

**Meeting Agenda**  
**Behavioral Health Advisory Council**  
**August 11, 2021**  
**1:00 p.m. to 4:00 p.m. (CT)**

Join Zoom Meeting

<https://us02web.zoom.us/j/83500496949?pwd=R21qdURuaXI3SmIDSTdMaGIJb1JTUT09>

Meeting ID: 835 0049 6949

Passcode: 129565

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**Members of the public may participate by dialing in by their location.**

**Member Listing**

- |  |                          |
|--|--------------------------|
| 1. Jane Grant (Chair)                  | 15. Ellen Washenberger   |
| 2. Roseann Peterson-Olson (Vice Chair) | 16. Chuck Frieberg       |
| 3. Joyce Glynn                         | 17. Belinda Nelson       |
| 4. Matt Glanzer                        | 18. Christy Alten-Osmera |
| 5. Karen Severns                       | 19. Wendy Figland        |
| 6. Eric Weiss                          | 20. Ashlee Rathbun       |
| 7. Dianna Marshall                     | 21. Bryan Harberts       |
| 8. Kristi Bunkers                      | 22. Teresa Rowland       |
| 9. Linda Reidt-Kilber                  | 23. Angie Dammer         |
| 10. Lorraine Polak                     | 24. Melanie Boetel       |
| 11. Angela Murphy                      | 25. Emily Erickson       |
| 12. Christie Lueth                     | 26. Rosanne Summerside   |
| 13. Pamela Bennett                     | 27. Jon Sommervold       |
| 14. Penny Kelley                       | 28. Joanne Hairy Shirt   |

**Others in attendance**

- |                      |                     |
|----------------------|---------------------|
| 1. Tiffany Wolfgang  | 5. Katie Demaray    |
| 2. Jennifer Humphrey | 6. Melissa Renes    |
| 3. Stacy Bruels      | 7. Kaitlyn Broesder |
| 4. Jeremy Johnson    |                     |

## **Purpose**

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

## **Agenda**

- I. Call Meeting to Order / Welcome and Introductions
- II. Review and approval of June 2021 meeting minutes
- III. Membership
- IV. Human Services Center Update
- V. Division of Behavioral Health Update
- VI. Office of Prevention Services Update
- VII. Open Discussion / Council Member Updates
- VIII. Public Comment / Testimony
- IX. Discuss Future Meetings
  - Wednesday, November 17<sup>th</sup>
- X. Adjourn

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

**June 9, 2021**

<b>Advisory Council Members Present:</b>	Roseann Peterson-Olson (Vice-Chair) Joyce Glynn Ashlee Rathbun Kristi Bunkers Wendy Figland Linda Reidt-Kilber Eric Weiss Teresa Rowland Melanie Boetel Rosanne Summerside Joanne Hairy Shirt	Dianna Marshall Christie Lueth Karen Severns Belinda Nelson Chuck Frieberg Angie Dammer Emily Erickson Pamela Bennett Penny Kelley Angela Murphy Bryan Harberts Christy Alten-Osmera
<b>Advisory Council Members Absent:</b>	Lorraine Polak Matt Glanzer	Ellen Washenberger Jane Grant (Chair) Jon Sommervold
<b>Behavioral Health Staff Present:</b>	Jana Boocock Tessia Johnston Katie Demaray Lily Breems	Jennifer Humphrey Stacy Bruels Colleen Beyer Melissa Renes Christian Heilman
<b>Others in Attendance:</b>	Phyllis Arends	

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**Minutes:**

**I. Call to Order / Welcome and Introductions**

June 9, 2021 the Behavioral Health Advisory Council meeting was called to order by Melanie Boetel, acting on behalf of Vice-Chair, Roseann Peterson-Olson. Jennifer Humphrey took attendance.

## II. Review and Approval of Meeting Minutes

The Advisory Council reviewed the March 2021 meeting minutes. Eric Weiss moved to approve. Karen Severns seconded the motion. Motion carried, all approved.

## III. Membership

Jennifer Humphrey provided an overview of the current membership.

### New Appointments

Joanne Hairy Shirt was appointed to fill Kara Assid's position which is a family member of a youth with a serious emotional disturbance and co-occurring substance use disorder.

### Expiring Terms – 10/30/21

Joyce Glynn is a representative of an accredited prevention provider. Joyce has served two consecutive three-year terms.

Belinda Nelson is a Director of a Substance Use Disorder Treatment provider. Belinda has served two consecutive three-year terms.

Ellen Washenberger is a family member of an adult with a serious emotional disturbance with a preference for a family member of an individual between the ages of 18-29. Ellen has served two consecutive three-year terms.

Roseann Peterson-Olson is an adult with a serious mental illness who has or is receiving services. Roseann has served two consecutive three-year terms but did indicate that if the Advisory Council has difficulty filling her position, she would be interested in serving again.

Wendy Figland is a family member of a child with a serious emotional disturbance with a preference for a family member representing a child between the ages of 5-12. Wendy is interested in reappointment; however, her child is no longer in the age preference. The Advisory Council agreed to Wendy's interest in reappointment.

Christy Alten-Osmera is a certified or licensed substance use disorder treatment provider who provides direct services at a community agency (not a center director). Christy is interested in reappointment.

Jennifer Humphrey requested the assistance of the Advisory Council in seeking interested persons for the positions which have termed out. Nominations must be prepared for the Governor's consideration by the end of August.

## IV. Human Services Center (HSC) Update

Shawn Hamilton, Director of Clinical Services, provided an update to HSC's patient census on June 16, 2021. Currently there are 26 patients on the Adult Acute Unit, four on the Intensive Treatment Unit, and 15 on the Adolescent Admissions Unit. HSC has four adult beds open, however, that number frequently fluctuates. Two adolescent units were combined due to having a lower census and staffing constraints. It is common during the summer months to see a decrease in referrals.



## **V. Division of Behavioral Health Update**

### Fiscal Reports

Stacy Bruels provided an overview of the 3<sup>rd</sup> quarter report for Fiscal Year 2021 regarding the amount expended for contract and Medicaid services by area.

### 2022-2023 State Plan

Melanie Boetel sought feedback from Advisory Council members on the drafted 2022-2023 State Plan (Combined Biannual Substance Abuse, Treatment and Prevention Block Grant and Mental Health Block Grant application). Discussion involved the Planning Steps, Environmental Factors and Plan and Priority Areas and Annual Performance Indicators. Feedback shared was collected and will be incorporated into the State Plan draft. Advisory Council members were encouraged to share the draft with other stakeholders and to contact Jennifer Humphrey with any further feedback or questions prior to the next meeting August 11<sup>th</sup>. At that time, the Advisory Council will review any updates to the application and consider their letter of endorsement. The application is due for submission to the Substance Abuse and Mental Health Services Administration September 1<sup>st</sup> and must be posted for public comment at least 30 days prior to submission.

### 988 Planning Grant

Melanie Boetel and Tessia Johnston announced that four sub-work groups of the 988 Stakeholder Coalition have been identified to help ensure the eight core foundations of the 988 Planning Grant are met. The Lived Experience and Diversity/Geographical Consideration sub-work groups will focus on what is needed to best support South Dakotans. The Crisis Response and 911/988 Intercommunication sub-workgroups will focus on how to make 988 work in South Dakota. For more information please see: <https://dss.sd.gov/behavioralhealth/grantinfo.aspx>. Meeting notes and session recordings are available at this site.

### Behavioral Health Voucher Program

Melanie Boetel announced direct service delivery is being facilitated through the Behavioral Health Voucher Program (BHVP), which provides treatment and recovery support cost assistance to eligible youth, families, and adults. Enrolled providers may be contracted or private to give individuals and families more options to choose. Vouchers can be issued by Helpline Center or by participating providers for those that meet financial and grant eligibility. For more information please see: <https://dss.sd.gov/behavioralhealth/services.aspx>.

### 605 Strong - Crisis Counseling Program Grants

Melanie Boetel shared that the 605 Strong teams at Lutheran Social Services and the Helpline Center have collaborated to provide a variety of webinar events, which may be attended live and accessed via the 605strong.com website. <https://www.605strong.com/>.

### Block Grant Supplemental Funds

Stacy Bruels announced that the Coronavirus Response and Relief Supplemental Appropriations Act funding for the Substance Abuse Prevention and Treatment (SAPT)

and Mental Health Block Grants has been released. The Division received \$5, 662,944 for the SAPT Block Grant and \$1,782,520 for the Mental Health Block Grant. On April 12<sup>th</sup> the Division submitted a proposal to SAMHSA describing the utilization of those funds based on recommendations from the needs and gaps analysis completed by Human Services Research Institute fall of 2020. A response is pending from SAMHSA. This one-time funding is available from March 15, 2021 through March 14, 2023.

The American Rescue Plan Supplemental funding for the SAPT and Mental Health Block Grants has been released. The Division received \$4,890,725 for the SAPT Block Grant and \$3,078,898 for the Mental Health Block Grant. The Division must submit a proposal outlining the intended use of the funds by July 2, 2021. This one-time funding is available from September 1, 2021 through September 30, 2025.

#### Department of Health – Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training

Melanie Boetel shared that the Mountain Plains Addiction Technology Transfer Center (ATTC) provided two SBIRT trainings to the Department of Health, Child and Family Services. In addition, the ATTC also provided training on how to use the PHQ-9 screenings for the WIC (Women, Infants and Children) program and community health office staff as they begin implementation of screening for depression in those offices.

## **VI. Office of Prevention Services Update**

Tessia Johnston provided the following updates.

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

The Division contracted with Nick Oyen, Sage Consultants, to continue to work on soliciting applications for the [SBIRT Mini Grant](#) opportunity. A letter informing all primary care clinics of the funding opportunity was sent this spring.

Contracted primary care clinic Avera McKennan is exploring the implementation of SBIRT into their Emergency Departments.

Since the SBIRT grant began, through April 30, 2021, there have been 36,585 screenings completed, with 2,187 clients screening positive and 918 clients receiving either a Brief Intervention, Brief Treatment or Referral to Treatment intervention. For more information please see: <https://dss.sd.gov/behavioralhealth/grantinfo.aspx>.

#### National Strategy for Suicide Prevention Grant

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 May 31, 2021, 1,908 youth have been enrolled. The Youth Follow-Up program was originally supported by the youth suicide prevention grant but is not supported by state general funds.

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 May 31, 2021, 439 adults have been enrolled. The funding source for this program is the federal grant, National Strategy for Suicide Prevention Grant.

The Division continues to support mental health promotion and suicide prevention training at no-cost in South Dakota. In Fiscal Year 2021, the Division supported 45 suicide prevention and mental health awareness trainings, training 593 individuals. Trainings that have been supported include Mental Health First Aid, Youth Mental Health First Aid, Question Persuade and Refer, and Applied Suicide Intervention Skills Training. To request a training please see: <https://sdsuicideprevention.org/get-help/request-training/>.

#### State Opioid Response Grant

Education on proper medication storage and disposal continues to be a top priority. So far in Fiscal Year 2021 there has been 7,635 pounds of medication collected for destruction, bringing the total to 16,167 pounds since the program's inception.

The Drug Enforcement Administration's National Take-Back Day took place on April 24<sup>th</sup>. 1,651 pounds of medication were collected for destruction through participating law enforcement locations.

DisposeRx packets continue to be utilized. In Fiscal Year 2021, 280 packets have been mailed to individuals to safely dispose of medications at home. In addition, since April 2021, 429 medication lock boxes have been mailed to individuals to safely secure their medication.

Due to COVID-19, Boys and Girls Clubs of America have remained in various stages of implementing Positive Action curriculum to youth in after school care in Fiscal Year 2021, however they have continued to have positive outcomes at the clubs providing the curriculum. In SFY21 (through April), 816 youth have been enrolled in Positive Action, and 387 youth have successfully completed the entire programming.

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 platform, allowing easier access to the training in an electronic learning management system.

The Department of Social Services continues to partner with the Department of Health, Office of Rural Health to educate, train and equip emergency medical service personnel and other first responders on how to recognize an opioid overdose, and the use of Naloxone. In Fiscal Year 2021 1,549 NARCAN® kits were distributed to individuals trained in OEND (Overdose Education and Naloxone Distribution) and 1,592 kits were purchased. There were 452 doses administered to individuals with 191 improved responses.

In April 2021, the Avoid Opioid website saw the highest visits in a month since the site launched in 2018. This was the 19<sup>th</sup> month in a row that website visits have surpassed previous year levels. In Fiscal Year 2021, there have been 27,822 website visits. Broadcast media continues to air, and the total number of spots aired so far is 7,815.

The Resource Hotline continues to be staffed 24/7 for free confidential support and connection to services and/or resources. There have been 261 phone calls received in Fiscal Year 2021. Care Coordination calls continue to increase every month.

Bethany Christian Services of Western South Dakota currently have 19 active clients. In April, there were 10 program referrals, personal outreach by Bethany staff to 65 referral sources and stakeholders, 10 community meetings attended by Bethany staff, and three community presentations.

The Oxford House opened a new house in Sioux Falls on May 6, 2021. It is a men's house and has eight beds available. This brings the total number of houses so far to six with 56 beds. In April it was reported that 78% of the members are currently employed.

The University of South Dakota concluded their seven session series on Recovery Support on 4/28/21. Project ECHO (Extension for Community Healthcare Outcomes) recorded a total of 444 individuals attending the series sessions. The participants provided weekly responses to the question "Was this session helpful," each of the seven sessions recorded 100% satisfaction.

The Department of Social Services currently contracts with four MAT (Medication-Assisted Treatment) providers to expand access to MAT statewide through office-based and telemedicine-based care.

In partnership with the Department of Health, the Office of Prevention Services is working to update the statewide strategic plan related to opioid abuse prevention, recovery, treatment, and response services. A stakeholder survey was sent out in April, and the results are being evaluated. The next Opioid Abuse Advisory Committee meeting is on July 13<sup>th</sup> from 9am – 12pm CST.

For more information on state opioid efforts please see:  
<https://www.avoidopioidsd.com/>.

**VII. Open Discussion/Council Member Updates**

No open discussion or updates received.

**VIII. Public Comment / Testimony**

No public comment or testimony received.

**IX. Future Meetings**

The next meeting will take place Wednesday, August 11, 2021 from 1:00-4:00 p.m. CT. The Advisory Council agreed to hybrid meetings to allow in-person or the option of participating virtually if needed.

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

**X. Adjourn**

Roseann Peterson-Olson made a motion to end the meeting. Karen Severns seconded the motion. Motion carried, all approved.

## Behavioral Health Advisory Council Fiscal Reports: Fiscal Year 2022

The attached fiscal information is provided to the Behavioral Health Advisory Council as required by the Behavioral Health State Plan. The tables below show the budgeted amounts to support the Mental Health and Substance Use Disorder programs.

<b>Mental Health Budgeted Items for FY2022</b>	
Administration (Includes salaries, benefits, travel, etc.)	\$1,369,733
CYF Services	\$10,210,777
CARE	\$15,382,375
Room and Board	\$788,146
Outpatient Services	\$2,931,486
IMPACT	\$4,711,686
Mental Health Courts: Forensic Assertive Community Treatment	\$575,805
Transition Age Youth	\$574,671
Emergency Services	\$742,853
Indigent Medication	\$474,813
PATH	\$288,000
Special Projects (ex. Behavioral Health Services Information Systems Agreement)	\$201,747
Juvenile Justice Reinvestment Initiative	\$2,566,330
Systems of Care	\$2,032,898
Resource Information System (211)	\$838,822
<b>Total:</b>	<b>\$43,690,142</b>

<b>Substance Use Disorder Budgeted Items for FY2022</b>	
Administration (Includes salaries, benefits, travel, etc.)	\$1,505,222
Outpatient Services	\$4,971,351
Adolescent Substance Use Disorder Evidence-Based Services	\$275,534
Low-Intensity Services	\$5,782,483
Inpatient Services	\$5,779,236
Meth Programs	\$3,676,394
Detoxification Services	\$1,220,856
Gambling Treatment	\$273,890
Medicaid Programs	\$7,870,020
Recovery Supports-Specific to Pregnant Women's Programs	\$15,000
Supported Housing	\$650,944
Resource Development	\$50,989
Prevention Program	\$4,704,550
Criminal Justice Initiative	\$7,519,084
<b>Total:</b>	<b>\$44,295,553</b>

**Mental Health and Substance Use Disorder Budgeted Grand Total: \$87,985,695**

**State Funds: 67.19%    Federal Funds: 32.41%    Other Funds: 0.4%**

One time grant funding is not included in the above. This includes:

The Opioid SOR Grant \$4,001,239

Coronavirus Response and Relief Supplement Appropriations Act: \$7,445,464

(SABG: \$5,662,944, MHBG: \$1,782,520)

American Rescue Plan Act: \$7,969,623 (SABG: \$4,890,725, MHBG: \$3,078,898)



## Mental Health Program Descriptions

### **Children, Youth, and Family Services (CYF Services/CYFS)**

CYF services are specialized outpatient services provided to youth with serious emotional disturbance (SED). Services may include case management, individual, group and/or family counseling. Family counseling may include Functional Family Therapy, which is a strength-based model for building skills to help improve family relationships, reduce behavioral issues and improve school performance.

### **Comprehensive Assistance with Recovery and Empowerment (CARE)**

CARE services are specialized outpatient services that include counseling, case management services and psychiatric medication management for adults with serious mental illness (SMI).

### **Room and Board**

Individuals 18 years old and older who have a serious mental illness and due to their illness are unable to function in an independent living environment may access room and board services. CARE or IMPACT services are provided based upon the individuals' needs.

### **Outpatient Services**

Outpatient mental health counseling services are provided to individuals of all ages. It also includes services for First Episode Psychosis related to the 10% set aside of the Mental Health Block Grant.

### **Individualized Mobile Programs of Assertive Community Treatment (IMPACT)**

IMPACT services provide intensive outpatient counseling, case management services and psychiatric medication management for adults living with SMI.

### **Mental Health Courts: Forensic Assertive Community Treatment (FACT)**

Funding supports the mental health treatment component of Mental Health Courts. FACT utilizes the Assertive Community Treatment model similar to IMPACT but focuses on individuals involved in the justice system. The Mental Health Courts are located in Pennington County and Minnehaha County.

### **Transition Age Youth Program:**

The Transition Age Youth Program provides services to individuals transitioning out of children's long-term placements. The program provides mental health treatment and support services along with supported housing services to ensure a successful transition to community living.

### **Emergency Services**

Emergency services are available 24 hours per day, seven days a week, for individuals experiencing a mental health emergency or crisis. Emergency services are designed to stabilize the emergency situation and to provide immediate treatment in the least restrictive environment possible.

### **Indigent Medication**

The Indigent Medication Program assists individuals, who do not exceed 185% of the Federal Poverty Level, 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.

### **Projects for Assistance in Transition from Homelessness (PATH)**

PATH is a federal grant to reduce or eliminate homelessness for adults with serious mental illnesses or co-occurring serious mental illnesses and substance use disorders, who are experiencing homelessness or are at imminent risk of becoming homeless. PATH funds are used to provide an array of allowable services, including street outreach, case management, and services that are not supported by mainstream mental health programs.

### **Special Projects**

Special Projects includes the Behavioral Health Services Information Systems State Agreement which provides funding to support data and outcome collection. These outcomes are the mental health data reported on the Behavioral Health State Plan.

### **Juvenile Justice Reinvestment Initiative (JJRI)**

Under the Juvenile Justice Reinvestment Initiative, the Department of Social Services, the Division of Behavioral Health has been appropriated funding to develop evidence-based interventions for justice-involved youth on probation with the Unified Judicial System or on aftercare with the Department of Corrections. JJRI services are also available to youth who may not have formally entered into the juvenile justice system but are determined to be at risk for justice involvement.

### **Systems of Care (SOC)**

Systems of Care is a wraparound approach to care coordination and service delivery for youth and families with complex needs. It is built on the values of being family driven, team-based, collaborative, individualized, and outcome-based. SOC helps families navigate and access services while also giving them the skills they need to become more self-reliant.

### **Resource Information System (211)**

The Resource Information System, known as 211, provides information and referrals to resources for a person in a crisis or disaster, resources for social services, human services, legal and financial assistance or other related needs as well as assistance for physical and behavioral health needs.

## **Substance Use Disorder Program Descriptions**

### **Outpatient Services**

Included in this category are early intervention, outpatient services, crisis services, and assessments. Early intervention services offer outpatient services to individuals who may have substance use related problems but are not diagnosed with a substance use disorder. Outpatient treatment services provide counseling services to individuals diagnosed with substance use disorders. An assessment includes an interview with a trained clinician to review a person's substance use and its impact on his or her daily life.

### **Adolescent Substance Use Disorder Evidence-Based Practices (Adolescent SUD EBP)**

Adolescent SUD EBP programs provide services to youth involved or at risk for involvement in the justice system. The identified EBPs include Cannabis Youth Treatment (CYT) and Cognitive Behavioral Interventions for Substance Abuse (CBISA) for adolescents.

### **Low Intensity Services**

Low intensity residential treatment services include residential, peer-oriented treatment programs for individuals with substance use disorders whose living situation or recovery environment is incompatible with recovery goals. To prepare the client to live successfully in the community, the program provides substance use disorder counseling along with case management services.

### **Inpatient Services**

Inpatient treatment services provide residential treatment with medically monitored intensive treatment for individuals with severe substance use disorders.

### **Methamphetamine (Meth) Services**

Intensive Methamphetamine Treatment (IMT) services offer long-term, evidence-based programming to individuals with severe methamphetamine use disorders. Individuals receiving IMT services require extended treatment to allow for recovery of cognitive capacity as well as on-going case management. Treatment may include residential services, outpatient treatment and care coordination to support long-term recovery.

### **Detoxification**

Detoxification treatment services are residential treatment services delivered by trained staff who provide 24-hour supervision, observation and support for individuals who are intoxicated or experiencing withdrawal symptoms. The goal is to motivate the individual to seek further treatment services.

### **Gambling**

Gambling services are designed for individuals who have a gambling problem. Services include assessments, crisis intervention, individual or group counseling, intensive outpatient, day treatment, and inpatient programs as described above.

### **Medicaid Programs**

Medicaid funding supports Medicaid-eligible adolescents and adults who are receiving outpatient, low intensity residential, or inpatient services as described above.

**Recovery Supports-Specific to Pregnant Women's Programs**

Case management activities are provided by a case manager that bring services, agencies, resources, or people together, within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contacts. These case management activities are specific to pregnant women.

**Supported Housing**

Supported Housing provides a sober living environment for individuals 18 and older with a substance use disorder, or experiencing issues related to substance use. Services include case management and other supports to develop independent living skills.

**Resource Development**

Resource Development funding supports outcomes research on individuals who complete treatment services funded by the Division through community-based programs. Consultants also offer trainings on Native American Cultural Awareness.

**Prevention**

Prevention programs aim to engage and empower individuals and communities to choose healthy behaviors and make changes that reduce the risk of developing disorders. Programming can be delivered on an individual, community, or state-wide level.

**Criminal Justice Initiative (CJI)**

The Criminal Justice Initiative provides funding for substance use disorder services to individuals on probation or parole in urban and rural areas. Additionally, criminal thinking programming is offered to address criminogenic risk factors. Programs utilize evidence-based or evidence-informed practices that are appropriate for individuals involved with the justice system.





Department of Social Services  
Division of Behavioral Health  
605.367-5236  
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## **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.

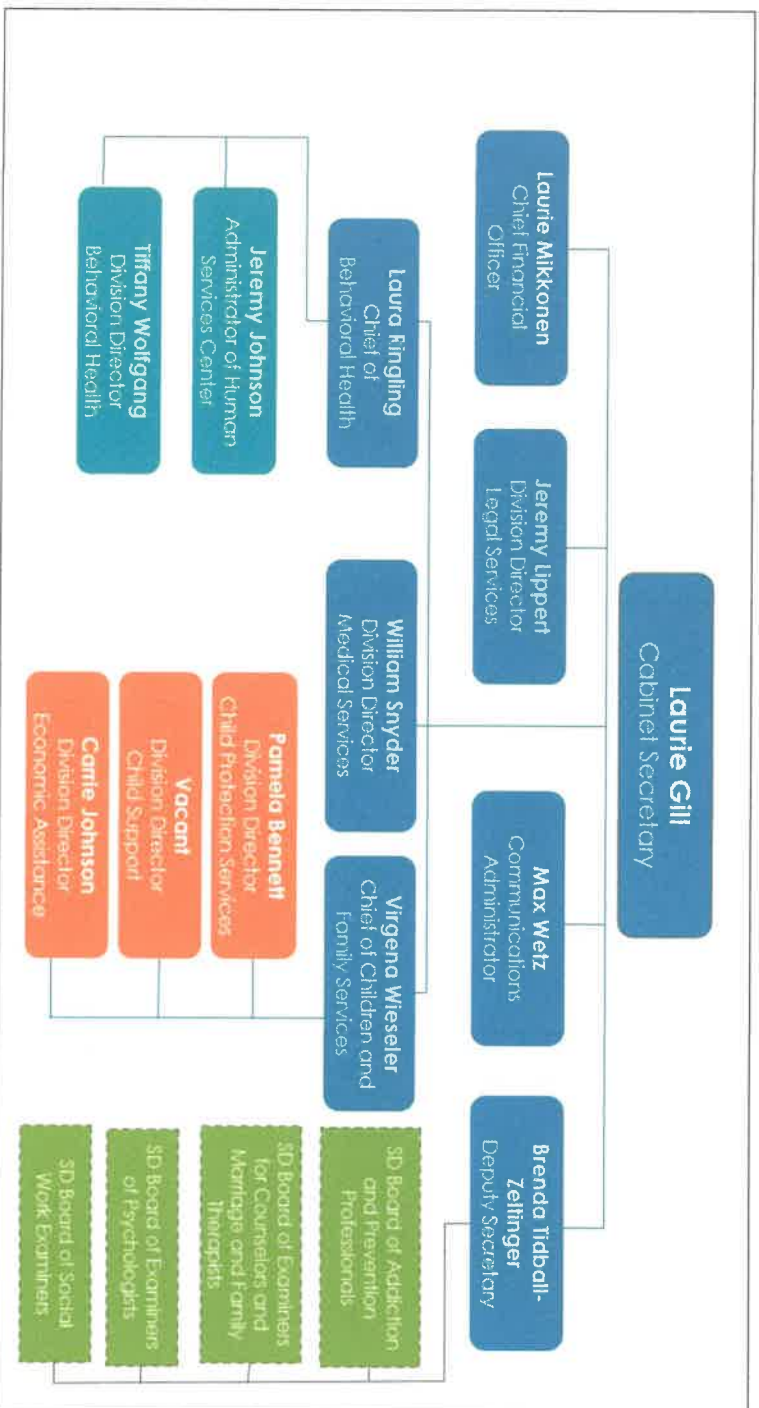


South Dakota  
Department of  
**Social Services**

**Department of Social Services**  
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**STATE ORGANIZATIONAL STRUCTURE**

**Department of Social Services**

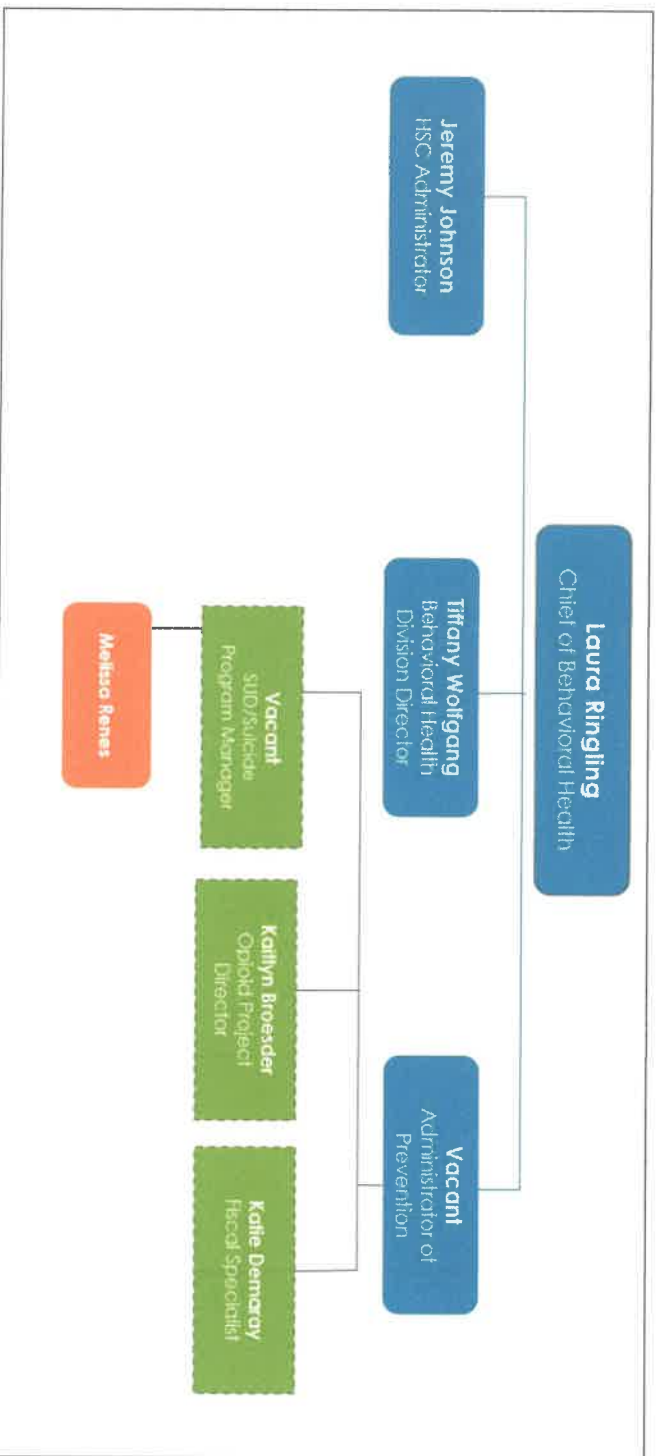




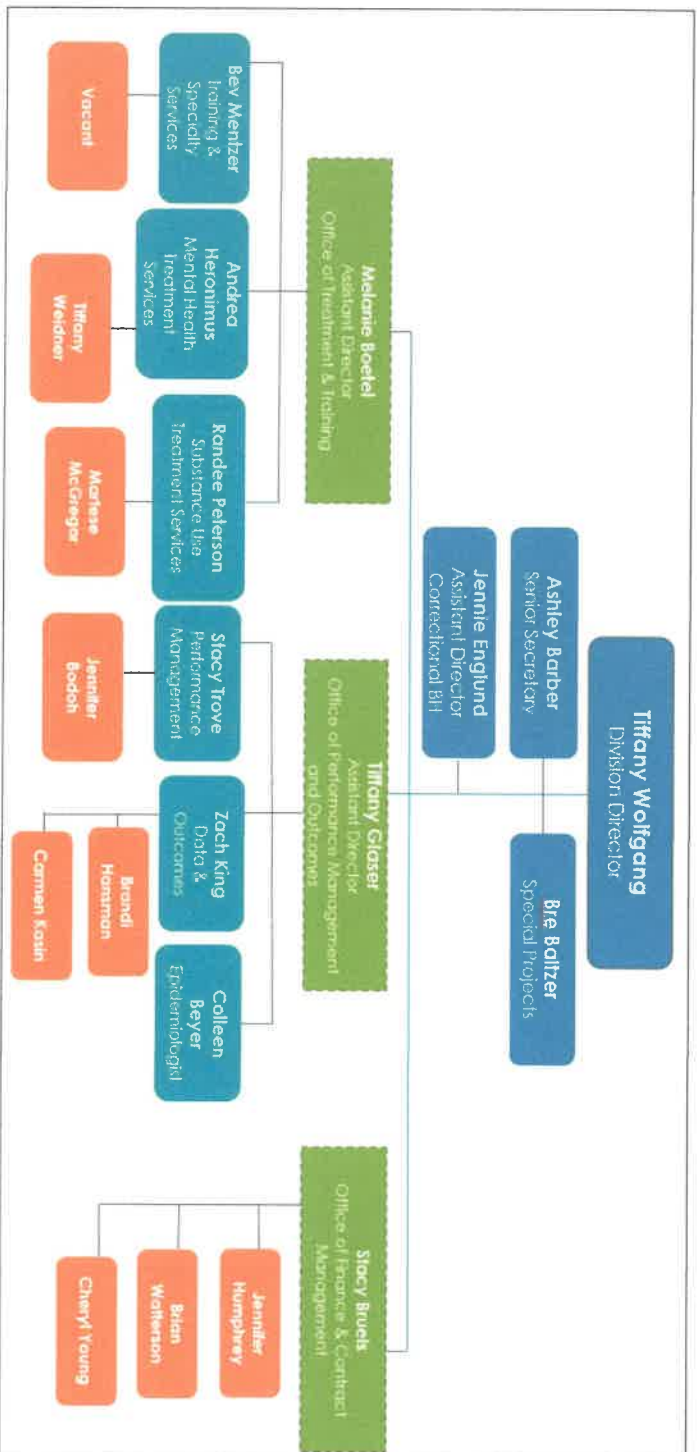
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**Office of Behavioral Health**



**Division of Behavioral Health**





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### **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.

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



Department of Social Services  
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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**





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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://ujis.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.

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. On July 1, 2018, the Medicaid State Plan began covering 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.





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

Outcome measure tools are collected by providers at the time of intake and discharge and DBH staff conduct follow-up surveys six months post completion of treatment. The Public Safety Initiative Oversight Council, which released outcomes of the Criminal Justice Initiative 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 (DBH) contracts with Community Mental Health Centers (CMHCs) and Lutheran Social Services to provide Functional Family Therapy (FFT) services. In 2021, FFT services became available statewide via telemedicine.

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

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 five-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 (DBH) 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. All agencies work together on discharge plans to ensure individuals receive appropriate mental health and/or substance use services upon release.

#### **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 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 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.

South Dakota 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:

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

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 (DOE) was awarded the Project AWARE SEA grant, which is a five-year grant, beginning September 30, 2018 to September 29, 2023. The Division of Behavioral Health partnered with DOE to build a trauma-informed interconnected systems framework in support of children and their mental health across the state. Grant activities are occurring within four Local Education Agencies (LEAs) across the state to build multi-tiered systems of support, including Systems of Care by the local Community Mental Health Centers 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, National Alliance on Mental Illness Ending the Silence, and Sources of Strength.

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

The Office of Prevention Services (OPS) was awarded the SBIRT Grant, which is \$1,658,375 per year for the next five years, beginning September 30, 2016 to September 29, 2021.



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**Social Services**

Department of Social Services  
Division of Behavioral Health  
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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 One

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 Two

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 Three

1. Integrate screening tools into clinical processes and Electronic Health Records.
2. Integrate brief intervention and prevention services into the clinical process
3. Integrate referral to treatment and or Medication Assisted Treatment (MAT).
4. Implement the SBIRT in primary care and community health settings.

Objective Four

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.
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 was awarded the SD NSSP grant which is \$400,000 per year for three years, beginning August 31, 2020 to August 30, 2023.

Goals of the grant are to improve the continuity of care and targeted follow-up to individuals at risk for suicide after being discharged from inpatient behavioral health units. This will be completed by establishing or enhancing care transition protocols and increasing the confidence and competence among critical stakeholders to better identify those at risk of suicide. Another is South Dakota's veterans as they make up approximately 51,000, or 8.2% of the state's population. By utilizing information through state clearinghouses such as

established veterans' organizations, the Department of Motor Vehicles and Veterans Affairs, we would identify the needs of those at-risk who are not receiving services through the Veteran's Health Administration.

#### **Methamphetamine Prevention Campaign**

[South Dakota Meth Prevention and Awareness Campaign \(onmeth.com\)](http://onmeth.com)

During the 2019 legislative session, Governor Noem proposed, and the legislature approved \$1,375,000 for a meth prevention and public education awareness campaign and \$250,000 annually thereafter to support it. Since 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.

#### **Middle School Meth Prevention**

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

The number of middle schools with meth prevention funding has almost doubled since 2019 (46 in FY19 to 85 in FY21).

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

[Avoid Opioid SD](#)

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

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

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





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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

ARTICLE 67:62 MENTAL HEALTH

[HTTPS://SDLEGISLATURE.GOV/RULES/ADMINISTRATIVE/38542](https://sdlegislature.gov/rules/administrative/38542)

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

South Dakota Community Mental Health Center Flyer:  
[cmhc\\_flyer.pdf \(sd.gov\)](#)

Mental Health Services Brochure: [mental\\_health\\_brochure.pdf \(sd.gov\)](#)

Mental Health Wellness and Recovery Phone Apps: [MentalHealthWellnessRecovery.pdf \(sd.gov\)](#)

### Community Mental Health Centers (CMHCs)

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

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

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

1. **Behavior Management Systems (BMS), Rapid City-** Catchment area: Bennett, Butte, Custer, Fall River, Harding, Jackson, Lawrence, Meade, Pennington, and Oglala Lakota counties. The Pine Ridge Indian Reservation falls within the catchment area as well. Additional mental health services include Moral Reconciliation Therapy (MRT), Aggression Replacement Training (ART), Functional Family Therapy (FFT), Systems of Care (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 Cognitive Behavioral Interventions for Substance Abuse (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 of the following:

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



### CARE

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

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

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

The CARE team is responsible for the following services:

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

### IMPACT

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

The Individualized Mobile Programs of Assertive Community Treatment (IMPACT) follows the evidence-based Assertive Community Treatment model that is a comprehensive, person-centered, recovery focused, individualized integrated system of care offering treatment, rehabilitation, and support services to identified clients with serious mental illness (SMI), including those with co-occurring conditions (substance use, developmental disabilities, etc.) and those who require the most intensive services. All 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 individuals with a serious mental illness (SMI).

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

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

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

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

Per the Behavioral Health Services Workgroup recommendations, the Division of Behavioral Health contracts with a consultant to conduct fidelity reviews of existing IMPACT programs to ensure fidelity to the Assertive Community Treatment model. Fidelity reviews are conducted annually at two IMPACT programs per year as

well as South Dakota specific expectations for service delivery in a rural state. Results of these reviews consistently reflect a high level of fidelity; however, each program is provided feedback on specific areas upon which they can continue to improve.

#### **Mental Health Court**

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

#### **Collaboration of CARE and IMPACT with other agencies**

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

#### **Medical/Dental Service Coordination**

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

#### **Transitional Housing**

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

clinically appropriate. In addition to funding provided by the Division of Behavioral Health, providers work with local partners to identify additional resources for their clients.

#### **Assisted Living Centers**

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

The 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 \(sd.gov\)](https://www.sd.gov/behavioral-health-workgroup)

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

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

#### **Discharge Planning between the Human Services Center and Community**



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

The Behavioral Health Workgroup Geriatric Subcommittee collaborated with the discharge planning workgroup to reduce the number of inappropriate admissions by developing the 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*

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

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

The DBH and Division of Medical Services, together with the DHS participated in technical assistance sessions with the PASRR Technical Assistance Center in August 2020. The 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 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 One and Two. Category One is for the provision of direct mental health services to include (1) outreach services, (2) screening and diagnostic treatment services, (3) habilitation/rehabilitation services, (4) community mental health services, (5) case management, (6) substance use disorder treatment services, (7) referrals for primary



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health services, (9) job training, and (10) educational services. Category Two funds are used for one-time rental assistance and security deposits.

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

#### **Housing Coordination and Supports**

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

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

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

#### **Mental Health Services to Veterans**

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

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

#### Vocational Coordination

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

### **CHILDREN'S MENTAL HEALTH SERVICES**

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

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

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

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

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

3. Has a mental disorder specified within the Diagnostic and Statistical Manual of Mental Disorders, fifth edition, 2013, or coding found in the International Classification of Diseases, 10<sup>th</sup> 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 services provides mental health services to children with a serious emotional disturbance and their families via a system of care that is intensive and comprehensive, child-centered, family-focused, community-based, co-occurring capable, individualized, and integrated. CYF offers a comprehensive array of services and supports that address needs identified in each life domain and provide children/youth with individualized services in accordance with the unique needs and potential of each child. Services are provided in the least restrictive, most normative environment that is clinically appropriate, and in a manner that is sensitive and responsive to cultural differences and special needs. The parents, families, and surrogate families of children with serious emotional disturbances (SED) are full participants in the assessment process, treatment planning, and delivery of services. The goal of these services is to ensure that children with SED can live with their families and in their home community, whenever possible.

#### **Vocational Coordination**

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

#### **Educational Coordination**

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

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





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

#### **Medical/Dental Service Coordination**

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

#### **Residential Services**

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

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

#### **Out of State Placement**

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

#### **Child Welfare, Juvenile Services, and Criminal Justice Coordination**

The Unified Judicial System (UJS), Child Protection Services (CPS), the Department of Corrections (DOC), and Community Mental Health Centers (CMHCs) collaborate to improve the referral and service delivery system for 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.

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



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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 Oversight Council.

JJPSIA: [Boards and Commissions \(sd.gov\)](http://sd.gov)

## **ADULT AND CHILDREN MENTAL HEALTH SERVICES**

### **Services for Transition Age Youth Program – New Alternatives**

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 and mental health services, with an emphasis on employment, independent living skills, education and developing a community support system.

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

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

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

### **First Episode Psychosis Program**

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

Additionally, the DBH offered training in December 2020 to all Community Mental Health Centers (CMHCs) who were interested in learning about the CSC model. The two existing FEP teams are open to working with other CMHCs who have identified FEP clients to strengthen these services.

### Health Homes

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

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

### Respite Care

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

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

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

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

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

### **Indigent Medication Program**

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

The Indigent Medication Program provides temporary 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**

ARTICLE 67:61 SUBSTANCE USE DISORDERS

[HTTPS://SDLEGISLATURE.GOV/RULES/ADMINISTRATIVE/38390](https://sdlegislature.gov/rules/administrative/38390)

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

Substance Use Disorder Services Flyer: [sud\\_flyer.pdf \(sd.gov\)](#)

Substance Use Disorder Services Brochure: [substance\\_use\\_brochure.pdf \(sd.gov\)](#)

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. 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 dba Pennington County Sheriff's Office Addiction Treatment Services in Rapid City, Keystone Treatment Center in Sioux Falls, Dakota Counseling Institute-Stepping Stones in Mitchell, Carroll Institute in Sioux Falls, The Glory House of Sioux Falls, Avera Addiction Care-Saint Luke's in Aberdeen, and Rosebud Sioux Tribe in Rosebud.
- Two specialized community-based treatment programs for pregnant women located at Behavior Management Systems-Full Circle in Rapid City and Volunteers of America- New Start in Sioux Falls.
- Individuals with co-occurring disorders.
- A comprehensive behavioral health service 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, which became available in April 2021.
- A full continuum of care is in place for youth and adolescents, including psychiatric residential facilities providing programming for substance use disorders.

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 focuses 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 their prevention efforts around the needs of their community, using effective community-based, school-based and/or individual evidence-based programs.

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

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

## **ADULT AND CHILD SUBSTANCE USE DISORDER SERVICES**

### **Pregnant Women and Women with Dependent Children**

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





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

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

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

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

#### **Persons Who Inject Drugs (PWID)**

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

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 all in need of treatment for intravenous drug use is admitted to the program no later than 14 days from the initial clinical assessment. If the program does not have the capacity to admit the individual on the date of such request, interim services must be provided until an individual is admitted to a substance use disorder treatment program. The purpose of interim services is to reduce the adverse health effects of such use, promote the health of the individual, and to reduce the risk of transmission of disease. At a minimum, interim services include counseling and education about Human Immunodeficiency Virus (HIV) and tuberculosis (TB), the risks of

needle-sharing, the risks of transmission to sexual partners and infants, and the steps to be taken to ensure that HIV and TB transmission does not occur. Interim services may also include referral for HIV or TB treatment services if necessary. Interim services must be made available to the individual no later than 48 hours from the initial clinical assessment.

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

#### **Referral & Assessment Process**

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

The Division of Behavioral Health (DBH) partnered with the Central Rockies Addiction Technology Transfer Center (ATTC) in 2017 to provide four ASAM trainings; and in 2018, with the Mountain Plains ATTC to support workforce development and to ensure that the application of the ASAM placement criteria is consistent across the state. From December 2019 to April 2020, the DBH partnered with the Mountain Plains ATTC to provide a three-part webinar series on ASAM. Then from May to July 2020, the DBH encouraged each substance use disorder treatment agency to participate in a weekly ASAM Enhanced Professional Learning Series that was led by the Mountain Plains ATTC, which allowed them to have a staff on site with 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 women with dependent children and intensive methamphetamine treatment.

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

#### **Development of Group Homes**

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

Through State Opioid Response (SOR) funds, efforts were expanded in 2020 to support the establishment of drug-free, 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. ~~Five~~ ~~our~~ ~~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~~In addition, one recovery home was opened in Rapid City for women in ~~February~~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 Administrative Rules of South Dakota (ARSD), 67:61:05:01, the TB screening requirements for employees of accredited substance use disorder treatment agencies are as follows:

1. Each new staff member, intern, and volunteer shall receive the two-step method of tuberculin skin test or a TB blood assay test to establish a baseline within 14 days of employment. Any two documented tuberculin skin tests completed within a 12-month period before the date of employment can be considered a two-step or one TB blood assay test completed within a 12-month period before employment can be considered an adequate baseline test. Skin testing or TB blood assay tests are not required if a new staff, intern, or volunteer provides documentation of the last skin testing completed within the prior 12 months. Skin testing or TB blood assay tests are not required if documentation is provided of a previous position reaction to either test.
2. A new staff member, intern, or volunteer who provides documentation of a positive reaction to the tuberculin skin test or TB blood assay test shall have a medical evaluation and chest X-ray to determine the presence or absence of the active disease.
3. Each staff member, intern and volunteer with a positive reaction to the tuberculin skin test or TB blood assay test shall be evaluated annually by a licensed physician, physician assistant, nurse practitioner, clinical nurse specialist, or a nurse and a record maintained of the presence or absence of symptoms of Mycobacterium tuberculosis. If this evaluation results in suspicion of active tuberculosis, the licensed physician shall refer the staff member, intern, or volunteer for further medical evaluation to confirm the presence or absence of tuberculosis; and
4. Any employee confirmed or suspected to have infectious tuberculosis shall be restricted from employment until a physician determines that the employee is no longer infectious.

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

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

#### **HIV (Human Immunodeficiency Virus)**

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

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

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

The DBH 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.

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

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





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

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

#### **Methamphetamine Treatment Expansion**

Beginning with a technical assistance (TA) request in May 2016, the Division of Behavioral Health (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 it an emergency. Following a Request for Proposal 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 methamphetamine 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 Reconciliation Therapy, Dialectical 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**

Like case management services for those with mental health needs, individuals with substance use disorder treatment needs also benefit from case management (care coordination) services. Substance use disorder treatment providers are expected to provide care coordination as needed for individuals involved in treatment at any level to coordinate additional wrap-around services as part of the overall program delivery. As identified in the technical assistance received for best practices in the treatment of methamphetamine use disorder, due to the



complex needs of individuals with severe methamphetamine use disorders, care coordination is a critical component to the successful treatment of this population and is therefore a separate reimbursable component of the intensive methamphetamine treatment program rate.

#### **Independent Peer Reviews**

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

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

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

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

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

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

#### **ADDRESSING THE NEEDS OF CULTURAL AND GENDER MINORITIES**

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

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

The DBH encourages providers to examine cultural trends in their communities and provide ongoing training as an integral component of workforce development. During the Department of Social Services onsite

accreditation reviews, staff surveys and client chart reviews place specific emphasis on cultural sensitivity and training to ensure the needs of all clients and families are met.

In primary prevention, contracted prevention providers provide culturally considerate programming within their communities and schools. Five contracted prevention providers provide culturally specific activities focusing on Native American youth. Also, provided through the Center for the Application of Prevention Technologies, prevention providers participate in Native American culturally specific trainings, and webinars for immigrant and LGBTQ populations.

The DBH partners with the Department of Tribal Relations to plan and deliver the State-Tribal Meth Summit series, with Meth Summit Three held in October 2020, and Meth Summit Four planned for October 2021. Meth Summit Three was held virtually in partnership with the Mountain Plains Addiction Technology Transfer Center and focused on best practices in the treatment of methamphetamine use disorder, including a tribal-based intensive meth treatment provider. Meth Summit Four 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 the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Tribal Technical Assistance Center (TTAC), following feedback from CMHCs involved in two SAMHSA Crisis Counseling Program grants implemented in 2019-2020 about challenges in outreaching tribal members and leaders. In collaboration with SAMHSA's TTAC, a three-part virtual Learning Community was delivered in April 2021, with Great Plains Tribal Leaders Health Board and local tribal leaders sharing information and engaging in a dialogue with treatment providers statewide about culturally appropriate practices. Over 100 individuals attended one or more of the TA sessions.

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

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

## **PROFESSIONAL WORKFORCE DEVELOPMENT AND TRAINING**

### **Educational Coordination**

The Division of Behavioral Health (DBH) supports professional training opportunities for prevention and treatment professionals across the state and collaborates with providers to determine training needs. In addition, providers are responsible for ensuring their staff receives appropriate training to adequately fulfill their job duties. In 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-



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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.

#### **Disability Rights South Dakota**

[Disability Rights South Dakota - Formerly SD Advocacy Services \(drsdlaw.org\)](http://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.~~

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

Commented [HJ1]: From Dianne Marshall

#### **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 \(namisouthdakota.org\)](https://www.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**





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

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

#### **Development of Community Crisis Services**

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 \(pencco.org\)](#)

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! \(samhsa.gov\)](http://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**



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

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

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

Housing for the Homeless Consortium: [Housing for the Homeless Homepage | SDHDA](#)

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

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

### **IDENTIFICATION OF DATA SOURCES USED TO IDENTIFY NEEDS AND GAPS**

#### **State Treatment Activity Reporting System (STARS)**

The Division of Behavioral Health (DBH) utilizes treatment data collected from an internal source to identify needs and gaps. In 2005, the DBH developed the STARS which collects, stores, and reports behavioral health data and billing information for publicly funded individuals receiving behavioral health services. The STARS collects 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)**

<https://www.sdseow.org/>

The intent of the SD SEO is to build upon past efforts and experiences in applying the Strategic Prevention Framework to effectively identify and target behavioral health needs. In addition, the project 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, and disseminate information and expand training and technical support to communities in establishing behavioral health programs.

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

### Behavioral Health Outcome Tool Data

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

### Other Sources

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

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 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.

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 Division of Behavioral Health (DBH) utilizes is quarterly Access to Services Survey data. In the past, the DBH surveyed Community Mental Health Centers 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 Data and Outcomes Workgroup revised the survey to capture information more accurately. 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.

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

In addition, South Dakota has prioritized serving clients who experience their first psychosis episode. Two first episode psychosis programs were established in the two largest cities, Sioux Falls and Rapid City. 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 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 include Early Serious Mental Illness more broadly.

#### **Substance Use Disorder Priority Populations**

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



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

The Division of Behavioral Health (DBH) identified a gap in monitoring access to substance use disorder services. As a result, the DBH implemented a new tool to survey substance use providers regarding the 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.

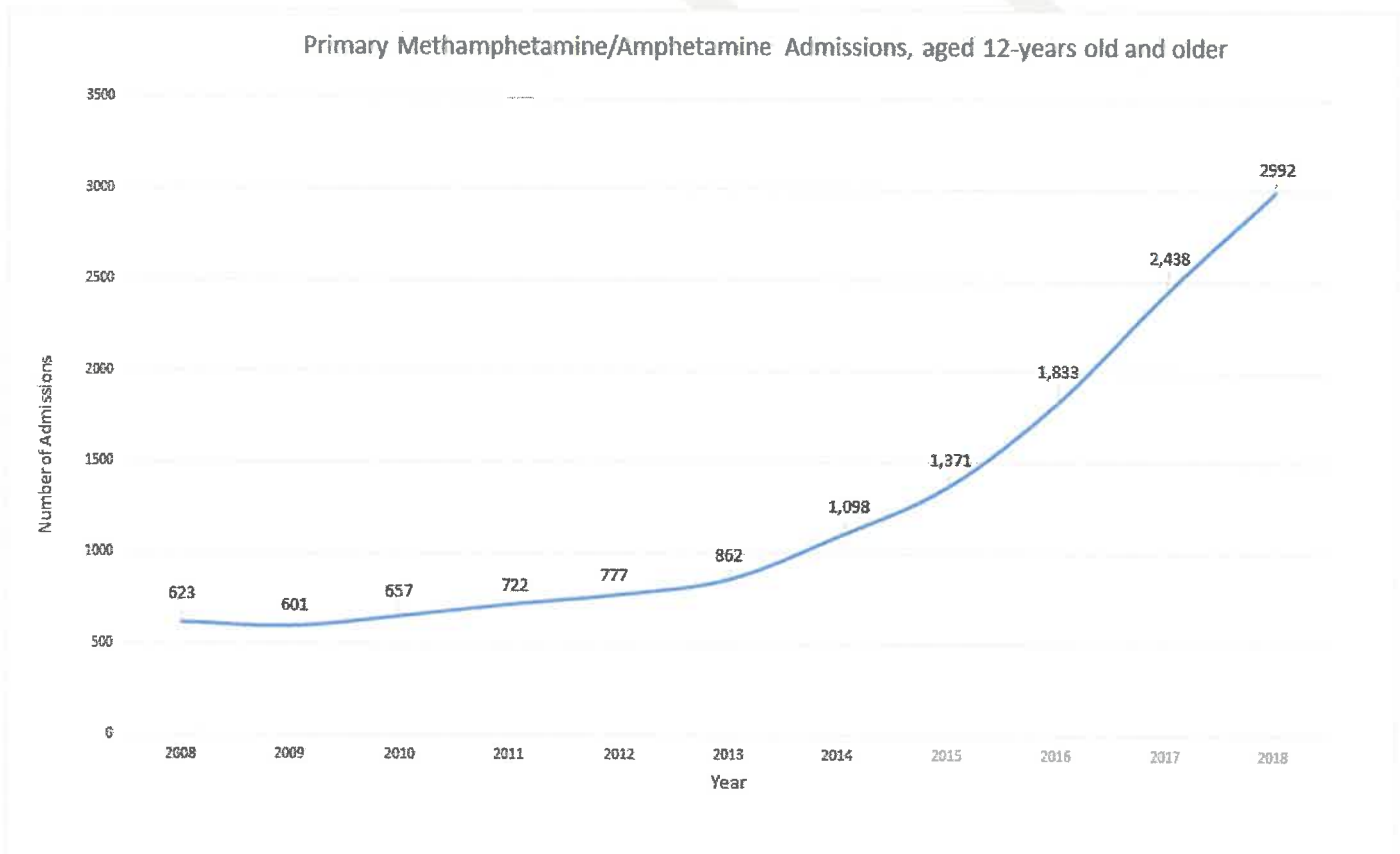
Also, substance use disorder treatment providers of outpatient treatment, intensive outpatient, day treatment, clinically-managed low intensity residential treatment, clinically managed detoxification, and intensive inpatient treatment services also screen and refer clients per ARSD 67:61:07:12. The 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 around 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. 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. 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 Division of Behavioral Health (DBH) requested technical assistance from the Substance Abuse and Mental Health Services Administration to develop or recommend a current training regarding evidence-based practices 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 seven 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 Reconciliation 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 published Request for Proposal #1784 Evidence-Based Middle School Meth Prevention, seeking offerors to provide evidence-based substance use prevention programming, 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 Division of Behavioral Health (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.

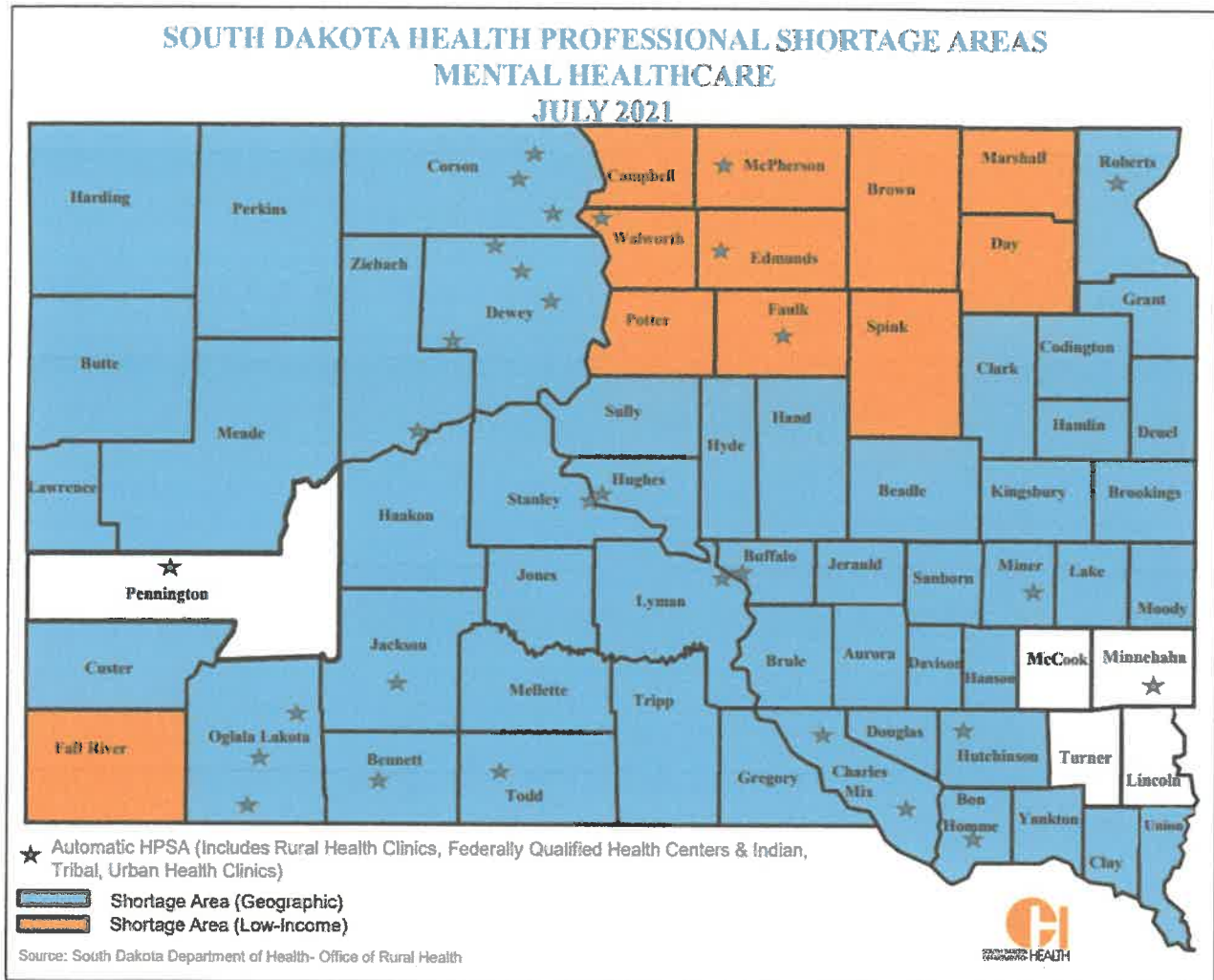
South Dakota's goal is to use this information to drive decision making for behavioral health services in South Dakota.

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**Workforce Development**



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

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

The Division of Behavioral Health (DBH) has worked to create a long-term training and quality assurance plan that provides training on specific evidence-based practices (EBPs). Refresher trainings and learning collaboratives are offered to build upon and develop the skills and competencies needed for the delivery of EBPs. The DBH has partnered with the Mountain Plains Mental Health Technology Transfer Center and the Mountain Plains Addiction Technology Transfer Center, to provide trainings that support competency



development. DBH staff members also participate in Region VIII meetings related to workforce development. The DBH contracts with several entities to provide training, consultation, and technical assistance to clinicians in the state to enhance their competency in delivering a variety of EBPs.

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

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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## **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 collects 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 MOSAIX 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.

**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 Division of Behavioral Health (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.

## **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:** The Division of Behavioral Health (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 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

**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. The clinicians trained in year one will go on to train 50 percent of clinicians in the WRAP model at their respective agency.~~

**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 currently



**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 1<sup>st</sup>, 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 2021 to 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 drunk 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

# 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 and primary health care services through the following efforts:

### Provider Expectations

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

### Integrated Assessments

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

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

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

### Health Homes

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

### 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 \(sd.gov\)](http://www.sos.sd.gov/DepartmentofSocialServices).

**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.

ARSD establish expectations that all accredited agencies, including CMHCs 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 CMHC 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.

## 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 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 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 have been established within the State of South Dakota; Southeastern Behavioral HealthCare, in the eastern part of the state and Behavior Management Systems, 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 First Episode Psychosis 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 (CMHCs) 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. The 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 DBH supported training in December 2020 on ESMI/CSC to all 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 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 evidence-based practice of 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 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 CMHCs to increase frequency of engagement with newly identified clients with ESMI 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 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, not otherwise specified.

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

DRAFT

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

1. Integrated assessment, evaluation, and screening.
2. Case management.
3. Individual therapy.

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

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

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

# 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 (ARSD)

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

### Provider Contracts

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

### Accreditation Reviews

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

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

### State Treatment Activity Reporting System (STARS)

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



Training and Technical Assistance Funding Opportunities

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.*

DRAFT

# 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 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 Substance Abuse and Mental Health Services Administration (SAMHSA) Tribal Technical Assistance Center to deliver a three-part learning community series held in April 2021. This evolved following feedback provided to the DBH's SAMHSA grant project officer for two 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 learning 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

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 Tribal Training and Technical Assistance Center's 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.*

# 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. The Department of Social Services requires the use of the Strategic Prevention Framework among contracted prevention providers. Contracted prevention providers complete a local needs assessment as part of the SPF to create a logic model with the identified needs, selected interventions, and anticipated outcomes. This information is utilized by contracted prevention provider when requesting SABG funding each fiscal year.
  - b. If no, please explain how SABG funds are allocated.

### Capacity Building

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. The Department of Social Services collaborates with three Prevention Resource Centers to provide training and technical assistance within their region to communities, schools, and contracted prevention providers. In addition, the state partners with the Mountain Plains Prevention Technology Transfer Center and utilizes supplemental technical assistance funding from the Substance Abuse and Mental Health Services Administration to meeting training needs.
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 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.

### **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: The Department of Social Services reimburses contracted prevention providers on a fee for service basis. Each month contracted providers submit an invoice into the MOSAIX Impact billing and data collection system. Office of Prevention Services staff review and approve invoices based on allowable expenditures under the block grant. In addition, fiscal audits are conducted to ensure that contracted providers have billed appropriate services to the appropriate funding stream with corresponding documentation.

### **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):**

- 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)

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

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

For individuals in need of primary prevention services, 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 (PRCs) that provide regional support across the state to students, parents, educators, community groups, community agencies, law enforcement and any other interested entity looking for

prevention resource materials or support. Each PRC has a resource library with videos, DVDs, books, CDs, brochures and curriculums available to the public for use. PRC staff are also able to provide training and education in the areas of prevention.

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

**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; CARE, IMPACT, CYF services and Outpatient services. Case management services is defined in ARSD as a collaborative process which assesses, plans, implements, coordinates, and monitors; and evaluates the options and services to meet an individual's health needs as identified in the treatment plan.

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

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

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

Also, to reduce the number of inappropriate admissions of geriatric clients to the HSC, a clinical review process was established that provides psychiatric reviews/consultations to



nursing facilities and assisted living centers. To assist with clients who have challenging behaviors or behavioral health needs, an HSC Clinical Review Team provides the nursing home or assisted living center with resources and interventions that will allow the client to live in the least restrictive environment possible.

The DBH's outcome data demonstrates that hospitalizations and emergency department admissions are reduced when clients enter mental health services provided by CMHCs. In addition, 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 ~~is are~~ mobile crisis teams operated by ~~Southeastern Behavioral Healthcare~~ CMHCs available in Sioux Falls, ~~an Pierre and Rapid City~~. The other CMHCs have staff available to take crisis calls but are not mobile.

**Commented [HJ1]:** Linda Reidt Kilber indicated they do not have a mobile crisis response team. We could indicate BMS and their crisis care center.

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

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

#### **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.**

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

- Health Homes

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

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 Block 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 Addiction Technology Transfer Center, Mental Health Technology Transfer Center, and the

Prevention Technology Transfer Center to provide a variety of trainings and technical assistance to the DBH staff as well as direct service providers in the communities on topics such as Motivational Interviewing, Telemedicine, First Episode Psychosis, American Society of Addiction Medicine Criteria and other statewide initiatives. The DBH continues to contract with a consultant to provide cultural awareness training to clinicians four times per year, and currently contracts with OnTrackNY to provide consultation, training and technical assistance to the DBH and to the First Episode Psychosis program staff providing Coordinated Specialty Care services, although remains open to exploring partnerships with other Early Serious Mental Illness 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
  - Specialty modules include Higher Education; Military Members, Veterans & Their families; Public Safety; Older Adults; Rural Communities
- Youth Mental Health First Aid
- NAMI Ending the Silence
- Applied Suicide Intervention Skills Training
- Question, Persuade, Refer
- Question, Persuade, Refer, Treat

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

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

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



## 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

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

South Dakota is always considering ways to improve access and care for individuals needing behavioral health services. Many areas identified above are done at the local level by the contracted provider and are based on the needs of the community (e.g., open assessment and intake scheduling). In 2019, the Division of Behavioral Health (DBH) implemented a process of capturing available treatment bed openings daily to monitor access and capacity. On a quarterly basis, the DBH also collects information from substance use disorder (SUD) treatment providers regarding walk-in assessment availability and wait lists. Last, in January 2021, the DBH was awarded a Transformation Transfer Initiative 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 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 pregnant women and women with dependent children (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 DBH complies with Section 1922(c) of the PHS Act and 45 CFR 96.124(e), which requires states to ensure that programs receiving funding for services also provide for or arrange for the provision of primary medical care, prenatal care, child care, primary pediatric care-including immunizations for children, gender specific treatment, therapeutic interventions which addresses relationship issues, sexual and physical abuse, and parenting and child care, sufficient case management and transportation to ensure that women and their children have access to all services listed in this paragraph.

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

The DBH modified the State Treatment Activity Reporting System (STARS) to allow the tracking of specific services provided to pregnant women. 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)

### 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.

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

## **Tuberculosis (TB)**

- 1. Does your state currently maintain an agreement, either directly or through arrangements with other public and non-profit private entities to make available tuberculosis services to individuals receiving SUD treatment and to monitor the service delivery?**  Yes  No
- 2. Are you considering any of the following?**
  - a. Business agreement/MOU with primary healthcare providers  Yes  No
  - b. Cooperative agreement/MOU with public health entity for testing and treatment  Yes  No
  - c. Established co-located SUD professionals with Federally Qualified Health Centers.  Yes  No
- 3. States are required to monitor program compliance related to activities and services for SUD treatment. Please provide a detailed description of the specific strategies used by the state to identify compliance issues and corrective actions required to address identified problems.**

According to ARSD 67:61:05:01, the TB screening requirements employees are as follows:

- a. Each new staff member, intern, and volunteer shall receive the two-step method of tuberculin skin test or a TB blood assay test to establish a baseline within 14 days of employment. Any two documented tuberculin skin tests completed within a 12-month period before the date of employment can be considered a two-step or one TB blood assay test completed within a 12-month period before employment can be considered an adequate baseline test. Skin testing or TB blood assay tests are not required if a new staff, intern or volunteer provides documentation of the last skin testing completed within the prior 12 months. Skin testing or TB blood assay tests are not required if documentation is provided of a previous position reaction to either test.
- b. A new staff member, intern, or volunteer who provides documentation of a positive reaction to the tuberculin skin test or TB blood assay test shall have a medical evaluation and chest X-ray to determine the presence or absence of the active disease.
- c. Each staff member, intern and volunteer with a positive reaction to the tuberculin skin test or TB blood assay test shall be evaluated annually by a licensed physician, physician assistant, nurse practitioner, clinical nurse specialist, or a nurse and a record maintained of the presence or absence of symptoms of tuberculosis. If this evaluation results in suspicion of active tuberculosis, the

- licensed physician shall refer the staff member, intern, or volunteer for further medical evaluation to confirm the presence or absence of tuberculosis; and
- d. Any employee confirmed or suspected to have infectious tuberculosis shall be restricted from employment until a physician determines that the employee is no longer infectious.

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

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

### **Early Intervention Services for HIV (For “Designated States” Only)**

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

### **Syringe Service Programs**

1. **Does your state have in place an agreement to ensure that 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.

### **Criterion 8, 9 and 10: Service System Needs, Service Coordination, Charitable Choice, Referrals, Patient Records, and Independent Peer Review**

#### **Service System Needs**

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



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

**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

- 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 use 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

- 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 \(sdlegislature.gov\)](#)

## 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 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,

Commented [H31]: Repealed in 2012. BHAC recommends removing.

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, 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 receive 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.



### 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 a Mobile Crisis Teams to expedite mental health professionals to people in crisis, to coordinate resources, assess problems, and eliminate unnecessary psychiatric placements.

Commented [HJ2]: Linda Reidt Kilber said that they do not have a mobile crisis team.

The 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 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.

# 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

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 the Substance Abuse and Mental Health Services Administration 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.

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 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 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 \(sd.gov\)](https://www.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 \(wefaceittogether.org\)](https://www.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 \(namisouthdakota.org\)](https://www.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.*

## 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 to the client's needs and strengths, while also being responsive to cultural differences and special needs. The process can involve parents/guardians, family members, friends and any professionals or advocates the individual wishes to be involved.

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

Through the Juvenile Justice Reinvestment Initiative, the DBH partners with ten CMHCs to provide Systems of Care (SOC) within their catchment area: Behavior Management Systems, Brookings Behavioral Health and Wellness, Capital Area Counseling Service, Dakota Counseling Institute, Lewis and Clark Behavioral Health Services, Southeastern Behavioral Healthcare, ~~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



- 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, or the~~ Department of Corrections to a CMHC. The DBH supports these collaborative efforts by coordinating both system-wide conversations and local conversations, as needed.

Commented [HJ1]: Krsti Bunkers recommendation

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.

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

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

Utilization and Cost:

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

Outcome Measurement:

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

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

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

- a. 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?**

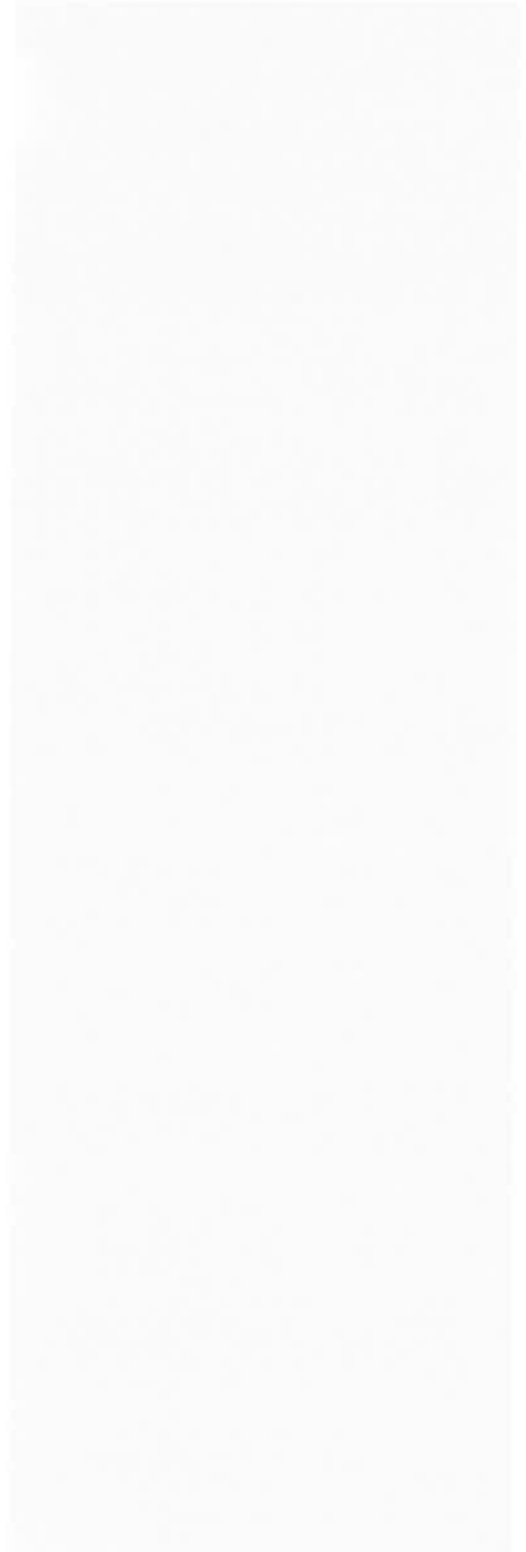
The Department of Social Services Office of Licensure and Accreditation monitors the system of care approach for the delivery of mental health and substance use disorder treatment services. This process consists of reviewing policies, procedures, and individual charts as well as interviews with families 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 to implement evidence-based interventions to justice involved youth within their community. Seven CMHCs and Lutheran Social Services are trained in Functional Family Therapy (FFT), an evidence-based practice (EBP), and services began

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

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

DRAFT



## 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 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.*

## 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~~ or Department of Corrections to a CMHC. The Division of Behavioral Health supports these collaborative efforts by coordinating both system-wide conversations and local conversations, if needed.

Commented [HJ1]: Kristi Bunker recommended.

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.*

## 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 and 14 provider/state.

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

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

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

The BHAC performs the following functions:

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



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

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

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

# 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, the Huron Daily Plainsman, and the Rapid City Journal.

## **SUPPLEMENTAL FUNDING PROPOSAL**

### **SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT**

As part of the Coronavirus Response and Relief Supplemental Appropriations Act 2021, the Substance Abuse and Mental Health Services Administration released supplemental funding to South Dakota under the Substance Abuse, Prevention and Treatment (SAPT) Block Grant (\$5,662,944).

In fall 2020, the Human Services Research Institute (HSRI) was selected by the Department of Social Services, Division of Behavioral Health (DBH) to conduct a needs and gaps analysis of South Dakota's publicly and privately funded behavioral health system. The overarching goal of the analysis was to identify possible areas for improvement in the current system of care. The report is still being finalized however, the draft report does have initial recommendations which are used as the basis for the utilization of the supplemental funding and are alignment with a good and modern behavioral health system.

Overall recommendations from the HSRI included: (1) Expand community-based mental health and substance use disorder treatment services in the central part of the state. (2) Increase services to American Indians, the state's leading minority population. (3) Expand services, including peer support services for mental health and crisis services and supports. (4) Expand Regional crisis stabilization centers, mobile crisis teams, and telemedicine services by law enforcement to increase access to qualified mental health professionals during times of behavioral health crisis. (5) Expand telehealth to overcome geographical and transportation barriers to access all types of services, and to counter workforce shortages in particular areas. (6) Develop or expand services to help improve various social determinants of health, such as supported housing and supported employment. (7) Develop or expand public education campaigns targeting stigma related to behavioral health conditions and suicide prevention.

HSRI's needs and gaps analysis also addressed how the COVID-19 pandemic has negatively impacted the state's need for behavioral health services. The Human Services Center, the only state operated psychiatric residential facility, operated with two fewer units to ensure safe distancing, dedicating one unit for the isolation of those who tested positive for COVID-19. The use of telehealth services increased dramatically. In State Fiscal Year 2020, an additional 1,300 children and almost 1,600 adults received mental health treatment services, and 800 individuals received substance use disorder treatment via telehealth through the publicly funded behavioral health treatment system, as compared to the previous fiscal year. The biggest increase in utilization of services occurred in the months of March, April, and May, due to the rapid response efforts by the publicly funded treatment providers to offer telehealth services during the COVID-19 pandemic.

The Department of Social Services has developed meaningful partnerships with other state agencies, a wide variety of stakeholders and organizations to address the needs outlined in HSRI's analysis of the state and identified needs related to COVID-19. Efforts included the DBH building upon the South Dakota Department of Health's public education effort ([covid.sd.gov](https://covid.sd.gov)) and the Governor's Office's Return to Normal plan by developing and implementing the 605 Strong program to address and respond to the behavioral health impacts of the pandemic. Also, the Department of Social Services developed [a website focusing on mental health and COVID-19](#).

The following proposal addresses the needs and gaps within South Dakota's behavioral health service system, including needs identified during COVID-19:

### **Crisis Services**

**\$374,137.00 (Table 2/Activity: Substance Abuse Prevention and Treatment)**

When the Crisis Care Services proposal for the 5% set-aside was submitted to SAMHSA, the DBH had recently been awarded the 988 State Planning Grant and the Transformation Transfer Initiative (TTI). These awards, in conjunction with the National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit will guide the DBH's planning efforts to a comprehensive crisis service system, determining how to utilize the supplemental funds from the Coronavirus Response and Relief Supplemental Appropriations Act 2021.

With the 988 State Planning Grant, the DBH is convening a key stakeholder coalition to review potential strategies to assure all required datapoints of the grant are being captured. Goals of the grant are to identify funding streams to support the capacity of the Lifeline member center in the state; build capacity of the Lifeline member center in the state to handle chat and texts related to 988; the implementation of staff and trainings of the Lifeline member center; and assuring linkages to local 911 PSAPs, mobile crisis teams and other outreach alternatives.

With the TTI Grant, the DBH will 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.

Three recommendations from the needs and gaps analysis completed by HSRI is to expand mobile crisis teams to rural, less populated areas of the state with technological approaches to a Virtual Crisis Care Pilot program; build off of recent legislation to support appropriate regional facilities and expand regional crisis stabilization centers to address both mental health and substance use disorder crisis needs, including detoxification; and expand crisis services in the central part of the state to reduce reliance on inpatient care, the current utilization of emergency rooms for behavioral needs and the relative lack of community-based services in this region as compared to other parts of the state.

A combination of SAPT and Mental Health Block Grant (MHBG) funds will be used to support these activities. SAPT funds will only be used towards substance abuse, prevention, and treatment services as identified by SAMHSA.

### **Tribal Liaison**

**\$71,129.00 (Table 2/Activity: Administration)**

HSRI recommended partnering with tribal nations from the onset of initiatives and developing trusted working relationships with the tribes. The supplemental funds would assist in attaining a tribal liaison to work with tribal programs and entities supporting their ability and awareness of behavioral health resources and supports that could be partnered and/or leveraged between the DBH, Medical Services, and tribal programs.

Although the DBH has made concerted efforts to support improving relationships with tribal entities, a dedicated staff with tribal knowledge would allow the DBH and potentially the Department of Social Services as a whole to take this work to the next level of relationship building.

The primary responsibilities would include maintaining a directory of tribal behavioral health services and points of contact, identifying tribal serving programs and/or tribal nations who would be interested in partnering with the DBH to enhance tribal behavioral health programs. The position may support tribes in their efforts to obtain federal grants; identify funding streams currently available but not utilized; work with Department of Tribal Relations on trainings and technical assistance support around behavioral health related topics; serve as a liaison with SAMHSA, the DBH and tribal nations to support federal partnerships; and overall serve as the primary point of contact for tribes seeking behavioral health supports.

The proposal would be to fund this position for up to 2 years with the supplemental funding (through March 2023) and, if successful, continue to fund with the additional supplemental awards forthcoming through the American Rescue Plan Act.

#### **Peer Support Services**

\$89,126.00 (Table 2/Activity: Administration)

\$248,429.00 (Table 2/Activity: Substance Abuse Prevention and Treatment)

HSRI recommended the development of a formal certification program for peer support specialists. The DBH would develop, implement, and provide ongoing oversight of peer support services. Peer support services are an evidence-based mental health and substance use model of care that consists of a qualified peer support specialist who assists individuals with their recovery from either mental illness, substance use disorders, or both. Peer support services have demonstrated outcomes of decreased utilization of state mental hospitals, emergency departments, and the justice system.

The DBH would identify pilot mental health and substance use disorder agencies and develop contract requirements to support the implementation of peer support services. In addition, the DBH will be responsible for monitoring the Peer Support Programs and coordinating technical assistance needs.

A combination of SAPT and Mental Health Block Grant (MHBG) funds will be used to support these activities. SAPT funds will only be used towards substance abuse, prevention, and treatment services as identified by SAMHSA.

#### **Telehealth Services**

\$100,000.00 (Table 2/Activity: Substance Abuse Prevention and Treatment)

HSRI recommended expanding telehealth services. Throughout the course of the pandemic, substance use disorder treatment and mental health providers have expressed challenges with delivering telehealth (audio/visual connection) services to individuals. Providers have been able to access technology support through the Emergency Grant to Address Mental and Substance Use Disorders during COVID-19. However, administrative barriers with needing to collect GPRA tools on everyone served with the technology caused some providers to not to use the funds. For those providers that did access the grant funding or already had available tools, barriers still existed as some receiving services do not have the resources to support the audio/visual connection. Providers have expressed a need for devices and internet connection.



The DBH would support Community Mental Health Centers and contracted substance use disorder treatment providers in purchasing telemedicine equipment for individuals receiving services who otherwise would not be able to access services.

Currently, the DBH is piloting technology support for families receiving Functional Family Therapy (FFT), but this proposal would expand services to individuals needing behavioral health treatment. The FFT pilot has developed an agreement the client completes regarding acceptable usage and return of the equipment. The equipment is “locked down” so it cannot be used inappropriately.

Lutheran Social Services (LSS) in Sioux Falls has shown success with this model for justice involved adults accessing SUD services which has supported a limited number of adults receiving telemedicine services. However, LSS did pursue and is currently receiving third party funding to support these costs.

Supporting this technology will provide the DBH with more information on actual costs to determine a rate and need beyond the life of this supplemental funding.

A combination of SAPT and Mental Health Block Grant (MHBG) funds will be used to support these activities. SAPT funds will only be used towards substance abuse, prevention, and treatment services as identified by SAMHSA.

### **Substance Use Disorder Case Management**

**\$2,055,924.00 (Table 2/Activity: Substance Abuse Prevention and Treatment)**

HSRI recommend a structured and billable case management service for individuals with substance use disorders (SUD) and to address the social determinants of health, which is part of case management services.

Per SAMHSA, “case management is a coordinated, individualized approach that links clients with appropriate services to address their specific needs and help them achieve their stated goals.” Case management for clients with SUD has been found to be effective because it helps them stay in treatment and recovery by providing the additional supports needed outside of the formal treatment setting.

The DBH supports case management services for individuals with serious mental illnesses (SMI) or serious emotional disturbances but has not had the opportunity to support a structured case management model for SUD clients. Many clients with SUD also suffer from co-occurring mental illness (estimated 38% have an SMI nationally).

Case management services would be for individuals with complex or chronic health and social services needs along with their related SUD disorder. Services would be modeled after the Comprehensive Assistance with Recovery and Empowerment (CARE) and Individualized Mobile Programs of Assertive Community Treatment (IMPACT) programs, with case managers employed by a contracted SUD provider. The DBH would propose to work with a small workgroup of providers to further define the model, minimum standards for staff delivering services and proposed rate. The workgroup would also review the Division of Medical Service’s Community Health Worker model to determine similarities and differences and work with Medical Services to determine if the model would be a Medicaid eligible service.

Estimated numbers to be served would be finalized through the workgroup’s findings, but initial estimates would focus on individuals with chronic conditions served in high-intensity SUD treatment services where,



upon transition from inpatient services, a case manager would be assigned to assist the client with coordination of needed follow-up services and supports through local providers in the community of the client's choosing.

### **Supported Housing**

\$202,051.00 (Table 2/Activity: Substance Abuse Prevention and Treatment)

HSRI identified supported housing as a gap in services available in South Dakota. The DBH is currently supporting an Oxford House Inc. outreach coordinator to develop peer-based recovery home options. Oxford House is a national model that supports self-run, self-supported recovery homes for individuals with substance related issues. Many times, individuals successfully complete SUD treatment services but lack a safe environment to continue their recovery post structured treatment.

To date, there are five homes (four in Sioux Falls and one in Rapid City) that have been established through the outreach coordinator funded by the State Opioid Response grant. Currently, 31 of the 48 beds are occupied with 30 pending applications. The outreach coordinator is employed by Oxford House Inc. and works within the target community to identify a potential housing location. Once secured, connection to referral sources are made (i.e. treatment agencies, the Unified Judicial System, Parole Agents). The outreach coordinator then supports the residents as they establish their housing structure. Residents are required to participate in daily living chores, obtain employment and pay a portion of the rent to maintain the residence.

Supplemental funds would allow the DBH to attain two additional outreach coordinators and expand peer run recovery homes across South Dakota with an emphasis outside of the Sioux Falls and Rapid City areas. Native Americans as well as pregnant women and women with dependent children would be a priority population to be served through the recovery homes.

### **Behavioral Health Awareness Campaign**

\$1,116,667.00 (Table 2/Activity: Substance Abuse Prevention and Treatment)

HSRI cited a lack of awareness around current resources amongst various stakeholders and professionals in the behavioral health field. A key finding and recommendation include continuing public education campaigns that target stigma related to behavioral health conditions and suicide prevention.

Previously, DBH has supported several targeted behavioral health campaigns; [BeTheOne](#) (youth suicide prevention); [AvoidOpioid](#); [605 Strong](#) (COVID behavioral health supports); OnMeth and most recently moving towards [Anyone.Everyone](#) as the prevention message. Although each of these campaigns are successful in themselves, the DBH continues to struggle to raise awareness around general behavioral health services and supports outside of targeted awareness campaigns.

The DBH would utilize supplemental funds to do an all-encompassing awareness campaign that would support de-stigmatization of behavioral health disorders, raise awareness around prevention efforts and supports, treatment resources and supports as well as awareness around 211 as a general informational resource option; 1-800-920-4343 for behavioral health resource information; and 988 for behavioral health crisis support. The selected vendor would develop a 5-year strategic plan that encompasses these goals as well as how to bring the prior efforts forward and fold into this overarching campaign. The vendor would also ensure websites supporting the targeted campaign as well as the DBH general websites are maximized to support ease of use for the public.

A combination of SAPT and Mental Health Block Grant (MHBG) funds will be used to support these activities. SAPT funds will only be used towards substance abuse, prevention, and treatment services as identified by SAMHSA.

**Substance Use Disorder Primary Prevention**

**\$1,132,589.00 (Table 2/Activity: Primary Prevention)**

HSRI recommended prevention services be available across all of South Dakota and focus on family and not just children.

The DBH and Office of Prevention Services (OPS) would fund prevention providers to sustain ongoing services amongst the six Center for Substance Abuse Prevention (CSAP) strategies in communities across the state.

South Dakota is divided into three main regions that three Prevention Resource Centers (PRCs) serve, ensuring coverage to all 66 counties, in addition to 21 contracted prevention providers serving local communities. Prevention providers would determine funding needed within the six CSAP strategies to best meet the individual needs of their communities. The purpose, supported activities and impact on individuals served through each CSAP strategy is as follows:

1. Information Dissemination provides awareness and knowledge of the nature and extent of alcohol, tobacco and other drug use and addiction, and their effects on individuals, families and communities as well as providing knowledge and awareness of available prevention programs and services. Supported activities include resource libraries, resource directories, public service announcements and media campaigns, speaking engagements and presentations.
2. Education aims to affect critical life and social skills, including decision making, refusal skills and critical analysis. Supported activities include implementation of school-based curriculums such as LifeSkills, Positive Action, and Too Good for Drugs.
3. Community Based enhances the ability of the community to provide prevention services more effectively for alcohol, tobacco, and other drugs. Supported activities include building and sustaining substance use prevention coalitions, creating local needs assessments as well as an individual strategic plan, and providing resources to communities related to substance use and/or abuse.
4. Environmental establishes, enhances, or changes written and unwritten community standards, codes, and attitudes, thereby influencing the incidence and prevalence of alcohol, tobacco and other drugs used in the general population. Supported activities include assisting with the development and review of local substance use policies within their communities and maximizing enforcement procedures related to the availability and distribution of substances.
5. Alternatives provides the opportunity to participate in healthy, positive, and constructive activities that exclude alcohol, tobacco, and other drugs. Supported activities include the development and operation of community sponsored substance free events for youth.

6. Problem Identification and Referral identifies those at risk of developing a substance use disorder (SUD) with the intent of delaying the onset of a diagnosable SUD. Supported activities included structured prevention programming for high risk youth including those identified as risk or those currently engaging in risky substance use, through curriculums such as Prime for Life, Interactive Journaling, and BASICS.

To invest in each community's specific needs, funding will be made available to communities in the form of mini grants to support identified activities within the above six CSAP strategies. Proposed activities may include the purchase and implementation of school-based curriculums, training, and technical assistance. The utilization of funds would be subject to the OPS approval and would need to target populations and priorities identified by SAMHSA.

In addition, the most recent five-year strategic plan for prevention ended in 2020. It is at this time the OPS would like to utilize funds to complete a needs assessment specific to the prevention network, providing actionable recommendations and a five-year strategic plan, in line with SAMHSA's identified target populations and priority areas.

The overall impact will result in increased access to prevention messaging, education, and supports for those identified to be at risk as well as supporting the development of a strategic plan that promotes quality prevention services into the future.

#### **Mini-Grants**

**\$150,000.00 (Table 2/Activity: Substance Abuse Prevention and Treatment)**

This will support the implementation of primary prevention programming amongst the six CSAP strategies through contracted PRCs and prevention providers, in addition to the provision of one-time funding through mini grants to support each community's specific needs within the six CSAP strategies.

#### **Other Administrative Costs**

**\$122,892.00 (Table 2/Activity: Administration)**

The DBH will utilize funds to carry out the administrative aspects of the SAPT Block Grant.

Table 2: Substance Abuse Prevention and Treatment Supplemental Funds

Planning Period Start Date: 07/01/2020 Planning Period End Date: 06/30/2022

ACTIVITY (See Instructions for using Row 1)	Source of Funds										TOTAL
	A. Substance Abuse Block Grant	B. Substance Abuse Block Grant Supplemental	C. Mental Health Block Grant	D. Medicaid (Federal, State, and Local)	E. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMSHA, etc.)	F. State funds	G. Local funds (excluding local Medicaid)	H. Other			
1. Substance Abuse Prevention and Treatment*	9,063,058.00	4,247,208.00		16,396,700.00	10,109,508.00	51,588,848.00		550,562.00		91,955,884.00	
a. Pregnant Women and Women with Dependent Children**	554,814.00			0.00	0.00	0.00		0.00		554,814.00	
b. All Other	8,508,244.00	4,247,208.00		16,396,700.00	10,109,508.00	51,588,848.00		550,562.00		91,401,070.00	
2. Primary Prevention	2,416,814.00	1,132,589.00		223,270.00	6,183,458.00	1,991,814.00		223,270.00		12,171,215.00	
a. Substance Abuse Primary Prevention	2,416,814.00	1,132,589.00		223,270.00	6,183,458.00	1,991,814.00		223,270.00		12,171,215.00	
b. Mental Health Primary Prevention											
3. Evidenced-Based Practice for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG)											
4. Tuberculosis Services											
5. Early Intervention Services for HIV											
6. State Hospital											
7. Other 24 Hour Care											
8. Ambulatory/Community Non-24 Hour Care											
9. Administration (Excluding program and Provider level)	604,202.00	283,147.00		489,916.00	116,434.00	763,808.00		327,782.00		2,585,289.00	
10. Total	12,084,074.00	5,662,944.00	0.00	17,109,886.00	16,409,400.00	54,344,470.00	0.00	1,101,614.00		106,712,388.00	



## SUPPLEMENTAL FUNDING PROPOSAL MENTAL HEALTH BLOCK GRANT

As part of the Coronavirus Response and Relief Supplemental Appropriations Act 2021, the Substance Abuse and Mental Health Services Administration released supplemental funding to South Dakota under the Mental Health Block Grant (MHBG) (\$1,782,520).

In fall 2020, the Human Services Research Institute (HSRI) was selected by the Department of Social Services, Division of Behavioral Health (DBH) to conduct a needs and gaps analysis of South Dakota's publicly and privately funded behavioral health system. The overarching goal of the analysis was to identify possible areas for improvement in the current system of care. The report is still being finalized however, the draft report does have initial recommendations which are used as the basis for the utilization of the supplemental funding and are alignment with a good and modern behavioral health system.

Overall recommendations from the HSRI included: (1) Expand community-based mental health and substance use disorder treatment services in the central part of the state. (2) Increase services to American Indians, the state's leading minority population. (3) Expand services, including peer support services for mental health and crisis services and supports. (4) Expand Regional crisis stabilization centers, mobile crisis teams, and telemedicine services by law enforcement to increase access to qualified mental health professionals during times of behavioral health crisis. (5) Expand telehealth to overcome geographical and transportation barriers to access all types of services, and to counter workforce shortages in particular areas. (6) Develop or expand services to help improve various social determinants of health, such as supported housing and supported employment. (7) Develop or expand public education campaigns targeting stigma related to behavioral health conditions and suicide prevention.

HSRI's needs and gaps analysis also addressed how the COVID-19 pandemic has negatively impacted the state's need for behavioral health services. The Human Services Center, the only state operated psychiatric residential facility, operated with two fewer units to ensure safe distancing, dedicating one unit for the isolation of those who tested positive for COVID-19. The use of telehealth services increased dramatically. In State Fiscal Year 2020, an additional 1,300 children and almost 1,600 adults received mental health treatment services, and 800 individuals received substance use disorder treatment via telehealth through the publicly funded behavioral health treatment system, as compared to the previous fiscal year. The biggest increase in utilization of services occurred in the months of March, April, and May, due to the rapid response efforts by the publicly funded treatment providers to offer telehealth services during the COVID-19 pandemic.

The Department of Social Services has developed meaningful partnerships with other state agencies, a wide variety of stakeholders and organizations to address the needs outlined in HSRI's analysis of the state and identified needs related to COVID-19. Efforts included the DBH building upon the South Dakota Department of Health's public education effort ([covid.sd.gov](https://covid.sd.gov)) and the Governor's Office's Return to Normal plan by developing and implementing the 605 Strong program to address and respond to the behavioral health impacts of the pandemic. Also, the Department of Social Services developed [a website focusing on mental health and COVID-19](#).

The following proposal addresses the needs and gaps within South Dakota's behavioral health service system, including needs identified during COVID-19:

### **Crisis Services**

#### **\$250,000.00 (Table 2/Activity: Crisis Services)**

When the Crisis Care Services proposal for the 5% set-aside was submitted to SAMHSA, the DBH had recently been awarded the 988 State Planning Grant and the Transformation Transfer Initiative (TTI). These awards, in conjunction with the National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit will guide the DBH's planning efforts to a comprehensive crisis service system, determining how to utilize the 5% set-aside and supplemental funds from the Coronavirus Response and Relief Supplemental Appropriations Act 2021.

With the 988 State Planning Grant, the DBH is convening a key stakeholder coalition to review potential strategies to assure all required datapoints of the grant are being captured. Goals of the grant are to identify funding streams to support the capacity of the Lifeline member center in the state; build capacity of the Lifeline member center in the state to handle chat and texts related to 988; the implementation of staff and trainings of the Lifeline member center; and assuring linkages to local 911 PSAPs, mobile crisis teams and other outreach alternatives.

With the TTI Grant, the DBH will 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.

Three recommendations from the needs and gaps analysis completed by HSRI is to expand mobile crisis teams to rural, less populated areas of the state with technological approaches to a Virtual Crisis Care Pilot program; build off of recent legislation to support appropriate regional facilities and expand regional crisis stabilization centers to address both mental health and substance use disorder crisis needs, including detoxification; and expand crisis services in the central part of the state to reduce reliance on inpatient care, the current utilization of emergency rooms for behavioral needs and the relative lack of community-based services in this region as compared to other parts of the state.

A combination of SAPT (Substance Abuse, Prevention and Treatment) and MHBG funds will be used to support these activities. MHBG funds will only be used towards mental health services as identified by SAMHSA.

### **Peer Support Services**

#### **\$89,126.00 (Table 2/Activity: Administration)**

#### **\$177,267.00 (Table 2/Activity: Ambulatory/Community Non-24 Hour Care)**

HSRI recommended the development of a formal certification program for peer support specialists. The DBH would develop, implement, and provide ongoing oversight of peer support services. Peer support services are an evidence-based mental health and substance use model of care that consists of a qualified peer support specialist who assists individuals with their recovery from either mental illness, substance use disorders, or both. Peer



support services have demonstrated outcomes of decreased utilization of state mental hospitals, emergency departments, and the justice system.

The DBH would identify pilot mental health and substance use disorder agencies and develop contract requirements to support the implementation of peer support services. In addition, the DBH will be responsible for monitoring the Peer Support Programs and coordinating technical assistance needs.

A combination of SAPT and MHBG funds will be used to support these activities. MHBG funds will only be used towards mental health services as identified by SAMHSA.

### **Telehealth Services**

**\$100,000.00 (Table 2/Activity: Ambulatory/Community Non-24 Hour Care)**

HSRI recommended expanding telehealth services. Throughout the course of the pandemic, substance use disorder treatment and mental health providers have expressed challenges with delivering telehealth (audio/visual connection) services to individuals. Providers have been able to access technology support through the Emergency Grant to Address Mental and Substance Use Disorders during COVID-19. However, administrative barriers with needing to collect GPRA tools on everyone served with the technology caused some providers to not to use the funds. For those providers that did access the grant funding or already had available tools, barriers still existed as some receiving services do not have the resources to support the audio/visual connection. Providers have expressed a need for devices and internet connection.

The DBH would support Community Mental Health Centers and contracted substance use disorder treatment providers in purchasing telemedicine equipment for individuals receiving services who otherwise would not be able to access services.

Currently, the DBH is piloting technology support for families receiving Functional Family Therapy (FFT), but this proposal would expand services to individuals needing behavioral health treatment. The FFT pilot has developed an agreement the client completes regarding acceptable usage and return of the equipment. The equipment is “locked down” so it cannot be used inappropriately.

Lutheran Social Services (LSS) in Sioux Falls has shown success with this model for justice involved adults accessing SUD services which has supported a limited number of adults receiving telemedicine services. However, LSS did pursue and is currently receiving third party funding to support these costs.

Supporting this technology will provide the DBH with more information on actual costs to determine a rate and need beyond the life of this supplemental funding.

A combination of SAPT and MHBG funds will be used to support these activities. MHBG funds will only be used towards mental health services as identified by SAMHSA.

### **Public Mental Health Education**

**\$61,440.00 (Table 2/Activity: Crisis Services)**

HSRI recommended developing or expanding public education campaigns targeting stigma related to behavioral health conditions and suicide prevention.

The Department of Education is currently in year 3 of the 5-year Project AWARE (Advancing Wellness and

Resiliency in Education) State Education Agency Grant (awarded September 2018). The grant requires partnership with the DBH and aims to build a trauma-informed interconnected systems framework in support of children and their mental health across the state to address gaps in the needs of students in South Dakota schools and providers within school settings. The Project AWARE grant involves implementation of a multi-tiered systems of support approach: universal prevention programming for students, families/caregivers, and community members; universal screening to assess student risk for social-emotional and behavioral problems; followed by tiered strategies that allow for integrated supports within schools and enhanced, coordinated partnerships between schools and community mental health centers. This grant is currently implemented at 4 school sites (Bridgewater-Emery, Wagner, Whittier Middle School, and Douglas Middle School), involving 3 community mental health centers.

For the multi-tiered system of services to be effectively implemented in schools, a strong foundation of home and community awareness must happen, including de-stigmatizing through mental health awareness training. One training is Ending the Silence (ETS) through the National Alliance on Mental Illness (NAMI), selected for its evidence in de-stigmatizing mental health conditions across students but also families and those who regularly work with adolescents in the community. ETS can be implemented across a variety of audiences, students, school staff and families. ETS presentations help audience members learn about the warning signs of mental health conditions and what steps to take if they see someone showing symptoms of a mental health condition. ETS presentations include two leaders; a young adult who shares their journey of recovery and an adult who provides information to help audience members gain understanding of an often-misunderstood topic. Feedback from ETS presentations sponsored through the DOE Project AWARE grant is that it empowers students in the audience to reach out for help.

The Project AWARE grant originally intended to support ETS presentations in years 1 and 2 only and is currently supporting additional ETS presentations in year 3. To date, ETS presentations have been held at 87 different combinations of high schools, middle schools, or by grade levels in middle or high school.

The DBH would utilize the supplemental funds to continue to support ETS presentations across the state in communities which have not yet received an ETS presentation or may need to offer for the first time to new middle or high school age students.

### **Behavioral Health Awareness Campaign**

**\$181,469.00 (Table 2/Activity: Ambulatory/Community Non-24 Hour Care)**

HSRI cited a lack of awareness around current resources amongst various stakeholders and professionals in the behavioral health field. A key finding and recommendation include continuing public education campaigns that target stigma related to behavioral health conditions and suicide prevention.

Previously, DBH has supported several targeted behavioral health campaigns; [BeTheOne](#) (youth suicide prevention); [AvoidOpioid](#); [605 Strong](#) (COVID behavioral health supports); OnMeth and most recently moving towards [Anyone.Everyone](#) as the prevention message. Although each of these campaigns are successful in themselves, the DBH continues to struggle to raise awareness around general behavioral health services and supports outside of targeted awareness campaigns.

The DBH would utilize supplemental funds to do an all-encompassing awareness campaign that would support de-stigmatization of behavioral health disorders, raise awareness around prevention efforts and supports,



treatment resources and supports as well as awareness around 211 as a general informational resource option; 1-800-920-4343 for behavioral health resource information; and 988 for behavioral health crisis support. The selected vendor would develop a 5-year strategic plan that encompasses these goals as well as how to bring the prior efforts forward and fold into this overarching campaign. The vendor would also ensure websites supporting the targeted campaign as well as the DBH general websites are maximized to support ease of use for the public.

A combination of SAPT and MHBG funds will be used to support these activities. MHBG funds will only be used towards mental health services as identified by SAMHSA.

### **Suicide Prevention**

#### **\$374,686.00 (Table 2/Activity: Mental Health Primary Prevention)**

The DBH and Office of Prevention Services (OPS) has supported the implementation of Zero Suicide since FY2017 through federal grants and state general funds. The Zero Suicide approach aims to improve care and outcomes for individuals at risk of suicide in health and behavioral health care systems. It emphasizes the need to transform health and behavioral health care for those at risk for suicide through a focus on safety and error reduction as well as using best practices in suicide care by providers. To date, the DBH has supported nine trainings to support clinical competency and skills in the evidence-based framework through six workshops and three series of Community of Learning collaboratives.

In FY2021, the DBH and OPS will complete a virtual site visit with the Education Development Center (EDC) which houses the Zero Suicide Institute (ZSI). During the site visit, state staff will meet with the EDC to communicate concerns, goals, and challenges to make actionable recommendations to further support Zero Suicide implementation in South Dakota.

The DBH and OPS would utilize the supplemental funds to support recommendations from the site visit, which could include but is not limited to Zero Suicide workshops, Zero Suicide Community of Learning collaboratives, gatekeeper training such as Question, Persuade, Refer (QPR), Mental Health First Aid (MHFA), Youth Mental Health First Aid (YMHFA), and Applied Suicide Intervention Skills Training (ASIST), and evidence-based clinical training such as Collaborative Assessment and Management of Suicidality (CAMS) or Assessing and Managing Suicide Risk (AMSR).

The Bethe1SD statewide suicide prevention campaign was launched in April of 2018 focusing on youth age 10-24 years of age building upon the National Suicide Prevention Lifeline's (NSPL) Bethe1 campaign. The Bethe1SD campaign runs annually in August and September, as September is National Suicide Prevention Month. Flights run in April and May in preparation for schools releasing for the summer. The next iteration of the Bethe1SD campaign, "Change My Mind," was launched in August of 2020. The new messaging takes a bold approach in encouraging youth to be the one to help change someone's mind when they are considering suicide. DBH and OPA would utilize the supplemental funds to support two campaign flights annually (four total over two years), April-May and August-September, of Bethe1SD and leveraging the Reach for Life campaign in conjunction, to reach American Indian youth.

In addition, as part of the 2020-2025 South Dakota State Suicide Prevention Strategic Plan, supplemental funds would be used to develop and host two annual statewide suicide prevention conferences, to promote resources, highlight bright spots, and share programming efforts.



### **Early Serious Mental Illness**

**\$220,000.00 (Table 2/Activity: Evidence-Based Practice for ESMI, including FEP)**

Two First Episode Psychosis Programs, utilizing the OnTrackNY model, have been established within the State of South Dakota. OnTrackNY provides training and technical assistance 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 selected based on the most populous areas of the state, which allows a greater number of individuals the ability to access FEP services.

The DBH would utilize supplemental funds to expand services to individuals with early mental illness (ESMI) by implementing the (Wellness Recovery Action Plan) WRAP model across all Community Mental Health Centers (CMHCs). WRAP is a recognized evidenced-based program and is a self-designed prevention and wellness process. Training CMHC staff in the WRAP model will allow them to support individuals with ESMI in developing their own WRAPs, which include wellness tools, action plans, crisis plans, and post-crisis plans.

The DBH would coordinate the training of CMHC staff to become WRAP facilitators through a certification course. Certified facilitators are then able to facilitate WRAP workshops for individuals with ESMI to develop their WRAPs. Facilitator training includes a pre-requisite online correspondence course and materials, in-person training with travel expenses, and in-person follow up training for sustainability after certified trainers have facilitated WRAP workshops for individuals with ESMI. This would ensure that an evidence-based program for ESMI is available statewide, not just in the two largest metropolitan areas of South Dakota. Additionally, the WRAP model includes a peer-led component, so future funding opportunities could be used to support training for individuals with lived experiences and tie to the peer support proposal as well.

### **Systems of Care**

**\$251,864.00 (Table 2/Activity: Ambulatory/Community Non-24 Hour Care)**

The Systems of Care (SOC) program is a wraparound approach to care coordination and service delivery for at-risk youth and families with complex needs, as identified by school systems and other community stakeholders. This approach is built on the values of being family driven, team-based, collaborative, individualized and outcomes-based. SOC coordinators intervene early, providing the supports needed to prevent further involvement in the juvenile justice system, school behavior issues, and child protection service involvement. SOC coordinators help families navigate and access services, while also giving them the skills they need to become self-reliant.

The DBH would expand SOC services within South Dakota's 11 publicly funded CMHCs to bridge the gap between rural communities and access to federal, state, or local programs to support the basic needs of youth and families. Such needs may include food distribution, internet access, utility or housing assistance, advocacy services or transportation to ensure physical, emotional, and social needs are met. Additionally, SOC coordinators often serve as triage for the smaller CMHCs until mental health services are accessed.

### **Mini-Grants**

**\$76,668.00 (Table 2/Activity: Ambulatory/Community Non-24 Hour Care)**

Any remaining funds would be made available to CMHCs for one-time, mini-grant activities such as training for staff, technical assistance, or other community-identified needs. The utilization of funds would be subject to

**DBH approval and would include parameters identifying target populations and priorities identified by SAMHSA.**

**Table 2: Mental Health Supplemental Funds**

Planning Period Start Date : 07/01/2020 Planning Period End Date 06/30/2022

ACTIVITY (See Instructions for using Row 1)	Source of Funds										TOTAL	
	A. Substance Abuse Block Grant	B. Mental Health Block Grant	C. Mental Health Block Grant Supplemental	D. Medicaid (Federal, State, and Local)	E. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMSHA, etc.)	F. State funds	G. Local funds (excluding local Medicaid)	H. Other				
1. Substance Abuse Prevention and Treatment												
a. Pregnant Women and Women with Dependent Children												
b. All Other												
2. Primary Prevention												
a. Substance Abuse Primary Prevention												
b. Mental Health Primary Prevention *			374,686.00			444,076.00						818,762.00
3. Evidenced-Based Practice for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG) **		289,360.00	220,000.00									509,360.00
4. Tuberculosis Services												
5. Early Intervention Services for HIV												
6. State Hospital				23,248,454.00	7,026,686.00	76,169,566.00		3,196,366.00				109,641,072.00
7. Other 24 Hour Care												
8. Ambulatory/Community Non-24 Hour Care		2,459,566.00	787,268.00	41,636,528.00	1,261,148.00	35,421,296.00		3,077,782.00				84,643,588.00
9. Administration (Excluding program and Provider level) ***		144,680.00	89,126.00	197,916.00	241,092.00	1,334,376.00		14,252.00				2,021,442.00
10. Crisis Services		144,680.00	311,440.00									
11. Total		3,038,286.00	1,782,520.00	65,082,898.00	8,528,926.00	113,369,314.00	0.00	6,288,400.00				198,090,344.00



## **ARPA 2021 FUNDING PROPOSAL**

### **SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT**

As part of the American Rescue Plan Act (ARPA) 2021, the Substance Abuse and Mental Health Services Administration released supplemental funding to South Dakota under the Substance Abuse, Prevention and Treatment (SAPT) Block Grant in the amount of \$4,890,725 beginning September 1, 2021 through September 30, 2025.

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. The representative population is white (84.9%) and leading minority population is American Indian/Alaska Native (9%) with nine reservations encompassing 15,000 square miles. South Dakota is predominantly rural with an average of 10.7 persons per square mile, falling at the very low end of rural (6-99 persons per square mile). There are 66 counties within the state; 35 counties are frontier, 30 counties are rural, and one county is urban.

In fall 2020, the Human Services Research Institute (HSRI) conducted a needs and gaps analysis of South Dakota's publicly and privately funded behavioral health system. The overarching goal of the analysis was to identify possible areas of improvement in the current system of care. Initial recommendations from the draft report are being used as the basis for the utilization of the supplemental funds and are in alignment with a good and modern behavioral health system.

Overall recommendations from the HSRI include: (1) Expanding community-based substance use disorder treatment services in the central part of the state, (2) Increasing services to American Indians, (3) Expanding services, including peer support services for mental health and crisis services and supports, (4) Expanding regional crisis stabilization centers, mobile crisis teams, and telemedicine services by law enforcement to increase access to qualified mental health professionals during times of behavioral health crisis, (5) Expanding telehealth to overcome geographical and transportation barriers to increase access and counter workforce shortages in particular areas, (6) Developing or expanding services to help improve various social determinants of health, such as supported housing and supported employment, and (7) Developing or expanding public education campaigns, targeting stigma related to behavioral health conditions and suicide prevention.

The recommendation to advance the state's substance use disorder services continuum is a commitment the Division of Behavioral Health (DBH) is working towards. Currently, the system includes 44 accredited substance use disorder treatment providers spread throughout the state. Services include early intervention, 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 women and women with dependent children.

Seven providers utilize the Matrix Curriculum as the core program for those in intensive methamphetamine treatment 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 utilizing exercise to support brain recovery from addiction.

Two community-based substance use treatment providers specialize in services for pregnant women and women with dependent children: Behavior Management Systems in Rapid City and Volunteers of America in Sioux Falls. Both programs accept clients statewide and provide medically monitored inpatient, low intensity residential, outpatient services, case management, aftercare, and interim services. Recovery support services can be provided before admission and after discharge to assist women and their families in accessing services that support establishing healthy lifestyles and recovery.

Bethany Christian Services of Western South Dakota (Bethany) provides support for expectant and new mothers impacted by opioid and/or stimulant use through evidence-based specialized case management services. The ReNew (Recovering Mothers with Newborns) model, a signature prevention program, is managed by Bethany and supports mothers through the integration of evidence-based specialized case management and practices. Currently in 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. This service is funded with the State Opioid Response (SOR) grant funding.

Also, through the SOR grant, the DBH in partnership with Oxford House Inc., established drug-free, medication assisted treatment (MAT) friendly recovery homes. Two in-state outreach coordinators were recruited and onboarded to support continued expansion of MAT friendly recovery homes statewide ensuring consistent adoption of policies and procedures. Five recovery homes were coordinated through a Sioux Falls chapter, the first Oxford House chapter in state. A recovery home for women opened in Rapid City in February 2021. The Oxford House Inc. will continue to work on opening more houses to meet community needs.

In addition, the DBH contracts with four MAT providers who implement office-based and telehealth to individuals in need of MAT, increasing access to those who live in predominantly rural and frontier areas of the state. Two providers are working with the SOR team to expand access MAT statewide. Project Recovery in Rapid City established agreements with Pine Ridge, where clients now have access to MAT via telemedicine five days per week. Lewis & Clark Behavioral Health Services in Yankton is working to establish access in Winner, Huron, Mitchell, Watertown, Pierre, Rapid City, and Lemmon. SOR funding has allowed these efforts.

Through state general funds, 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, who due to their challenges, are unable to live independently without additional support. Supportive services include case management services targeting life domains that have been impacted by the individual's substance use, preventing them from living independently. Supportive services include assistance in obtaining basic life necessities; assistance in performing daily living activities; liaison services; employment services; and other case management services based on the needs of the individual.

HSRI's needs and gaps analysis addressed how the COVID-19 pandemic impacted the state's need for behavioral health services. The Mental Health Services Delivery Task Force of the 2020 South Dakota Legislature called attention to the use of telehealth and the role the pandemic has played in driving the utilization of this delivery method. In State Fiscal Year 2020, 800 individuals received substance use disorder treatment via telehealth through the publicly funded behavioral health treatment system, as compared to the previous fiscal year. The biggest increase in utilization of services occurred in the months of March, April, and May, due to the rapid response efforts by the publicly funded treatment providers to offer telehealth services during the COVID-19 pandemic.

The Department of Social Services has developed meaningful partnerships with other state agencies and a variety of stakeholders and organizations to address the needs outlined in HSRI's analysis of the state and identified needs related to COVID-19. Efforts included the DBH building upon the South Dakota Department of Health's (DOH) public education effort ([covid.sd.gov](https://www.covid.sd.gov)); supporting the DOH with overdose education and Naloxone distribution to first responders; partnering with the Helpline Center to develop a resource hotline available 24/7, including a texting support program; utilizing SOR funds to partner with Face It Together to provide peer recovery support coaching, including financial assistance for those with an opioid use disorder and their families to support the cost for coaching; and the Governor's Office's Return to Normal plan by developing and implementing the 605 Strong program to address and respond to the behavioral health impacts of the pandemic.

The following proposal and budget description will assist in advancing the development of the state's substance use disorder services continuum and other behavioral health services as identified by HSRI while also ensuring the parameters of the SAPT Block Grant are being met.

### **Detoxification Services**

HSRI recommends expanding regional crisis stabilization centers to address substance use disorder needs, including detoxification; increase services to Native Americans and expand community-based substance use disorder treatment services in the central part of the state.

ARPA funds would be targeted to support social detoxification services in the central part of the state. Ideally, efforts would be coordinated with the Rosebud Sioux Tribe to enhance the continuum of care of their intensive methamphetamine treatment (IMT) program. The DBH currently contracts with six community-based agencies to provide social/residential detoxification services and the nearest detoxification facility to Rosebud is approximately 2.5 hours away.

If successful, social detoxification services would be provided by the Rosebud Sioux Tribe's Alcohol Drug Treatment Program, which also provides intensive methamphetamine treatment (IMT) service. Currently, Rosebud utilizes a Tribal Opioid Response grant for the treatment of opioid use disorders and state general funds for the IMT program; however, additional funding is needed to implement detoxification services. In situations where an individual needs emergency care during detoxification, Rosebud would coordinate with the local Indian Health Services unit and regional hospitals to ensure medical stabilization prior to stepping down to social detoxification.

ARPA funds would also be used to enhance medical detoxification services. The DBH currently contracts with one community-based agency located in the eastern part of the state to provide medical detoxification.

Avera McKennan began operation of The Link in Sioux falls on June 1, 2021. The Link provides 24-hour care to individuals experiencing a non-violent mental health crisis or detoxification from substances. Currently, Avera receives a combination of state general funds and SAPT Block Grant funds to support social detoxification services; however, they identified an increased number of individuals who need medical detoxification to safely withdraw prior to stepping down into social detoxification. With 10 detoxification beds available, The Link, on average, operates at approximately 85% capacity. Approximately 60% of individuals served require medical detoxification prior to stepping down to social detoxification due to other significant medical needs. To appropriately serve this population, approximately four medical detoxification beds would be funded.



### **Substance Use Disorder Primary Prevention**

HSRA recommended prevention services across all of South Dakota focus on family and not just children.

South Dakota is divided into three main regions that three Prevention Resource Centers (PRCs) serve, ensuring coverage to all 66 counties, in addition to 21 contracted prevention providers serving local communities. Prevention providers determine funding needed within the six Center for Substance Abuse Prevention (CSAP) strategies to best meet the individual needs of their communities. The purpose, supported activities and impact on individuals served through each CSAP strategy is as follows:

1. Information Dissemination provides awareness and knowledge of the nature and extent of alcohol, tobacco and other drug use and addiction, and their effects on individuals, families and communities as well as providing knowledge and awareness of available prevention programs and services. Supported activities include resource libraries, resource directories, public service announcements and media campaigns, speaking engagements and presentations.
2. Education aims to affect critical life and social skills, including decision making, refusal skills and critical analysis. Supported activities include implementation of school-based curriculums such as LifeSkills, Positive Action, and Too Good for Drugs.
3. Community Based enhances the ability of the community to provide prevention services more effectively for alcohol, tobacco, and other drugs. Supported activities include building and sustaining substance use prevention coalitions, creating local needs assessments as well as an individual strategic plan, and providing resources to communities related to substance use and/or abuse.
4. Environmental establishes, enhances, or changes written and unwritten community standards, codes, and attitudes, thereby influencing the incidence and prevalence of alcohol, tobacco and other drugs used in the general population. Supported activities include assisting with the development and review of local substance use policies within their communities and maximizing enforcement procedures related to the availability and distribution of substances.
5. Alternatives provides the opportunity to participate in healthy, positive, and constructive activities that exclude alcohol, tobacco, and other drugs. Supported activities include the development and operation of community sponsored substance free events for youth.
6. Problem Identification and Referral identifies those at risk of developing a substance use disorder (SUD) with the intent of delaying the onset of a diagnosable SUD. Supported activities included structured prevention programming for high risk youth including those identified as risk or those currently engaging in risky substance use, through curriculums such as Prime for Life, Interactive Journaling, and BASICS.

ARPA funds will be used to conduct a state-specific prevalence survey, providing specific data on substance use and misuse of alcohol, marijuana, methamphetamines, opioids, and other targeted substances. South Dakota currently uses data from the National Survey on Drug Utilization and Health as well as the Center for Disease Control supported Youth Risk Behavior Survey. However, recent South Dakota legislation passed medical and

recreational marijuana. Beginning July 1, 2021 marijuana will be legal for medical use and the South Dakota Supreme Court is still weighing an appeal regarding an amendment that would legalize recreational use for people ages 21 and older. The ability to closely monitor the impact this will have and use that information to improve substance misuse and use outcomes among youth and adults is critical to the Office of Prevention Services' (OPS) prevention efforts. The Mountain Plains Prevention Technology Transfer Center would assist the OPS in researching other states who have completed similar surveys and assist in securing a vendor to complete the project.

The OPS utilizes Mosaix Impact, a web-based platform for billing and data collection. However, the platform cannot be customized to supply edit checks to providers' billings to verify and validate data. ARPA funds would be used to build upon 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. This will streamline billing and improve data collection, accuracy, and reporting. The South Dakota Bureau of Information and Telecommunications will incorporate these changes into STARS including the PLI (Participant Level Instrument), a survey that is given before the implementation of programming and at the conclusion. COMs (Community Outcomes Measures) data from each contracted prevention provider will also be incorporated into STARS.

Finally, ARPA funds would be used to support Adverse Childhood Experiences (ACEs) training of child serving professionals such as prevention providers, healthcare and other community agencies serving those at risk of misusing substances. ACEs will assist in understanding how trauma can significantly impact a child's life and how to screen for and develop strategies to promote positive behavioral health outcomes.

\$978,145.00 will be used to fund the activities of this proposal to support statewide prevention efforts within the six CSAP strategies and non-direct categories to enhance prevention services.

#### **Community-Based Awareness Campaign**

Through the CRRSA, a statewide behavioral health awareness media campaign was proposed to support destigmatization of behavioral health disorders, raise awareness around prevention efforts and support treatment resources as well as awareness around 211. To continue and expand upon this effort, ARPA funds would be used to support behavioral health providers with activities to promote awareness through localized media campaigns, website promotion and updates, printed and social media and other strategies as uniquely identified by each provider building upon the statewide campaign. This will improve awareness, increase access to services and support Pregnant Women and Women with Dependent Children, Persons Who Inject Drugs, Individuals at risk for Tuberculosis and Primary Prevention.

The utilization of funds for the proposed activities would be subject to the DBH's approval and would need to target populations and priorities identified by SAMHSA.

\$130,000.00 will be used to fund the activities of this proposal to substance use prevention outreach and awareness efforts.

\$140,000.00 will be used to fund activities of this proposal related to substance use disorder treatment services outreach and awareness efforts.

### **Peer Support Services**

HSRI recommended the development of a formal certification program for peer support specialists. The DBH proposed using CRRSA funds to develop, implement, and provide ongoing oversight of peer support services. Peer support services are an evidence-based mental health and substance use model of care that consists of a qualified peer support specialist who assists individuals with their recovery from mental illness. Peer support services have demonstrated outcomes of decreased utilization of state mental hospitals, emergency departments, and the justice system.

The DBH would identify and pilot substance use treatment providers, developing contract requirements to support the implementation of peer support services. In addition, the DBH will be responsible for monitoring the Peer Support Services programs and coordinating technical assistance needs.

The DBH would use \$630,547.00 of ARPA funds to continue the development of peer support services.

### **Tribal Liaison**

HSRI recommended partnering with tribal nations from the onset of initiatives and developing trusted working relationships with the tribes. The DBH proposed using CRRSA funds to attain a tribal liaison to work with tribal programs and entities to help bring an awareness to the state's behavioral health services, building relationships between tribal programs and the DBH to leverage ongoing partnerships.

A dedicated staff with tribal knowledge would assist in maintaining a directory of tribal behavioral health services and points of contact, identifying tribal serving programs and/or tribal nations who would be interested in partnering with the DBH to enhance tribal behavioral health programs. The staff person may support tribes in their efforts to obtain federal grants; identify funding streams currently available but not utilized; work with the Department of Tribal Relations on trainings and technical assistance support around behavioral health related topics; serve as a liaison with SAMHSA, the DBH and tribal nations to support federal partnerships; and serve overall as the primary point of contact for tribes seeking behavioral health supports.

If the CRRSA proposal is successful, after March 2023, ARPA funds in the amount of \$110,847.00 would be used to continue this effort.

### **Substance Use Disorder Case Management**

HSRI recommended a structured and billable case management service for individuals with substance use disorders (SUD) and to address the social determinants of health, which is part of case management services. The DBH proposed using CRRSA funds to support case management services for individuals with complex or chronic health and social services needs along with their related SUD disorder. Services would be modeled after the Comprehensive Assistance with Recovery and Empowerment and Individualized Mobile Programs of Assertive Community Treatment programs, with case managers employed by a contracted SUD provider. The DBH would work with a small workgroup of providers to further define the model, minimum standards for staff delivering services and proposed rate. The workgroup would also review the Division of Medical Services' Community Health Worker model to determine similarities and differences and work with Medical Services to determine if the model would be a Medicaid eligible service.

Estimated numbers to be served would be finalized through the workgroup's findings, but initial estimates would focus on individuals with chronic conditions served in high-intensity SUD treatment services where,



upon transition from inpatient services, a case manager would be assigned to assist the client with coordination of needed follow-up services and supports through local providers in the community of the client's choosing.

The DBH would use \$1,000,000.00 of ARPA funds to continue the development of case management services for those with a substance use disorder.

### **Supported Housing**

HSRI identified supported housing as a gap in services. The DBH proposed using CRRSA funds to attain two additional outreach coordinators and expand peer run recovery homes across South Dakota with an emphasis outside of the Sioux Falls and Rapid City areas. Native Americans as well as pregnant women and women with dependent children would be a priority population to be served through the recovery homes.

The DBH would use \$404,102.00 of ARPA funds to continue the development of supported housing for those with a substance use disorder.

### **Telehealth Services**

HSRI recommended expanding telehealth services. The DBH initially proposed using CRRSA funds to support contracted substance use disorder treatment providers efforts in purchasing telemedicine equipment for clients who otherwise would not be able to access services. Understanding that states may not use these funds to purchase any items for clients, the DBH would like to clarify that CRRSA and ARPA funds would be used to allow providers to purchase telemedicine equipment. At the provider's discretion, the telemedicine equipment would be used by clients receiving treatment who cannot afford or do not have access to this technology. The equipment would be returned upon the completion of their treatment.

The DBH would use \$100,000.00 of ARPA funds to expand telehealth services within the state.

## **ARPA 2021 FUNDING PROPOSAL MENTAL HEALTH BLOCK GRANT**

As part of the American Rescue Plan Act (ARPA) 2021, the Substance Abuse and Mental Health Services Administration released supplemental funding to South Dakota under the Mental Health Block Grant (MHBG) in the amount of \$3,078,898 beginning September 1, 2021 through September 30, 2025.

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. The representative population is white (84.9%) and leading minority population is American Indian/Alaska Native (9%) with nine reservations encompassing 15,000 square miles. South Dakota is predominantly rural with an average of 10.7 persons per square mile, falling at the very low end of rural (6-99 persons per square mile). There are 66 counties within the state; 35 counties are frontier, 30 counties are rural, and one county is urban.

In fall 2020, the Human Services Research Institute (HSRI) conducted a needs and gaps analysis of South Dakota's publicly and privately funded behavioral health system. The overarching goal of the analysis was to identify possible areas of improvement in the current system of care. Initial recommendations from the draft report are being used as the basis for the utilization of the supplemental funds and are in alignment with a good and modern behavioral health system.

Overall recommendations from the HSRI include: (1) Expanding community-based mental health services in the central part of the state, (2) Increasing services to American Indians, (3) Expanding services, including peer support services for mental health and crisis services and supports, (4) Expanding regional crisis stabilization centers, mobile crisis teams, and telemedicine services by law enforcement to increase access to qualified mental health professionals during times of behavioral health crisis, (5) Expanding telehealth to overcome geographical and transportation barriers to increase access and counter workforce shortages in particular areas, (6) Developing or expanding services to help improve various social determinants of health, such as supported housing and supported employment, and (7) Developing or expanding public education campaigns, targeting stigma related to behavioral health conditions and suicide prevention.

The recommendation to advance the state's comprehensive crisis continuum is a commitment the Division of Behavioral Health (DBH) is working towards. Currently, the system includes 11 contracted Community Mental Health Centers (CMHCs) who provide emergency services, which are available 24/7 for individuals experiencing a mental health emergency. Trained and experienced mental health staff assist in stabilization, providing immediate treatment in the least restrictive environment possible.

Southeastern Behavioral HealthCare, a CMHC in Sioux Falls and Capital Area Counseling Services, a CMHC in Pierre, operate Mobile Crisis Teams to expedite mental health professionals to people in crisis, to coordinate resources, assess problems, and eliminate unnecessary psychiatric placements.

Behavior Management Systems, a CMHC in Rapid City, operates their Crisis Care Center with the Care Campus, a private-public partnership, bringing detox, crisis care, and mental health treatment all under one roof. Also, Lewis & Clark Behavioral Health Services, a CMHC in Yankton operates a Residential Crisis Stabilization Program for people experiencing short-term mental health crisis who need a safe place to go. The Human Service Agency, a CMHC in Watertown, operates a Safe Bed that is used to support both mental health and substance use disorder short-term crisis needs.

The DBH 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), the Follow-Up Program, and 211.

As a result of COVID-19, through the 605 Strong campaign (<https://www.605strong.com/>), trained crisis counselors at the Helpline Center provide support and follow-up to individuals calling 211. 211 is available statewide and is a promoted resource for individuals in crisis and/or seeking resources within their community.

Through the State Disaster Grant, the DBH piloted the first voucher-based program for individuals calling 211, directly connecting them to select providers for needed behavioral health services.

In 2020, codified law passed to support the expansion of regional crisis stabilization facilities and Administrative Rules of South Dakota were promulgated to establish expectations for those facilities. The facilities will serve individuals experiencing a mental health crisis instead of higher cost services such as emergency rooms and even more unappealing, utilization of jails while an appropriate facility can be identified. The DBH issued a Request for Proposal and are in contract negotiations with two entities to support this service. In addition, the state legislature allocated 4.6 million dollars to build an appropriate regional facility to serve the Western part of South Dakota.

A pilot project was funded through the Hemsley Foundation partnering law enforcement with Avera eCARE behavioral health services. Local law enforcement agencies were provided an iPad and training to connect with behavioral health specialists to perform crisis intervention and support to law enforcement. This was very successful for situations where an individual needs additional crisis supports beyond what law enforcement is trained to provide.

Law enforcement and the judicial system are provided mental health training statewide by the DBH to enhance the skills needed when assisting an individual who is experiencing a behavioral health crisis, reducing the need for transport to emergency facilities. In addition, the National Alliance on Mental Illness, South Dakota delivers Crisis Intervention Training (CIT) to law enforcement officers. Several police departments in the state having CIT teams with several others are expressing interest. In addition, the Law Enforcement Academy in South Dakota is developing an on-line/in-person CIT training for law enforcement officers to support small rural agencies that cannot take their officers off-line for the traditional 40 hours of training.

Finally, the DBH was recently awarded the Transformation Transfer Initiative (TTI) Grant and the 988 State Planning Grant. These grants will assist in advancing South Dakota's crisis care continuum. The MHBG 5% set-aside for crisis care services will be determined by the activities of these grants and the DBH's proposed plans to funds released as part of the Coronavirus Response and Relief Supplemental Appropriations Act 2021 and the ARPA 2021.

The DBH has developed meaningful partnerships with other state agencies and a variety of stakeholders and organizations to address the needs outlined in HSRI's analysis of the state and identified needs related to COVID-19. Efforts included the DBH building upon the South Dakota Department of Health's public education effort ([covid.sd.gov](https://covid.sd.gov)) and the Governor's Office's Return to Normal plan by developing and implementing the

605 Strong program to address and respond to the behavioral health impacts of the pandemic. Also, the Department of Social Services developed [a website focusing on mental health and COVID-19](#).

The following proposal and budget description will assist in advancing the development of the crisis care continuum and other needed behavioral health services as identified by HSRI while also ensuring the parameters of the MHBG are being met.

### **Crisis Services**

HSRI recommends expanding mobile crisis teams to rural, less populated areas of the state with technological approaches to a Virtual Crisis Care Pilot program; expanding regional crisis stabilization centers to address mental health; and expanding crisis services in the central part of the state.

The DBH is currently utilizing the 988 State Planning Grant to further develop South Dakota's crisis care continuum. A stakeholder coalition meets regularly to develop a roadmap that addresses key coordination, capacity, funding, and communication strategies to support the launch of 988. Activities will support and build upon the capacity of the Lifeline member center to handle chat and texts related to 988; support the implementation and training of Lifeline staff; and ensure linkages to local 911 PSAPs (Public Safety Answering Point), mobile crisis teams and other outreach alternatives.

ARPA funds would support:

- 1) The South Dakota Lifeline Call Center to ensure 988 is fully operational in South Dakota by July of 2022.
- 2) 24/7 crisis care services that support screenings and assessments of children and youth; mobile crisis response teams where geographically supportable; crisis receiving stabilization centers and residential supports; psychiatric consultation; and ongoing care coordination.
- 3) Increased access to mental health outpatient services including same-day or next-day appointments for individuals served through the comprehensive crisis continuum.
- 4) Virtual crisis services connecting law enforcement to mental health professionals. Equipment, broadband, cellular technology, and virtual service delivery in rural and frontier communities will be supported.
- 5) Increased access to behavioral health professionals in schools for youth in crisis and in need of on-going supports. Technology and direct service delivery will be supported.

The DBH is utilizing the TTI Grant to support an expert analysis of our technological needs and the development of a statewide comprehensive registry of real-time behavioral health inventory, increasing access to services, including crisis care. ARPA funds would support the recommendations from the TTI project.

\$1,191,825.00 will be used to fund the activities of this proposal to support the development of the state's crisis care continuum.

### **Suicide Prevention**

In Fiscal Year 2021, the Office of Prevention Services (OPS) received recommendations from a strategic planning visit with the Education Development Center. OPS proposed utilizing supplemental funds from CRRSA to support recommendations pertaining to Zero Suicide workshops, Zero Suicide Community of Learning collaboratives, gatekeeper training such as Question, Persuade, Refer, Mental Health First Aid, Youth



Mental Health First Aid, and Applied Suicide Intervention Skills Training, and evidence-based clinical training such as Collaborative Assessment and Management of Suicidality or Assessing and Managing Suicide Risk.

With anticipated activities supported by CRRSA funds, the OPS would utilize ARPA funds to support the implementation of Zero Suicide in primary care and behavioral health care settings. Activities may include training, staff time to attend training, and the development and implementation of policies.

In addition, ARPA funds would assist in supporting community-led suicide prevention activities. Activities may include the purchase and implementation of suicide prevention programming in schools, trainings, support groups for survivors of suicide loss or attempts, and promotion of available behavioral health resources, including crisis care.

\$300,000.00 will be used to fund the activities of this proposal to support the state's suicide prevention efforts.

### **Early Serious Mental Illness**

The DBH proposed utilizing supplemental funds from CRRSA to expand services to individuals with ESMI by implementing the Wellness Recovery Action Plan (WRAP) model across all CMHCs. Staff would be trained in the model to support individuals with ESMI in developing their own WRAPs. Workbooks would be purchased for individuals to assist in completing and implementing their own WRAPs.

With anticipated activities supported by CRRSA, the DBH would utilize ARPA funds to provide continued support in the implementation of the WRAP model across all CMHCs through technical assistance provided by the Copeland Center. The Copeland Center would support CMHC trained facilitators in successfully implementing and integrating WRAP within their service delivery and review fidelity measures and protocols to ensure effective implementation.

WRAP would be available statewide and not just in the two largest metropolitan areas of South Dakota who deliver the Coordinated Specialty Care model for FEP. The model also includes a peer-led component, so future funding opportunities could support training for individuals with lived experience, which ties to the CRRSA proposal for peer support services.

In addition, the DBH would support CMHCs with statewide marketing, outreach, and awareness to ESMI services. A selected marketing agency would develop a comprehensive plan for social media messaging, print, television, and video describing ESMI, the help that is available and information about referral sources. CMHCs may choose to hire staff to support outreach and education to referral sources about signs and symptoms of ESMI, provide resources, and establish referral pathways to services needed for recovery.

\$449,400.00 will be used to fund the activities of this proposal to supporting individuals with ESMI.

### **Community-Based Awareness Campaign**

Through the CRRSA, a statewide behavioral health awareness media campaign was proposed to support destigmatization of behavioral health disorders, raise awareness around prevention efforts and supports treatment resources as well as awareness around 211 and 988. To continue and expand these efforts, ARPA funds would be used to support behavioral health providers with activities to promote awareness through localized media campaigns, website promotion and updates, printed and social media and other strategies as uniquely identified

by each provider building upon the statewide campaign. This will improve awareness, increase access to services and support those with serious mental illness, serious emotional disturbance and ESMI.

The utilization of funds for the proposed activities would be subject to the DBH approval and would need to target populations and priorities identified by SAMHSA.

\$55,000.00 will be used to fund the activities of this proposal to promote behavioral health awareness efforts and access to services.

### **Workforce Development**

The DBH is engaged in ongoing conversations with publicly funded behavioral health service providers as well as institutions for higher education over repeated concerns about workforce development, recruitment, and retention. Providers express significant concerns about the ability to hire and retain a qualified workforce. They are aware and utilize the Health Resources and Services Administration's funded loan repayment program for underserved geographical locations, but this alone is not enough to support each provider's diverse needs.

The DBH proposed utilizing supplemental funds from CRRSA to implement peer support services for mental health, which, to an extent, will support workforce challenges. However, the hardship remains for providers to hire and retain qualified clinical professionals as the state moves towards expansion and increased access to services.

ARPA funds will support a comprehensive behavioral health care workforce analysis, providing insight into the challenges experienced and providing recommendations for addressing those challenges.

A critical piece to the expansion and access of a full continuum of behavioral health services in rural and frontier communities is by addressing workforce challenges. Without the workforce necessary to support service delivery, publicly funded entities will not be able to meet the need.

\$125,000.00 will be used to fund the activities of this proposal to support behavioral health workforce development efforts.

### **Indigent Medication Program**

The DBH supports an indigent medication program, which provides temporary financial support for psychotropic medication and related lab costs to individuals who meet DBH's financial eligibility requirements. An Access database is used to maintain approvals, faxing them to pharmacies, providers, and individuals.

ARPA funds would be used to create a secure web-based platform where individuals and agencies would complete the application online to streamline processes and improve access to medications. Currently, individuals must complete a paper application sent in via email, fax, or mail. DBH staff manually review each application, manually price medications, log approvals in the Access database, and send approvals via fax. DBH staff also manually process payments from pharmacies. The web-based portal would allow individuals to complete an online application and receive an immediate approval or rejection as well as have an immediate notification to pharmacies of approval, increasing access to medications and reducing human error. In turn, pharmacies would be able to claim expenses through the portal, streamlining payment processes.



This platform will benefit those with SMI, ensuring timely access to medications to remain stable and in their communities. Ideally, the platform will connect with the State Treatment Activity Reporting System and aid in monitoring outcomes for those who are receiving medications and related treatment services.

The South Dakota Bureau of Information and Telecommunications will develop the platform, adhering to applicable health information technology standards and HIPAA (Health Insurance Portability and Accountability Act of 1996) requirements.

\$200,000.00 will be used to fund the activities of this proposal to enhance the platform the indigent medication program, reducing human error and ensuring timely access to psychotropic medications.

### **Peer Support Services**

HSRI recommended the development of a formal certification program for peer support specialists. The DBH proposed using CRRSA funds to develop, implement, and provide ongoing oversight of peer support services. Peer support services are an evidence-based mental health and substance use model of care that consists of a qualified peer support specialist who assists individuals with their recovery from mental illness. Peer support services have demonstrated outcomes of decreased utilization of state mental hospitals, emergency departments, and the justice system.

The DBH would identify and pilot mental health providers, developing contract requirements to support the implementation of peer support services. In addition, the DBH will be responsible for monitoring the Peer Support Services programs and coordinating technical assistance needs.

The DBH would use \$405,809.00 of ARPA funds to continue the development of peer support services.

### **Telehealth Services**

HSRI recommended expanding telehealth services. The DBH initially proposed using CRRSA funds to support CMHCs efforts in purchasing telemedicine equipment for clients who otherwise would not be able to access services. Understanding that states may not use these funds to purchase any items for clients, the DBH would like to clarify that CRRSA and ARPA funds would be used to allow CMHCs to purchase telemedicine equipment. At the CMHC's discretion, the telemedicine equipment would be used by clients receiving treatment who cannot afford or do not have access to this technology. The equipment would be returned upon the completion of their treatment.

The DBH would use \$100,000.00 of ARPA funds to expand telehealth services.

### **Systems of Care**

The Systems of Care (SOC) program is a wraparound approach to care coordination and service delivery for at-risk youth and families with complex needs, as identified by school systems and other community stakeholders. This approach is built on the values of being family driven, team-based, collaborative, individualized and outcomes-based. SOC coordinators intervene early, providing the supports needed to prevent further involvement in the juvenile justice system, school behavior issues, and child protection service involvement. SOC coordinators help families navigate and access services, while also giving them the skills they need to become self-reliant.

The DBH proposed using CRRSA funds to expand SOC services within South Dakota's 11 publicly funded CMHCs to bridge the gap between rural communities and access to federal, state, or local programs to support the basic needs of youth and families. Such needs may include food distribution, internet access, utility or housing assistance, advocacy services or transportation to ensure physical, emotional, and social needs are met. Additionally, SOC coordinators often serve as triage for the smaller CMHCs until mental health services are accessed.

The DBH would use \$251,864.00 of ARPA funds to continue the expansion of System of Care services.