRAP model statewide

Annual Performance Indicator: Number of clinicians trained in the WRAP model

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Baseline Measurement: N/A

First-year target/outcome measurement: Training a total of 22 clinicians (two staff from each of the 11 CMHCs).

Second-year target/outcome measurement: Fifty percent of clinicians at each agency will be trained in the WRAP model.

Data Source: Training attendance rosters and reporting of CMHCs

Description of Data: Numbers of clinicians trained from training rosters. CMHCs reporting number of clinicians trained in WRAP following initial training.

Data Issues: None at this time

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Priority Area:

Priority Type: Community Outcome Measures

Priority Population: Primary Prevention

Goal #2: Standardize contracted prevention providers Community Outcome Measures (COMs).

Objective: Collect standardized COMs data from each contracted prevention provider beginning of SFY23 (June 1st, 2022-May 31, 2023).

Strategy: The Office of Prevention Services will draft revised COMs, by leveraging the previous COMs from the Partnership for Success (PFS) grant. The Office of Prevention Services will host a meeting with current contracted prevention providers by December of 2021to review the COMs. The Office of Prevention Services will finalize and disseminate the COMs to contracted prevention providers by June 1, 2022.

Annual Performance Indicator: The Office of Prevention Services will finalize the COMs for dissemination by contracted prevention providers starting June 1, 2022.

Baseline Measurement: The baseline measurement will be the latest data from the FFY18 of the PFS grant. FFY18 COMs Data showed that 15% of SD high schoolers in the community reported having used Alcohol in the last 30 days, 8.3% reported having drank 5 or more drinks on some occasion in the last 30 days, 70.3% of high schoolers reported perceiving Alcohol use as moderately or greatly harmful, 2.5% reported having used Prescription Drugs in the last 30 days, and 82% perceive Prescription Drug use as moderately or greatly harmful.

First-year target/outcome measurement: The revised COMs survey will be utilized by all Contracted prevention providers by June 1, 2022.

Second-year target/outcome measurement: The revised COMs will create a baseline of data for past 30-day use and perception of harm of substances by communities, by the end of SFY2023.

Data Source: Contracted prevention providers.

Description of Data: Survey

Data Issues: None

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Environmental Factors and Plan

The Health Care System, Parity and Integration

1. **Describe how the state integrates mental health and primary health care, including services for individuals with co-occurring mental health and substance use disorders, in primary care settings or arrangements to provide primary and specialty care services in community-based mental and substance use disorder settings.**

   The state integrates mental health, substance use disorder (SUD) and primary health care services through the following efforts:

   Provider Expectations

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

   Integrated Assessments

   Integrated assessments are used to address co-occurring treatment needs for mental health, substance use disorders, or both. For substance use disorders, recommendations are made for treatment based on the American Society of Addiction Medicine (ASAM) Criteria, which forms the basis for eligibility criteria for levels of care in Administrative Rules of South Dakota (ARSD). The DBH continues to partner with the Mountain Plains Addiction Technology Transfer Center to provide training on the ASAM criteria, building upon previous training in the state in collaboration with the Central Rockies Addiction Technology Transfer Center.

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

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

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Health Homes

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

Telemedicine Services

Reimbursable services provided via telemedicine include individual and family mental health therapy, individual, group and family counseling for substance use disorder treatment, evaluations/assessments for both mental health and substance use disorder treatment, and psychiatric medication management as identified on the DBH's fee schedule located here: Department of Social Services (sd.gov).

2. **Describe how the state provides services and supports towards integrated systems of care for individuals and families with co-occurring mental and substance use disorders, including management, funding, payment strategies that foster co-occurring capability.**

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

Mental health services are provided on a fee-for-service basis through Medicaid, Block Grant, and state general funds. Funding utilized for mental health services include direct services to individuals with serious mental illnesses and children with serious emotional disturbances as well as outpatient services, emergency services, and services through the Indigent Medication Program.

Funding utilized for substance use disorder services includes prevention, outpatient, intensive outpatient, day treatment, medically monitored intensive inpatient treatment, clinically managed low intensity residential treatment, clinically managed residential detoxification, and specialty programs including intensive methamphetamine treatment and treatment for pregnant and parenting women. As of July 1, 2018, the Medicaid State Plan covers substance use disorder services for all Medicaid-eligible individuals.

Administrative Rules of South Dakota establish expectations that all accredited agencies, including Community Mental Health Centers and substance use disorder treatment agencies, develop treatment plans that address relevant co-occurring disorders.

For both mental health and substance use services, all clients undergo a financial eligibility process. Clients are found financially eligible based on 185 percent of

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

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

Finally, the Department of Social Services Office of Licensure and Accreditation monitors the system of care approach for the delivery of mental health and substance use services through on-site accreditation reviews. The accreditation monitoring consists of review of policies and procedures, individual charts, and interviews with families and individuals receiving services. Questions in the interview process include processes to determine methods the agency employs to create a system of care that is hopeful and empowering, respectful and welcoming, individual/family driven, culturally sensitive and integrated for individuals and families with co-occurring complex needs.

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Environmental Factors and Plan

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

1. **Does the state have policies for addressing early serious mental illness (ESMI)?**
   ☐ Yes ☒ No

2. **Has the state implemented any evidence-based practices (EBPs) for those with ESMI?** ☒ Yes ☐ No
   If yes, please list the EBPs and provide a description of the programs that the state currently funds to implement evidence-based practices for those with ESMI.

South Dakota is utilizing the evidence-based practice of Coordinated Specialty Care (CSC), an intensive, team-based, multi-intervention approach to treating youth and young adults who are experiencing the onset of psychosis. It is an extension of the Recovery After an Initial Schizophrenic Episode (RAISE) Connection Program. South Dakota implemented this model with training and technical assistance provided by OnTrackNY.

Two programs utilizing the CSC model to deliver services to individuals experiencing ESMI (Early Serious Mental Illness) have been established within the State of South Dakota; Southeastern Behavioral HealthCare (SEBHC), in the eastern part of the state and Behavior Management Systems (BMS), in the western part of the state. With the expanded telehealth utilization, CSC services are now able to be offered state-wide.

3. **How does the state promote the use of evidence-based practices for individuals with ESMI and provide comprehensive individualized treatment or integrated mental and physical health services?**
   The state is utilizing evidence-based practices (EBPs) for those with FEP in the two programs described above. The CSC model's approach involves multiple services including individual and group psychotherapy, pharmacotherapy, family psychoeducation and support, case management, educational and/or vocational services and support, as well as primary care coordination. The state has contracted for ongoing training and consultation from OnTrackNY to support the two CSC programs, yet remains open to exploring other CSC models and expert consultants for training and technical assistance to ensure fidelity to the model. In 2018, the state implemented a fidelity monitoring/quality assurance program to evaluate the delivery of the EBPs in the CSC programs.

4. **Does the state coordinate across public and private sector entities to coordinate treatment and recovery supports for those with ESMI?** ☒ Yes ☐ No
   The CSC programs coordinate outreach and recovery efforts across public and private sectors within their identified catchment areas and are available to coordinate care with other Community Mental Health Centers via telehealth.

5. **Does the state collect data specifically related to ESMI?** ☒ Yes ☐ No
   The Division of Behavioral Health (DBH) Adult Outcome Tool that was finalized in July

2016 to capture the necessary performance measures identified for the CSC program. DBH also captures specific measures to the CSC program, to include diagnosis, engagement sessions, time frame to first provider appointments as well as planned/unplanned discharges.

6. **Does the state provide trainings to increase capacity of providers to deliver interventions related to ESMI?** ☒ Yes ☐ No
   The Division of Behavioral Health supported training in December 2020 on ESMI/CSC to all Community Mental Health Centers (CMHCs) in FY21 who were interested in learning about the CSC model and how they may be able to implement strategies from this model. Staff from three other CMHCs attended this training and expressed interest in adapting elements of the model to serve ESMI individuals, as well as utilize telehealth in order to work with the two existing CSC teams to augment services to any identified clients from their agency who meet the ESMI criteria.

7. **Please provide an updated description of the state's chosen EBPs for the 10 percent set-aside for ESMI.**
   As described above, the state is using the EBP of Coordinated Specialty Care (CSC). This is an intensive, team-based, multi-intervention approach that includes case management, individual and/or group psychotherapy, supported employment and education services, and places importance on the component of family education and support when working with individuals having ESMI. In state fiscal year 19 (SFY19), the two CSC programs served a total of 36 clients and a total of 33 clients in SFY20.

   The DBH currently continues to complete fidelity reviews annually.

8. **Please describe the planned activities for FFY 2022 and FFY 2023 for your state's ESMI programs.**
   The DBH will work collaboratively with the two Community Mental Health Centers (CMHCs) to increase frequency of engagement with newly identified ESMI clients during the first 12 months of involvement in CSC programming. Benchmarks will be established during SFY22 and then will be implemented and monitored during SFY23. CSC teams will continue to receive technical assistance and support through OnTrack NY or other vendors who provide support for such programs to assist with improving engagement, ongoing service delivery, and overall outcomes. The DBH will continue to implement program fidelity review processes.

9. **Please explain the state's provision for collecting and reporting data, demonstrating the impact of the 10 percent set-aside for ESMI.**
   The adult outcome tool and data collection process for ESMI programming includes the expectation that the CSC programs will complete the tool and outcomes collection process at the time of enrollment, every six months and at the time of planned discharge. The CSC programs will submit the completed tools to the DBH, who will assist in tracking overall state outcomes for ESMI clients engaged in CSC services.

   The DBH collects a monthly report from the two CSC programs that includes tracking

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outreach and engagement events, as well as client engagement rates. The DBH regularly monitors the data outcome tools to evaluate the effectiveness of ESMI services on the outcomes of clients.

10. Please list the diagnostic categories identified in your state's ESMI programs.

The diagnostic categories identified within our state's ESMI program are schizophrenia, schizoaffective disorder, schizophreniform disorder, brief psychotic disorder and psychotic disorder NOS.

Please indicate area of technical assistance needed related to this section.

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Environmental Factors and Plan

Person Centered Planning (PCP)
MHBG

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

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

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

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

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

   1. Integrated assessment, evaluation, and screening.
   2. Case management.

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3. Individual therapy.
4. Group therapy.
5. Parent or guardian group therapy.
6. Family education, support, and therapy.
7. Crisis assessment and intervention services available 24 hours per day, seven days per week.
8. Psychiatric services with the primary purpose of prescribing or reviewing a client's use of pharmaceuticals, including psychiatric assessments, treatment, and prescription of pharmacotherapy.
9. Psychiatric nursing services including components of physical assessment, medication assessment and monitoring, and medication administration for clients unable to self-administer their medications.
10. Collateral contacts; and
11. Liaison services to facilitate treatment planning and coordination of services between mental health and other entities.

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

Please indicate areas of technical assistance needed related to his section.

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Environmental Factors and Plan

Program Integrity

1. **Does the state have a specific policy and/or procedure for assuring that the federal program requirements are conveyed to intermediaries and providers?** ☒ Yes ☐ No
2. **Does the state provide technical assistance to providers in adopting practices that promote compliance with program requirements, including quality and safety standards?** ☒ Yes ☐ No
3. **Does the state have any activities related to this section that you would like to highlight?**

Administrative Rules of South Dakota

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

Provider Contracts

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

Accreditation Reviews

The Department of Social Services' Office of Licensure and Accreditation conducts onsite reviews of accredited/contracted mental health, substance use disorder treatment and prevention programs across the state. The review encompasses areas of governance, fiscal management, personnel training/qualifications, statistical reporting, client rights, quality assurance, case record content, medication administration and consumer outcome/satisfaction reports, as outlined in the ARSD and provider contracts.

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

State Treatment Activity Reporting System

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

Training and Technical Assistance Funding Opportunities

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In 2020, the DBH launched a “mini-grant” application process to contracted treatment agencies, allowing them to request funding for training and technical assistance, to meet their needs as identified at the local provider level.

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

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Environmental Factors and Plan

Tribes

1. **How many consultation sessions have the state conducted with federally recognized tribes?**
   Following a series of consultation sessions with tribes in 2016 and 2017, the Division of Behavioral Health (DBH) has continued to outreach the Great Plains Tribal Leaders Health Board on a regular basis regarding interest in and opportunities for Community Mental Health Center (CMHC) and substance use disorder treatment accreditation by the DBH. The DBH also communicates directly with tribes as requested, for example, with Rosebud Sioux Tribe about CMHC accreditation in 2019 during an on-site visit in Mission and Rosebud, SD by DBH staff, in collaboration with staff from the Mountain Plains Mental Health Technology Transfer Center. At this time, tribes are not interested in pursuing CMHC status.

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

   Additionally, following receipt of a proposal from a tribal substance use disorder treatment program through a Request for Proposal (RFP) process in 2018 related to expansion of intensive methamphetamine treatment services, the DBH engaged that provider in training and technical assistance opportunities and entered into a contract in 2019 for intensive meth treatment.

   In 2020-2021, the DBH worked with the SAMHSA Tribal Technical Assistance Center (TTAC) to deliver a 3-part learning community series held in April 2021. This evolved following feedback provided to the DBH's SAMHSA grant project officer for 2 Crisis Counseling Program (CCP) grant providers delivering services in 2019-2020 for weather related disasters in South Dakota. The CCP providers shared challenges related to delivering CCP services on reservations included in the disaster declarations. In collaboration with DBH, the SAMHSA TTAC developed the learning community to bring tribal leaders together with behavioral health providers statewide to explore ways to strengthen delivery of the State of South Dakota's health and wellness services to tribes. Over 100 people registered to attend one or more of the 3 leaning community sessions.

   The DBH engaged with the Great Plains Tribal Leaders Health Board on multiple occasions in 2020 related to the COVID-19 pandemic and behavioral health needs, as well as suicide prevention efforts, and opioid/meth care coordination in addition to treatment needs.

2. **What specific concerns were raised during the consultation session(s) noted above?**
   As indicated above, at this time, there are no tribes currently interested in pursuing CMHC status. However, the DBH maintains regular contact with Great Plains Tribal

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Leaders Health Board to keep the lines of communication open and remains ready to respond when a tribe is interested.

The tribal substance use disorder treatment agency which responded to the RFP process for intensive methamphetamine treatment services mentioned above initially expressed concerns about state contract language. The DBH worked with the Department of Social Services Legal Services and tribal leadership to resolve this issue and were able to successfully enter into a contract in 2019.

During the April 2021 SAMHSA TTAC learning community, tribal leaders shared a wide variety of suggestions for how to effectively communicate with tribes, at both the state and the local provider level.

3. **Does the state have any activities related to this section that you would like to highlight?**
   The DBH maintains a collaborative relationship with the Great Plains Tribal Leaders Health Board so that the state can be a resource when tribes are interested in pursuing accreditation requirements. Additionally, in 2020, two additional tribal substance use disorder treatment programs were granted accreditation by the Department of Social Services Office of Licensure and Accreditation.

   In the summer of 2019, Governor Noem tasked state agencies to develop a statewide suicide prevention strategic plan. Together, the Division of Behavioral Health and the Department of Social Services, as well as the Departments of Health, Education, Tribal Relations and Agriculture, as well as the Great Plains Tribal Leaders Health Board formed a work group and developed South Dakota's 2020-2025 Suicide Strategic Plan.

   These consultation activities have opened the door for continued conversation and collaboration with tribal entities and the DBH will continue to explore opportunities for partnerships.

Please indicate areas of technical assistance needed related to his section.

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Environmental Factors and Plan

Primary Prevention – SAPT BG

Assessment

1. **Does your state have an active State Epidemiological and Outcomes Workgroup (SEOW)?** ☐ Yes ☒ No
2. **Does your state collect the following types of data as part of its primary prevention needs assessment process? (check all that apply):**
    a. ☒ Data on consequences of substance-using behaviors
    b. ☒ Substance-using behaviors
    c. ☒ Intervening variables (including risk and protective factors)
    d. ☐ Other (please list)
3. **Does your state collect needs assessment data that include analysis of primary prevention needs for the following population groups? (check all that apply):**
    a. ☐ Children (under age 12)
    b. ☒ Youth (ages 12-17)
    c. ☒ Young adults/college age (ages 18-26)
    d. ☒ Adults (ages 27-54)
    e. ☒ Older adults (ages 55 and above)
    f. ☒ Cultural/ethnic minorities
    g. ☐ Sexual/gender minorities
    h. ☒ Rural communities
    i. ☐ Other (please list)
4. **Does your state use data from the following sources in its primary prevention needs assessment? (check all that apply):**
    a. ☐ Archival indicators (please list)
    b. ☒ National Survey on Drug Use and Health (NSDUH)
    c. ☒ Behavioral Risk Factor Surveillance System (BRFSS)
    d. ☒ Youth Risk Behavior Surveillance System (YRBS)
    e. ☐ Monitoring the Future
    f. ☐ Communities that Care
    g. ☐ State-developed survey instrument
    h. ☒ Other (please list) Contracted provider data
5. **Does your state use need assessment data to make decisions about the allocation of SABG primary prevention funds?** ☒ Yes ☐ No
    a. If yes, please explain. DSS requires the use of the Strategic Prevention Framework (SPF) among contracted prevention providers. Contracted prevention providers complete a local needs assessment as part of the SPF to create a logic model with the identified needs, selected interventions, and anticipated outcomes. This information is utilized by contracted prevention provider when requesting SABG funding each fiscal year.
    b. If no, please explain how SABG funds are allocated.

Capacity Building

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6. **Does your state have a statewide licensing or certification program for the substance use disorder prevention workforce?** ☒ Yes ☐ No
    a. If yes, please describe: The SD Board of Addiction and Prevention Professionals has a certification process for Prevention Specialist.
7. **Does your state have a formal mechanism to provide training and technical assistance to the substance use disorder prevention workforce?** ☒ Yes ☐ No
    b. If yes, please describe mechanism used DSS collaborates with three Prevention Resource Centers (PRCs) to provide training and technical assistance within their region to communities, schools, and contracted prevention providers. In addition, the state partners with the Mountain Plains Prevention Technology Transfer Center (MP-PTTC) and utilizes supplemental technical assistance funding from SAMHSA to meeting training needs.
8. **Does your state have a formal mechanism to assess community readiness to implement prevention strategies?** ☒ Yes ☐ No
    c. If yes, please describe mechanism used: DSS requires the use of the Strategic Prevention Framework (SPF) among contracted prevention providers. Contracted prevention providers complete a local needs assessment, which determines the community's readiness to change.

Planning

9. **Does your state have a strategic plan that addresses substance use disorder prevention that was developed within the last five years?** ☐ Yes ☒ No
    a. If yes, please attach the plan in BGAS
10. **Does your state use the strategic plan to make decisions about use of the primary prevention set-aside of the SABG?** ☐ Yes ☐ No ☒Not Applicable
11. **Does your state's prevention strategic plan include the following components? (check all that apply):**
    b. ☐ Based on needs assessment datasets the priorities that guide the allocation of SABG primary prevention funds
    c. ☐ Timelines
    d. ☐ Roles and responsibilities
    e. ☐ Process indicators
    f. ☐ Outcome indicators
    g. ☐ Cultural competence component
    h. ☐ Sustainability component
    i. ☐ Other (please list)
    j. ☒ Not application/no prevention strategic plan
12. **Does your state have an Advisory Council that provides input into decisions about the use of SABG primary prevention funds?** ☒ Yes ☐ No
13. **Does your state have an active Evidence-Based Workgroup that makes decisions about appropriate strategies to be implemented with SABG primary prevention funds?**

    ☐ Yes ☒ No
    k. If yes, please describe the criteria the Evidence-Based Workgroup uses to determine which programs, policies and strategies are evidence-based.

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Implementation

14. **States distribute SABG primary prevention funds in a variety of different ways. Please check all that apply to your state:**
    a. ☐ SSA staff directly implements primary prevention programs and strategies.
    b. ☐ The SSA has statewide contracts (e.g. statewide needs assessment contract, statewide workforce training contract, statewide media campaign contract).
    c. ☐ The SSA funds regional entities that are autonomous in that they issue and manage their own sub-contracts.
    d. ☒ The SSA funds regional entities that provide training and technical assistance.
    e. ☐ The SSA funds regional entities to provide prevention services.
    f. ☐ The SSA funds county, city, or tribal governments to provide prevention services.
    g. ☒ The SSA funds community coalitions to provide prevention services.
    h. ☐ The SSA funds individual programs that are not part of a larger community effort.
    i. ☐ The SSA directly funds other state agency prevention programs.
    j. ☐ Other (please describe)
15. **Please list the specific primary prevention programs, practices and strategies that are funded with SABG primary prevention dollars in each of the six prevention strategies**. **Please see instructions for definitions of the six strategies.**
    k. ☒ Information Dissemination: See Attachment D - Prevention Strategies & Programs
    l. ☒ Education: See Attachment D - Prevention Strategies & Programs
    m. ☒ Alternatives: See Attachment D - Prevention Strategies & Programs
    n. ☒ Problem Identification and Referral: See Attachment D - Prevention Strategies & Programs
    o. ☒ Community-Based Processes: See Attachment D - Prevention Strategies & Programs
    p. ☒ Environmental: See Attachment D - Prevention Strategies & Programs
16. **Does your state have a process in place to ensure that SABG dollars are used only to fund primary prevention services not funded through other means?** ☒ Yes ☐ No
    q. If yes, please describe: DSS reimburses contracted prevention providers on a fee for service basis. Each month contracted providers submit an invoice into the MOSAIX Impact billing and data collection system. Office of Prevention Services staff review and approve invoices based on allowable expenditures under the SABG. In addition, fiscal audits are conducted to ensure that contracted providers have billed appropriate services to the appropriate funding stream with corresponding documentation.

Evaluation

17. **Does your state have an evaluation plan for substance use disorder prevention that was developed within the last five years?** ☐ Yes ☒ No
    a. If yes, please attach the plan in BGAS
18. **Does your state's prevention evaluation plan include the following components? (check all that apply):**

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b. ☐ Establishes methods for monitoring progress towards outcomes, such as targeted benchmarks.
c. ☐ Includes evaluation information from sub-recipients
d. ☐ Includes SAMHSA National Outcome Measurement (NOMs) requirements
e. ☐ Establishes a process for providing timely evaluation information to stakeholders
f. ☐ Formalizes processes for incorporating evaluation findings into resource allocation and decision-making
g. ☐ Other (please describe)
h. ☒ Not applicable/no prevention evaluation plan

19. Please check those process measures listed below that your state collects on its SABG funded prevention services:

i. ☒ Numbers served
j. ☐ Implementation fidelity
k. ☒ Participant satisfaction
l. ☒ Number of evidence-based program/practices/policies implemented
m. ☒ Attendance
n. ☒ Demographic information
o. ☐ Other (please describe)

20. Please check those outcome measures listed below that your state collects on its SABG funded prevention services:

p. ☒ 30-day use of alcohol, tobacco, prescription drugs, etc.
q. ☐ Heavy use
☒ Binge use
☒ Perception of harm
r. ☐ Disapproval of use
s. ☒ Consequences of substance use (e.g. alcohol-related motor vehicle crashes, drug-related mortality)
t. ☐ Other (please describe)

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

Environmental Factors and Plan

Statutory Criterion for MHBG

Criterion 1: Comprehensive Community-Based Mental Health Service Systems

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

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

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

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

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

   For individuals in need of primary prevention services, 21 contracted substance use prevention providers tailor their prevention efforts around the needs of their community, using effective community-based, school-based and/or individual evidence-based programs. School-based programming focuses on classroom presentations, early identification, screening and referral to services. Community-based programming focuses on establishing or changing community standards, policies and attitudes towards substance use. Individual based programming focuses on targeted interventions to high risk individuals identified at risk of developing a substance use disorder.

   In addition, South Dakota has three Prevention Resource Centers that provide regional support across the state to students, parents, educators, community groups, community agencies, law enforcement and any other interested entity looking for prevention resource materials or support. Each PRC has a resource library with videos, DVDs, books, CDs,

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brochures and curriculums available to the public for use. PRC staff are also able to provide training and education in the areas of prevention.

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

Please describe as needed (for example, best practices, service needs, concerns, etc.)

3. **Describe your state's case management services**.
Administrative Rules of South Dakota (ARSD), Article 67:62, Mental Health, requires case management services be provided for the following mental health services; Comprehensive Assistance with Recovery and Employment (CARE), Individualized Mobile Programs of Assertive Community Treatment (IMPACT); Children or Youth and Family (CYF) services and Outpatient services. Case management services is defined in ARSD as a collaborative process which assesses, plans, implements, coordinates, and monitors; and evaluates the options and services to meet an individual's health needs as identified in the treatment plan.

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

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

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

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

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

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

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

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

Criterion 2: Mental Health System Data Epidemiology

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

To complete column B of the table, please use the most recent SAMHSA prevalence estimate or other federal/state data that describes the populations of focus.

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Column C requires that the state indicate the expected incidence rate of individuals with SMI/SED who may require services in the state's behavioral health system.

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

Describe the process by which your state calculates prevalence and incidence rates and provide an explanation as to how this information is used for planning purposes. If your state does not calculate these rates, but obtains them from another source, please describe. If your state does not use prevalence and incidence rates for planning purposes, indicate how system planning occurs in their absence.

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

Criterion 3: Children's Services

Provides for a system of integrated services for children to receive care for their multiple needs. Does your state integrate the following services into a comprehensive system of care?

a. Social Services ☒ Yes ☐ No
b. Educational services, including services provided under IDE. ☒ Yes ☐ No
c. Juvenile Justice Services ☒ Yes ☐ No
d. Substance misuse prevention and SUD treatment services ☒ Yes ☐ No
e. Health and mental health services ☒ Yes ☐ No
f. Establishes defined geographic area for the provision of the services of such a system ☒ Yes ☐ No

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

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

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- Health Homes

<u>Criterion 4: Targeted Services to rural and Homeless Populations and to Older Adult</u>
Provides outreach to and services for individuals who experience homelessness; community-based services to individuals in rural areas; and community-based services to older adults.

Describe your state's targeted services to rural population.

Describe your state's targeted services to the homeless population.

Describe your state's targeted services to the older adult population.

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

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

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

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

To assist with the older adult population, South Dakota also has two assisted living centers that are designated specifically for individuals with serious mental illnesses. Service needs may be more intense for those who have significant medical issues and/or are homeless. Licensed

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through the Department of Human Services, Division of Long Term Services and Supports, Cedar Village and Cayman Court are in the Southeastern part of the State (Yankton and Sioux Falls, respectively). They have approximately a 48-bed capacity between the two of them and are operated by the CMHCs in those areas. Individuals living in these assisted living centers receive Comprehensive Assistance with Recovery and Empowerment services through the CMHCs.

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

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

Criterion 5: Management Systems

States describe their financial resources, staffing, and training for mental health services providers necessary for the plan; provides for training of providers of emergency health services regarding SMI and SED; and how the state intends to expend this grant for the fiscal years involved.

Describe your state's management systems.

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

Mental health services are provided on a fee-for-service basis through Medicaid, Block Grant, and state general funds. Funding utilized for mental health services include direct services to individuals with serious mental illnesses and children with serious emotional disturbances as well as outpatient services, emergency services, and services through the Indigent Medication Program. It is the state's intent to expend the Mental Health Bock Grant funding for Federal Fiscal Years 2022 and 2023 as it has been expended in the past, with the majority be allocated for direct services, 10 percent to address early serious mental illness and 5 percent for administrative costs.

Regarding workforce development, the DBH supports professional training opportunities for mental health and substance use treatment professionals across the state and works with providers to determine training needs. The DBH collaborates with the Mountain Plains(MP) Addiction Technology Transfer Center (ATTC), Mental Health Technology Transfer Center

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(MH-TTC), and the Prevention Technology Transfer Center (PTTC) to provide a variety of trainings and technical assistance to the DBH staff as well as direct service providers in the communities on topics such as Motivational Interviewing, Telemedicine, First Episode Psychosis, American Society of Addiction Medicine Criteria and other statewide initiatives. The DBH continues to contract with a consultant to provide cultural awareness training to clinicians four times per year, and currently contracts with OnTrackNY to provide consultation, training and technical assistance to the DBH and to the First Episode Psychosis program staff providing Coordinated Specialty Care (CSC) services, although remains open to exploring partnerships with other ESMI experts as it continues to ensure it meets the needs of this population.

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

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

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

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

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

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Environmental Factors and Plan

Substance Use Disorder Treatment

Criterion 1: Prevention and Treatment Services – Improving Access and maintaining a Continuum of Services to Meet State Needs.

Improving access to treatment services

1. **Does your state provide:**
    a. A full continuum of services:
        i. Screening ☒ Yes ☐ No
        ii. Education ☒ Yes ☐ No
        iii. Brief Intervention ☒ Yes ☐ No
        iv. Assessment ☒ Yes ☐ No
        v. Detox (inpatient/social) ☒ Yes ☐ No
        vi. Outpatient ☒ Yes ☐ No
        vii. Intensive Outpatient ☒ Yes ☐ No
        viii. Inpatient/residential ☒ Yes ☐ No
        ix. Aftercare; recovery support ☒ Yes ☐ No
    b. Are you considering targeted services for veterans ☐ Yes ☒ No
    Expansion of services for:
        1. Adolescents ☐ Yes ☒ No
        2. Older Adults ☐ Yes ☒ No
        3. Medication-Assisted Treatment (MAT) ☒ Yes ☐ No

Criterion 2: Improving Access and Addressing Primary Prevention - see Environmental Factors and Plan, Primary Prevention

Criterion 3: Pregnant Women and Women with Dependent Children (PWWDC)

1. **Does your state meet the performance requirement to establish and/or maintain new programs or expand programs to ensure treatment availability?** ☒ Yes ☐ No
2. **Either directly or through an arrangement with public or private non-profit entities making prenatal care available to PWWDC receiving services?** ☒ Yes ☐ No
3. **Has an agreement to ensure pregnant women are given preference in admission to treatment facilities or make available interim services within 48 hours, including prenatal care?** ☒ Yes ☐ No
4. **Does your state have an arrangement for ensuring the provision of required supportive services?** ☒ Yes ☐ No
5. **Are you considering any of the following?**
    a. Open assessment and intake scheduling ☐ Yes ☒ No
    b. Establishment of an electronic system to identify available treatment slots ☒ Yes ☐ No
    c. Expanded community network for supportive services and healthcare ☐ Yes ☒ No
    d. Inclusion of recovery support services ☒ Yes ☐ No
    e. Health navigators to assist clients with community linkages ☐ Yes ☒ No

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f. Expanded capability for family services, relationship restoration, custody issue ☐ Yes ☒ No
g. Providing employment assistance ☐ Yes ☒ No
h. Providing transportation to and from services ☐ Yes ☒ No
i. Educational assistance ☐ Yes ☒ No

The state is always considering ways to improve access and care for individuals needing behavioral health services. Many areas identified above are done at the local level by the contracted provider and are based on the needs of the community (e.g., open assessment and intake scheduling). In 2019, the DBH implemented a process of capturing available treatment bed openings daily to monitor access and capacity. On a quarterly basis, the DBH also collects information from SUD treatment providers regarding walk-in assessment availability and wait lists. Last, in January 2021, the DBH was awarded a Transformation Transfer Initiative (TTI) award to obtain a subject matter expert to assist the DBH in analyzing needs, options available to meet those needs and to support the DBH in identifying the best product for South Dakota that provides state-wide, real-time inventory of behavioral health services to increase access to treatment.

The DBH does serve as a resource for treatment providers and individuals seeking substance use services. The DBH supports seven specialized intensive methamphetamine treatment programs which includes recovery supports as part of their program. The DBH also supports the efforts of Face It Together and Project Recovery to meet the needs of individuals seeking peer/recovery supports for substance use disorders. In addition, treatment providers are expected to assist clients with employment goals, especially through the low-intensity residential treatment program where there is heavy emphasis on obtaining employment. The DBH utilizes State Opioid Response dollars to support Bethany Christian Services ReNew Maternal Wraparound Program (Recovering Mothers with Newborns), a specialized, evidence-based case management model that supports pregnant women with Substance Use Disorders (SUD) by empowering and equipping them for successful recovery before and after the birth of their child.

6. **States are required to monitor program compliance related to activities and services for PWWDC. Please provide a detailed description of the specific strategies used by the state to identify compliance issues and corrective actions required to address identified problems**.

Pregnant women are at highest priority for admission to services. Clients meeting this status must be admitted to the program no later than 14 days from the initial screening. If the program does not have the capacity to admit the client on the date of such request, interim services must be provided no later than 48 hours from the initial screening. The referring provider will ensure the client is provided interim services until an alternative placement can be located. During the 2019 legislative session, the DBH was provided additional state general funds that supported an increase in residential capacity for PWWDC. Additional capacity for PWWDC occurred in 2020 with reallocation of funds. The increased capacity should assist in clients admitting to services within the 14 days from the initial screening.

The Division of Behavioral Health (DBH) complies with Section 1922(c) of the PHS Act and 45 CFR 96.124(e), which requires states to ensure that programs receiving funding

for services also provide for or arrange for the provision of primary medical care, prenatal care, child care, primary pediatric care-including immunizations for children, gender specific treatment, therapeutic interventions which addresses relationship issues, sexual and physical abuse, and parenting and child care, sufficient case management and transportation to ensure that women and their children have access to all services listed in this paragraph.

The DBH provides funding to two community-based treatment programs for pregnant women and women with dependent children. Behavior Management Systems (BMS) in Rapid City and Volunteers of America (VOA) in Sioux Falls both serve adult women. Both programs accept clients from all 66 counties and provide medically monitored inpatient, low intensity residential, outpatient services, case management, aftercare and interim services.

The DBH modified the State Treatment Activity Reporting System (STARS) to allow the tracking of specific services provided to pregnant women. Also, language was written into each provider's contract to assure state compliance with the federal rules governing the notification of 90% program capacity. The capacity of each program is also tracked through STARS, including interim services. Tracking specific services provided and agency capacity level allows DBH to monitor utilization rates and to identify those service areas that are greatest in need.

The Department of Social Services Office of License and Accreditation (OLA) team conducts onsite reviews to ensure compliance with provider contract requirements and Administrative Rules of South Dakota (ARSD), Article 67:61 Substance Use Disorders. The review encompasses areas of governance, fiscal management, personnel training/qualifications, statistical reporting, client rights, quality assurance, case record content, medication administration and consumer outcome/satisfaction reports.

The accreditation review is conducted by an evaluation of client charts and agency policies and procedures, and through interviews with staff and clients. The accreditation team developed tools to evaluate compliance with case record documentation and other requirements. Based on the score of the onsite review, and the submission of an acceptable plan of correction when required, a program is granted a two or three-year accreditation period.

During the accreditation certificate period, the DBH and OLA may conduct follow-up calls and/or reviews with the agency for monitoring purposes and provide technical assistance when needed, including a mid-point review for agencies with lower performance to assist them in evaluating the success of the implementation of their Plan of Correction to address identified areas of noncompliance.

Criterion 4, 5 and 6: Persons Who Inject Drugs (PWID), Tuberculosis (TB), Human Immunodeficiency Virus (HIV), Hypodermic Needs Prohibition, and Syringe Services Program

Persons who Inject Drugs (PWID)

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1. **Does your state fulfill:**
    a. 90 percent capacity reporting requirements ☒ Yes ☐ No
    b. 14-120-day performance requirement with provision of interim services ☒ Yes ☐ No
    c. Outreach activities ☒ Yes ☐ No
    d. Syringe services program ☐ Yes ☒ No
    e. Monitoring requirements as outlined in the authorizing statute and implementing regulation ☒ Yes ☐ No
2. **Has your state identified a need for any of the following?**
    a. Electronic system with alert when 90 percent capacity is reached ☐ Yes ☒ No
    b. Automatic reminder system associated with 14-120-day performance requirement ☐ Yes ☒ No
    c. Use of peer recovery supports to maintain contact and support ☐ Yes ☒ No
    d. Service expansion to specific populations (military families, veterans, adolescents, older adults). ☐ Yes ☒ No
3. **States are required to monitor program compliance related to activities and services for PWID. Please provide a detailed description of the specific strategies used by the state to identify compliance issues and corrective actions required to address identified problems**.

    Contracted substance use providers prioritize and provide outreach and intervention services to individuals identified as needing treatment for intravenous drug use. Clients are placed within 48 hours-14 days after a request for treatment (as per section 1923(a) 92) of the Public Health Services Act and 45 CFR 96.126 (b)). However, if an individual cannot be placed within 48 hours, the referring agency will provide interim services until a placement can be made.

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

    Each provider is required to develop, adopt and implement policies and procedures to ensure that everyone who requests and needs treatment for intravenous drug use is admitted to the program no later than 14 days from the initial screening. If the program does not have the capacity to admit the individual on the date of such request, interim services must be provided until an individual is admitted to a substance use treatment program. The purpose of interim services is to reduce the adverse health effects of such use, promote the health of the individual and reduce the risk of transmission of disease. At a minimum, interim services include counseling and education about Human Immunodeficiency Virus (HIV) and tuberculosis (TB), the risks of needle-sharing, the risks of transmission to sexual partners and infants, and steps that can be taken to ensure that HIV and TB transmission does not occur. Interim services may also include referral for HIV or TB treatment services if necessary. Interim services must be made available to the individual no later than 48 hours from the initial screening.

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In compliance with 42 U.S.C. 300x-23(a) (2) (A) (B), the DBH provides funding for treatment services for individuals who are unable to pay. All accredited treatment programs are notified on a yearly basis of the existence of this priority population and the process needed to secure the funds from DBH when needed. To ensure compliance with 4.42 U.S.C. 300x-23(b), DBH specifies in contract the requirement to conduct outreach activities for this specific population. The DBH monitors compliance through reviewing the data submitted to STARS and the Department of Social Services Office of Licensure and Accreditation monitors compliance through regular on-site accreditation reviews.

Tuberculosis (TB)

1. **Does your state currently maintain an agreement, either directly or through arrangements with other public and non-profit private entities to make available tuberculosis services to individuals receiving SUD treatment and to monitor the service delivery?** ☒ Yes ☐ No
2. **Are you considering any of the following?**
    a. Business agreement/MOU with primary healthcare providers ☐ Yes ☒ No
    b. Cooperative agreement/MOU with public health entity for testing and treatment ☐ Yes ☒ No
    c. Established co-located SUD professionals with Federally Qualified Health Centers. ☐ Yes ☒ No
3. **States are required to monitor program compliance related to activities and services for SUD treatment. Please provide a detailed description of the specific strategies used by the state to identify compliance issues and corrective actions required to address identified problems.**
    According to ARSD 67:61:05:01, the TB screening requirements employees are as follows:
    a. Each new staff member, intern, and volunteer shall receive the two-step method of tuberculin skin test or a TB blood assay test to establish a baseline within 14 days of employment. Any two documented tuberculin skin tests completed within a 12-month period before the date of employment can be considered a two-step or one TB blood assay test completed within a 12-month period before employment can be considered an adequate baseline test. Skin testing or TB blood assay tests are not required if a new staff, intern or volunteer provides documentation of the last skin testing completed within the prior 12 months. Skin testing or TB blood assay tests are not required if documentation is provided of a previous position reaction to either test.
    b. A new staff member, intern, or volunteer who provides documentation of a positive reaction to the tuberculin skin test or TB blood assay test shall have a medical evaluation and chest X-ray to determine the presence or absence of the active disease.
    c. Each staff member, intern and volunteer with a positive reaction to the tuberculin skin test or TB blood assay test shall be evaluated annually by a licensed physician, physician assistant, nurse practitioner, clinical nurse specialist, or a nurse and a record maintained of the presence or absence of symptoms of tuberculosis. If this evaluation results in suspicion of active tuberculosis, the

licensed physician shall refer the staff member, intern, or volunteer for further medical evaluation to confirm the presence or absence of tuberculosis; and

d. Any employee confirmed or suspected to have infectious tuberculosis shall be restricted from employment until a physician determines that the employee is no longer infectious.

Also, per ARSD 67:61:07:12, substance use disorder treatment providers screen clients in the first 24 hours of admission to determine if the client has had any of the following symptoms within the previous three months: (1) unexplained weight loss (2) night sweats (3) productive cough lasting three or more weeks (4) unexplained fevers. If clients answer yes to any of these questions, they are referred to a physician for further screening.

The Department of Social Services Office of Licensure and Accreditation monitors adherence during accreditation reviews by reviewing clinical and personnel files.

Early Intervention Services for HIV (For "Designated States" Only)

South Dakota is not a designated state for HIV early intervention services.

Syringe Service Programs

1. **Does your state have in place an agreement to ensure that SABG funds are not expended to provide individuals with hypodermic needles or syringes (42 USC 300x-31(a)(1)F)?**
   ☒ Yes ☐ No
2. **Do any of the programs serving PWID have an existing relationship with a Syringe Services (Needle Exchange) Program?** ☐ Yes ☒ No
3. **Do any of your programs use SABG funds to support elements of the Syringe Services Program?**
   a. ☐ Yes ☒ No
   b. If yes, please provide a brief description of the elements and the arrangement.

<u>Criterion 8, 9 and 10: Service System Needs, Service Coordination, Charitable Choice, Referrals, Patient Records, and Independent Peer Review</u>

Service System Needs

1. **Does your state have in place an agreement to ensure that the state has conducted a statewide assessment of need, which defines prevention and treatment authorized services available, identified gaps in service, and outlines the state's approach for improvement?** ☐ Yes ☒ No
2. **Has your state identified a need for any of the following?**
   a. Workforce development efforts to expand service access ☒ Yes ☐ No
   b. Establishment of a statewide council to address gaps and formulate a strategic plan to coordinate services. ☐ Yes ☒ No
   c. Establish a peer recovery support network to assist in filling the gaps. ☐ Yes ☒ No

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d. Incorporate input from special populations (military families, service members, veterans, tribal entities, older adults, sexual and gender minorities) ☐ Yes ☒ No
e. Formulate formal business agreements with other involved entities to coordinate services to fill gaps in the system, i.e. primary healthcare, public health, VA, community organizations. ☐ Yes ☒ No
f. Explore expansion of services for:
    i. Medication Assisted Treatment ☒ Yes ☐ No
    ii. Tele-health ☒ Yes ☐ No
    iii. Social media outreach ☒ Yes ☐ No

Service Coordination

1. **Does your state have a current system of coordination and collaboration related to the provision of person-centered and person-directed care?** ☒ Yes ☐ No
2. **Are you considering any of the following?**
    a. Identify MOUs/Business Agreements related to coordinated care for persons receiving SUD treatment and/or recovery services. ☐ Yes ☒ No
    b. Establish a program to provide trauma-informed care. ☐ Yes ☒ No
    c. Identify current and perspective partners to be included in building a system of care, e.g., FQHCs, primary healthcare, recovery community organizations, juvenile justice system, and adult criminal justice system and education. ☒ Yes ☐ No

Charitable Choice

1. **Does your state have in place an agreement to ensure the system can comply with the services provided by nongovernmental organization (42 U.S.C. 300x-65, 42 CF Part 54 (54.8(b) and 54.8(c)(4)) and 68 FR 56430-56449).** ☒ Yes ☐ No
2. **Is your state considering any of the following?**
    a. Notice to Program Beneficiaries ☐ Yes ☒ No
    b. Develop an organized referral system to identify alternative providers. ☐ Yes ☒ No
    c. Develop a system to maintain a list of referrals made by religious organizations. ☐ Yes ☒ No

The DBH continues to ensure there is equal opportunity for all organizations – both faith-based and nonreligious – to participate as partners in providing substance use treatment and prevention services to individuals and families. All faith-based programs contracting with DBH to provide substance use treatment and/or prevention services are required to provide notice to clients of their right to alternative services if they have an objection to faith-based programming. If an individual has an objection to faith-based programming, the DBH will work with the faith-based organization to transfer services to an alternative provider that is acceptable to the individual seeking services.

Referrals

1. **Does your state have an agreement to improve the process for referring individuals to the treatment modality that is most appropriate for their needs?** ☒ Yes ☐ No

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2. **Are you considering any of the following?**
    a. Review and update of screening and assessment instruments. ☐ Yes ☒ No
    b. Review of current levels of care to determine changes or additions. ☒ Yes ☐ No
    c. Identify workforce needs to expand service capabilities. ☒ Yes ☐ No
    d. Conduct cultural awareness training to ensure staff sensitivity to client cultural orientation, environment, and background. ☒ Yes ☐ No

Patient Records

1. **Does your state have an agreement to ensure the protection of client records?**
   ☒ Yes ☐ No
2. **Are you considering any of the following?**
    a. Training staff and community partners on confidentiality requirements.
       ☐ Yes ☒ No
    b. Training on responding to requests asking for acknowledgement of the presence of clients. ☐ Yes ☒ No
    c. Updating written procedures which regulate and control access to records.
       ☐ Yes ☒ No
    d. Review and update of the procedure by which clients are notified of the confidentiality of their records include the exception for disclosure.
       ☐ Yes ☒ No

The DBH ensures that state accredited providers comply with the confidentiality regulations in 42 U.S.C. 300x-53(b), 45 CFR 96.132 (e), 42 C.F.R Part 2 and the Health Insurance Portability and Accountability Act requirements governing the confidentiality of medical records. The DBH includes rules and regulations regarding confidentiality of records in both ARSD and provider contracts. Compliance is accomplished through on-site accreditation reviews by the Department of Social Services Office of Licensure and Accreditation to ensure all information shared with other agencies/individuals has a signed release in the file prior to release of the information.

Independent Peer Review

1. **Does your state have an agreement to assess and improve, through independent peer review, the quality and appropriateness of treatment services delivered by providers?**
   ☒ Yes ☐ No
2. **Section 1943(a) of Title XIX, Part B, Subpart III of the Public Health Service Act (42 U.S.C. 300x-52(a)) and 45 CFR 96.136 require states to conduct independent peer review of not fewer than 5 percent of the block grant sub-recipients providing services under the program involved.**
    a. Please provide an estimate of the number of block grant sub-recipients identified to undergo such a review during the fiscal year(s) involved.
       An estimated four providers have been identified to undergo each independent peer review for State Fiscal Years 2020 and 2021.
3. **Are you considering any of the following?**
    a. Development of a quality improvement plan. ☐ Yes ☒ No

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b. Establishment of policies and procedures related to independent peer review. ☒ Yes ☐ No
c. Develop long-term planning for service revision and expansion to meet the needs of specific populations. ☐ Yes ☒ No

4. **Does your state require a block grant sub-recipient to apply for and receive accreditation from an independent accreditation organization, e.g., Commission on the Accreditation of Rehabilitation Facilities (CARF), The Joint Commission, or similar organization as an eligibility criterion for block grant funds?** ☐ Yes ☒ No
   If yes, please identify the accreditation organization(s)
   i. ☐ Commission on the Accreditation of Rehabilitation Facilities
   ii. ☐ The Joint Commission
   iii. ☐ Other (please specify)

Criterion 7 and 11: Group Homes for Persons in Recovery and Continuing Education for Employees

Group Homes

1. **Does your state have an agreement to provide for and encourage the development of group homes for persons in recovery through a revolving loan program**?
   ☐ Yes ☒ No
2. **Are you considering any of the following?**
   a. Implementing or expanding the revolving loan fund to support recovery home development as part of the expansion of recovery support services. ☐ Yes ☒ No
   b. Implementing MOUs to facilitate communication between block grant service providers and group homes to assist in placing clients in need of housing. ☐ Yes ☒ No

Professional Development

1. **Does your state have an agreement to ensure that prevention, treatment and recovery personnel operating in the state's substance use disorder prevention, treatment and recovery systems have an opportunity to receive training on an ongoing basis, concerning:**
   a. Recent trends in substance use disorders in the state ☒ Yes ☐ No
   b. Improved methods and evidence-based practices for providing substance us disorder prevention and treatment services ☒ Yes ☐ No
   c. Performance-based accountability ☒ Yes ☐ No
   d. Data collection and reporting requirements ☒ Yes ☐ No
2. **Has your state identified a need for any of the following?**
   a. A comprehensive review of the current training schedule and identification of additional training needs. ☒ Yes ☐ No
   b. Addition of training sessions designed to increase employee understanding of recovery support services. ☒ Yes ☐ No
   c. Collaborative training sessions for employees and community agencies' staff to coordinate and increase integrated services. ☐ Yes ☒ No

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d. State office staff training across department and divisions to increase staff knowledge of programs and initiatives, which contribute to increased collaboration and decreased duplication of effort. ☐ Yes ☒ No

3. **Has your state utilized the Regional Prevention, Treatment and/or Mental Health Training and Technical Assistance Centers (TTCs)?**
   a. Prevention TTC?
      ☒ Yes ☐ No
   b. Mental Health TTC?
      ☒ Yes ☐ No
   c. Addiction TTC?
      ☒ Yes ☐ No
   d. State Target Response TTC?
      ☒ Yes ☐ No

Waivers

Upon the request of a state, the Secretary may waive the requirements of all or part of the sections 1922©, 1923, 1924 and 1928 (42 U.S.C. 300x-32(f)).

1. **Is your state considering requesting a waiver of any requirements related to:**
   a. Allocations regarding women ☐ Yes ☒ No
2. **Requirements regarding Tuberculosis services and Human Immunodeficiency Virus**
   a. Tuberculosis ☐ Yes ☒ No
   b. Early intervention services regarding HIV ☐ Yes ☒ No
3. **Additional agreements:**
   a. Improvement of Process for appropriate referrals for treatment ☐ Yes ☒ No
   b. Continuing education ☐ Yes ☒ No
   c. Coordination of various activities and services ☐ Yes ☒ No

Please provide a link to the state administrative regulations, which govern the Mental Health and Substance Use Disorder Programs.
Substance Use Disorders: SDLRC - Rule 67:61 (sdlegislature.gov)
Mental Health: SDLRC - Rule 67:62 (sdlegislature.gov)

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Environmental Factors and Plan

Crisis Services

Please check those that are used in your state:

1. **Crisis Prevention and Early Intervention**
   a. ☒ Wellness Recovery Action Plan (WRAP)
   b. ☒ Psychiatric Advance Directives
   c. ☒ Family Engagement
   d. ☒ Safety Planning
   e. ☐ Peer-Operated Warm Lines
   f. ☐ Peer-Run Crisis Respite Programs
   g. ☒ Suicide Prevention

2. **Crisis Intervention/Stabilization**
   a. ☐ Assessment/Triage (Living Room Model)
   b. ☐ Open Dialogue
   c. ☐ Crisis Residential/Respite
   d. ☒ Crisis Intervention Team/Law Enforcement
   e. ☒ Mobile Crisis Outreach
   f. ☒ Collaboration with Hospital Emergency Departments and Urgent Care Systems

3. **Post Crisis Intervention/Support**
   a. ☐ Peer Support/Peer Bridges
   b. ☒ Follow-up Outreach and Support
   c. ☐ Family-to-Family Engagement
   d. ☐ Connection to care coordination and follow-up clinical care for individuals in crisis
   e. ☐ Follow-up crisis engagement with families and involved community members
   f. ☐ Recovery community coaches/peer recovery coaches
   g. ☐ Recovery community organization

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

The Division of Behavioral Health (DBH) is committed to system improvement and ensuring individuals experiencing behavioral health needs have access to quality services. A Request for Proposal was issued March of 2020 seeking a vendor to complete a comprehensive review of both the publicly and privately funded behavioral health systems in South Dakota. The national nonprofit Human Services Research Institute (HSRI) with its partner Burns & Associates (B&A) were the selected vendor. In September 2020, HSRI began conducting interviews that included a broad array of stakeholders across the system at all levels; state staff, directors and staff of provider organizations, local advocacy groups, and people who've used the services themselves. The study included an analysis of the context in which the South Dakota behavioral health system is operating, such as the most current county census data (including demographics of age,

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gender, ethnicity, residence areas, poverty levels, and risk factors) and national prevalence data to calculate regional and local prevalence rates; a broad assessment of the current continuum of care for people with behavioral health needs and disorders, including the identification of gaps in existing behavioral health services and gaps in data, impacts and costs of unmet service needs, and prioritization of and resources needed to address unmet service needs; and technical assistance in the form of prioritized recommendations for system change including implementation strategies for achieving changes and potential costs. The study's findings and recommendations will help guide the state's planning efforts to improve outcomes for people in South Dakota. Based on initial stakeholder feedback and draft findings, access to crisis services has been identified as a gap in South Dakota as well as lack of awareness of available resources.

The status of the state's current crisis system includes the following three elements:

Regional Crisis Call Centers

South Dakota's current access to regional crisis call centers is within the Program Sustainment stage as implementation is statewide with a clear funding plan.

The 11 Community Mental Health Centers contracted with the DBH provide emergency services, which are available 24 hours per day, seven days a week, for persons experiencing a mental health emergency. Trained and experienced mental health staff assist in stabilizing the emergency and providing immediate treatment in the most least restrictive environment possible.

The DBH also contracts with the Helpline Center to provide various statewide crisis contact services; the National Suicide Prevention Lifeline (NSPL), the Treatment Resource Hotline (1-800-920-4343) providing support and resources for individuals or family members of individuals struggling with substance use, the Follow-Up Program providing follow-up calls and support to youth and adults upon discharge from an inpatient behavioral health unit for suicidal ideation or attempt, and 211. DBH will receives monthly data reports on 211 and the Treatment Resource Hotline.

July of 2020, funding to support statewide access to 211 services was authorized by the state legislature. The DBH partnered with the Helpline Center to promote awareness of 211 as a resource for individuals in crisis and/or seeking resources within their community.

As a result of COVID-19, through the 605 Strong campaign (https://www.605strong.com/), trained crisis counselors at the Helpline Center are available to provide support and follow-up to individuals calling 211. In January 2021, through the State Disaster Grant, services will be further enhanced as the DBH will pilot the first voucher-based program for individuals calling 211, directly connecting them to select providers for needed behavioral health services.

Additionally, South Dakota's 911 Coordination Board assists local governments with the implementation of 911 within their area. There are 28 primary Public Safety Answering Points (PSAPs)/911 centers with 301 full-time staff and 54 part-time staff.

Finally, the DBH in conjunction with the Helpline Center, applied for and received the 988 State Planning Grant. The DBH intends on convening a key stakeholder coalition to review potential strategies to assure all required datapoints of the grant are being captured.

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Crisis Mobile Team Response

South Dakota's current availability of mobile crisis behavioral health first responder services is within the Early Implementation stage as some parts of the state, about 25% or less, have access to that services.

With DBH support, Southeastern Behavioral HealthCare in Sioux Falls overseeing Minnehaha County, the largest county in the state, Behavior Management Systems in Rapid City overseeing Pennington County, the second largest county in the state and Capital Area Counseling Services in Pierre overseeing Hughes County, have implemented Mobile Crisis Teams to expedite mental health professionals to people in crisis, to coordinate resources, assess problems, and eliminate unnecessary psychiatric placements.

DBH staff provide mental health training to law enforcement and the judicial system throughout the state to enhance their skills in addressing the needs of individuals with behavioral health crises, reducing the need for transport to emergency facilities. Also, the DBH supports the National Alliance on Mental Illness, South Dakota (NAMI-SD) to deliver Crisis Intervention Training (CIT) for law enforcement officers. Several police departments in the state having CIT teams and several others are expressing interest.

Finally, the DBH supported a pilot project funded through the Hemsley Foundation partnering law enforcement with Avera eCARE behavioral health services. Sheriff Departments were provided an iPad and training to connect with behavioral health specialists to perform immediate crisis intervention and support to law enforcement in the field. This project has proven to be very successful but when an individual needs additional crisis supports, there is no centralized registry to pull from to identify the nearest support point.

Crisis Receiving and Stabilization Facilities

The current availability or utilization of short-term crisis receiving, or stabilization centers is within the Exploration-Planning stage as South Dakota is currently identifying communities' needs, assessing organization capacity, identifying crisis how crisis services meet community needs and understating program requirements and adaptation.

With the support of the DBH, in 2011 Behavior Management Systems (BMS) overseeing Pennington County, the second largest county in the state, established a Crisis Care Center. In October 2019, BMS merged the Crisis Care Center into the Care Campus, a private-public partnership, which brings detox, crisis care, and mental health treatment all under one roof. Additionally, in September 2019 Lewis & Clark Behavioral Health Services in Yankton established a Residential Crisis Stabilization Program for people experiencing short-term mental health crisis who need a safe place to go.

During the 2020 legislative session a codified law was passed to support the expansion of regional facilities capable of serving individuals experiencing a mental health crisis who could be served in a regional crisis stabilization facility instead of being transported to the Human Services Center, the only state psychiatric hospital, which is located in the far southeastern part of the state and for many results in driving up to 6 hours for stabilization services. In addition, Administrative Rules of South Dakota were promulgated in 2020 to establish expectations for appropriate regional facilities. The DBH has issued a Request for Proposal and is currently in the process of soliciting vendors interested in operating such facilities.

Finally, the DBH applied for and was awarded Transformation Transfer Initiative (TTI) funding to obtain an expert to assist in analyzing our needs, what options may be available to meet those needs and assist in identifying the best product for South Dakota. The DBH's initiative is to support a platform that provides statewide, real-time inventory of behavioral health services to increase access to treatment. The vision is to have a comprehensive registry of all behavioral health services including but not limited to residential crisis services, mobile crisis services, outpatient mental health and substance use disorder services, residential mental health and substance use disorder services, and supported and recovery housing. Ideally, the system will report capacity information for publicly funded and privately funded behavioral health providers.

Proposed Plan for the 5% Set-Aside

The recent award of the 988 State Planning Grant and TTI funding will assist in guiding how the State of South Dakota will further enhance crisis care services. The stakeholder advisory workgroups established from these recent awards will assist in determining how the MHBG 5% set-aside will be utilized in the core set of crisis services as supported by Congress.

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

None currently.

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Environmental Factors and Plan

Recovery

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

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

3. **Provide a description of the recovery and recovery support services for adults with SMI and children with SED in your state.**
    Administrative Rules of South Dakota (ARSD) Article 67:62 Mental Health, requires the implementation of recovery support services and defines recovery as a process of change through which an individual achieves improved health, wellness and quality of life.
    Provider contracts also detail the responsibility of providers to implement recovery skills to help individuals cope with and gain mastery over symptoms and disabilities, including those related to co-occurring disorders, in the context of daily living. This may include, but not limited to:
    a. Ongoing assessment of the client's mental illness and co-occurring disorders symptoms and the client's response to treatment.
    b. Assessment of the client's mental illness symptoms and behavior in response to medication and monitoring for medication side effects.
    c. Education, when appropriate, of the client regarding his/her illness, medication prescribed to regulate the illness, and side effects of medications.
    d. Education about the hope of recovery about mental illness and co-occurring issues.
    e. Assistance in developing social skills, skills to help client build relationships with landlords, neighbors, etc., and skills to address co-occurring issues.
    f. Symptom management efforts directed to helping each client identify personal strengths; recognize symptoms or occurrence patterns of his/her mental illness and co-occurring disorders; and develop methods (internal, behavioral, or adaptive) to help lessen the effects; and
    g. Psychological support (both on a planned and "as needed" basis) to help clients accomplish their independent living goals and to cope with the

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stresses of day-to-day living.

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

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

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

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

Provide a description of recovery and recovery support services for individuals with substance use disorders in your state.
ARSD Article 67:61 Substance Use Disorders requires the implementation of recovery support services and defines recovery as a process of change through which an individual achieves improved health, wellness and quality of life. Provider contract and ARSD require referral to and coordination of care with other resources that will assist a client's recovery, including education, vocational, medical, legal, mental health, employment, and other related alcohol and drug services.

The South Dakota Temporary Assistance for Needy Families funds recovery support services for the pregnant and parenting women's program at Behavior Management Systems in Rapid City.

The DBH utilized technical assistance through SAMHSA to identify best practices for methamphetamine use disorder. This resulted in the selection of the Matrix Model as the core evidence-based program utilized in the intensive methamphetamine treatment programs, which includes a peer recovery component. Additionally, the technical assistance emphasized the inclusion of family in the treatment process. The Matrix Model includes family education.

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The DBH also supports peer recovery services at Face It TOGETHER and Project Recovery through State Opioid Response (SOR) grant funding. SOR funding is utilized to support additional recovery support services including Oxford House and specialized case management through the ReNew Maternal Wraparound Program (Recovering Mothers with Newborns) at Bethany Christian Services which supports pregnant women with Substance Use Disorders (SUD) by empowering and equipping them for successful recovery before and after the birth of their child. And the DBH uses state general funds to support the Supported Housing for Addiction Recovery and Empowerment (SHARE) program, which includes supported housing and related services to individuals diagnosed with a substance use disorder or who are experiencing issues related to substance use and are unable to live independently without additional supports. A SOR funded Project ECHO by the University of South Dakota in 2021 focused on recovery support services to educate professionals in the state about the various options.

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

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

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

   Through the State Disaster and the Emergency Grant to Address Mental and Substance Use Disorders During COVID-19 grants, the DBH is further supporting recovery support services, including peer recovery support services through Face It TOGETHER and transportation needs for individuals to be able to access treatment.

Please indicate areas of technical assistance needed related to his section.

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Environmental Factors and Plan

Children and Adolescent Behavioral Health Services
MHBG

1. **Does the state utilize a system of care approach to support:**
    a. The recovery and resilience of children and youth with SED? ☒ Yes ☐ No
    b. The recovery and resilience of children and youth with SUD? ☒ Yes ☐ No

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

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

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

Additionally, in FY20's state budget, the DBH was allotted five additional SOCs to expand implementation throughout the state.

2. **Does the state have an established collaboration plan to work with other child and youth serving agencies in the state to address behavioral health needs?**
    a. Child Welfare? ☒ Yes ☐ No

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b. Juvenile Justice? ☒ Yes ☐ No
c. Education? ☒ Yes ☐ No

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

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

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

3. Does the state monitor its progress and effectiveness, around:
a. Service utilization? ☒ Yes ☐ No
b. Costs? ☒ Yes ☐ No
c. Outcomes for children and youth services? ☒ Yes ☐ No

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

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

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FY2018. The DBH monitors the number of outcome tools received to ensure accurate data.

4. **Does the state provide training in evidence-based:**
    a. Substance misuse prevention, SUD treatment and recovery services for children/adolescents, and their families. ☒ Yes ☐ No
    b. Mental health treatment and recovery services for children/adolescents and their families? ☒ Yes ☐ No

5. **Does the state have plans for transitioning children and youth receiving services:**
    a. To the adult behavioral health system? ☒ Yes ☐ No
    b. For youth in foster care? ☒ Yes ☐ No

6. **Describe how the state provides integrated services through the system of care (social services, education services, child welfare services, juvenile justice services, law enforcement services, substance use disorders, etc.).**
The development of partnerships with health, social services, education, and other state and local government entities is integral to the development of an integrated system of care.

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

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

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

    In addition, the DBH collaborated with the Unified Judicial System and the Department of Corrections in order to implement evidence-based interventions to justice involved youth within their community. Seven CMHCs and Lutheran Social Services are trained in Functional Family Therapy (FFT), an evidence-based practice (EBP), and services

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began in January 2016. Moral Reconation Therapy (MRT) is delivered by six CMHCs and Lutheran Social Services. Four CMHCs and Lutheran Social Services are also trained to provide Aggression Replacement Training (ART). Additionally, FFT, MRT and ART services are available statewide via telehealth. Quality assurance reviews with each provider are conducted at a minimum of annually for each EBP that has been implemented through JJRI.

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

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Environmental Factors and Plan

Suicide Prevention - MHBG

1. **Have you updated your state's suicide prevention plan in the last two years?**
   ☒ Yes ☐ No
2. **Describe activities intended to reduce incidents of suicide in your state.**
   The Office of Prevention Services receives one federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) that focuses on suicide prevention among adults age 25 and older.

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

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

3. **Have you incorporated any strategies supportive of Zero Suicide?** ☒ Yes ☐ No
4. **Do you have any initiatives focused on improving care transitions for suicidal patients being discharged from inpatient units or emergency departments?**
   ☒ Yes ☐ No
5. **Have you begun any targeted or statewide initiatives since the FFY 2016- FFY2017 plan was submitted?** ☒ Yes ☐ No

   If so, please describe the population targeted?
   The Screening, Brief Intervention and Referral to Treatment (SBIRT) Grant targets adults coming in for their annual medical visit. Besides being screened for alcohol and drug use, they are also given the Patient Health Questionnaire-9 and if there is a high score on the screening tool, they are referred to treatment.
   A detailed description of the SBIRT Grant can be found in Planning Step One.

   The South Dakota National Strategy for Suicide Prevention (SD NSSP) focuses on advancing efforts to prevent suicide and suicide attempts among adults age 25 and older. A detailed description of the SD NSSP Grant can be found in Planning Step One.

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

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Environmental Factors and Plan

Support of State Partners - MHBG

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

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

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

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

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

Please indicate areas of technical assistance needed related to his section.

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Environmental Factors and Plan

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

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

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

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

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

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

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

    The BHAC performs the following functions:
    - Development and modification of state or federal mental health plans.
    - Promoting greater coordination of planning and service delivery efforts among federal, state, local, or private agencies involved in the mental health service delivery network.
    - Advising on and addressing policy issues related to the allocation of federal and state funds to the mental health centers in the state and the South Dakota Human Services Center (single state psychiatric inpatient facility).

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- Providing input on matters concerning regulation, staff requirements, administration, audit and record keeping, and services to be provided by mental health centers and the South Dakota Human Services Center.
- Identification of needed program and service expansion and achievement of the highest possible quality service
- Provide input regarding statewide needs in substance abuse prevention and treatment
- Promote coordination and planning activities between state and local government agencies and private providers
- Review and provide input on the studies for prevention, treatment, and rehabilitation of drug and alcohol abuse
- Advise on all functions delegated to the state office

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

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

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Environmental Factors and Plan

Public Comment on the State Plan

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

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

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

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

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

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