

Behavioral Health Advisory Council Quarterly Fiscal Report Fiscal Year 2025 Quarter 4

Community Mental Health Centers

Contract Services	FY25 Initial Contract Amount	Q1 Expended	Q2 Expended	Q3 Expended	Q4 Expended	FY25 Expended	FY25 Percentage Expended
CYF Services (SED)	\$2,756,068	\$514,193	\$629,502	\$557,623	\$767,622	\$2,468,940	89.58%
CARE	\$9,469,333	\$1,690,040	\$1,715,693	\$1,532,925	\$1,569,447	\$6,508,105	68.73%
Room and Board	\$578,960	\$175,216	\$117,289	\$131,722	\$120,991	\$545,218	94.17%
Outpatient Services	\$1,236,835	\$467,380	\$414,886	\$691,385	\$821,007	\$2,394,658	193.61%
IMPACT	\$2,566,936	\$563,845	\$506,146	\$468,201	\$432,538	\$1,970,730	76.77%
MH Courts (FACT)	\$661,378	\$26,490	\$30,846	\$15,702	\$30,530	\$103,568	15.66%
First Episode Psychosis	\$127,333	\$39,848	\$35,065	\$33,536	\$36,943	\$145,392	114.18%
JJRI	\$808,848	\$52,415	\$54,999	\$41,263	\$72,114	\$220,791	27.30%
SOC	\$4,389,436	\$904,116	\$950,970	\$924,941	\$978,737	\$3,758,764	85.63%
Total	\$ 22,595,127	\$ 4,433,543	\$ 4,455,396	\$ 4,397,298	\$ 4,829,929	\$ 18,116,166	80%

Title XIX Services	Q1 Expended	Q2 Expended	Q3 Expended	Q4 Expended	FY25 Total Expended
CYF Services (SED)	\$1,551,950	\$1,986,440	\$1,765,922	\$1,745,490	\$7,049,802
CARE	\$2,576,558	\$2,549,862	\$2,773,213	\$2,875,909	\$10,775,542
Outpatient Services	\$775,887	\$868,562	\$828,862	\$880,115	\$3,353,426
IMPACT	\$893,751	\$926,242	\$955,558	\$905,402	\$3,680,953
MH Courts (FACT)	\$46,182	\$67,047	\$57,386	\$72,241	\$242,856
JJRI	\$78,067	\$79,151	\$63,056	\$103,445	\$323,719
Total	\$5,922,395	\$6,477,304	\$6,443,997	\$6,582,602	\$25,426,299

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Substance Use Disorder Providers

Contract Services	FY25 Initial Contract Amount	Q1 Expended	Q2 Expended	Q3 Expended	Q4 Expended	FY25 Expended	FY25 Percentage Expended
Outpatient Treatment	\$6,283,861	\$1,226,748	\$1,162,867	\$1,031,823	\$1,086,528	\$4,507,966	71.74%
Clinically Managed Low Intensity	\$8,505,382	\$1,543,846	\$1,634,683	\$1,662,730	\$1,621,054	\$6,462,313	75.98%
Residential (Inpatient) Treatment	\$9,776,570	\$1,612,178	\$1,702,603	\$2,008,700	\$2,116,981	\$7,440,462	76.11%
Intensive Meth Treatment	\$3,969,580	\$779,964	\$788,932	\$885,381	\$811,088	\$3,265,365	82.26%
Recovery Supports (Specific to Pregnant Women)	\$15,000	\$0	\$0	\$0	\$0	\$0	0.00%
Detoxification	\$2,035,850	\$744,115	\$594,936	\$524,186	\$692,315	\$2,555,552	125.53%
Gambling	\$256,571	\$9,778	\$95,609	\$58,421	\$36,445	\$200,253	78.05%
Adult SUD EBP	\$4,601,291	\$654,453	\$700,545	\$561,514	\$552,701	\$2,469,213	53.66%
Adolescent SUD EBP	\$145,303	\$4,305	\$3,839	\$5,296	\$20,375	\$33,815	23.27%
Total	\$ 35,589,408	\$ 6,575,387	\$ 6,684,014	\$ 6,738,051	\$ 6,937,487	\$ 26,934,939	75.68%

Title XIX Services	Q1 Expended	Q2 Expended	Q3 Expended	Q4 Expended	FY25 Expended
Adult SUD EBP	\$186,195	\$265,634	\$286,547	\$257,942	\$996,318
Adolescent SUD EBP	\$3,766	\$4,175	\$1,851	\$13,200	\$22,992
Intensive Meth Treatment	\$304,721	\$375,850	\$414,129	\$341,904	\$1,436,604
Outpatient Treatment	\$895,607	\$1,027,290	\$1,137,147	\$1,196,692	\$4,256,736
Clinically Managed Low Intensity	\$382,523	\$544,915	\$508,344	\$552,748	\$1,988,530
Residential (inpatient) Treatment	\$2,028,009	\$2,659,137	\$2,204,349	\$2,633,975	\$9,525,470
Residential Treatment-Pregnant Women	\$78,622	\$21,281	\$55,567	\$196,617	\$352,087
Residential Treatment-Adolescents	\$923,773	\$804,640	\$1,174,461	\$930,467	\$3,833,341
Total	\$4,803,216	\$5,702,922	\$5,782,395	\$6,123,545	\$22,412,078



Human
Services
Center

A division of the South Dakota Department of Social Services

SD BEHAVIORAL
HEALTH
Department of Social Services

Photo by Travel South Dakota

Transportation Service Pilot

Background

Through grant funding, the South Dakota Division of Behavioral Health is piloting a transportation service until September 2026 for individuals under an involuntary hold statute defined in SDCL § 27A-10. Individuals meeting specific criteria will be eligible for this service. Having transportation services designed for individuals with mental health issues, rather than relying on law enforcement, is crucial for several reasons related to reduced stigma and increased dignity, better resource allocation and improved mental health outcomes.

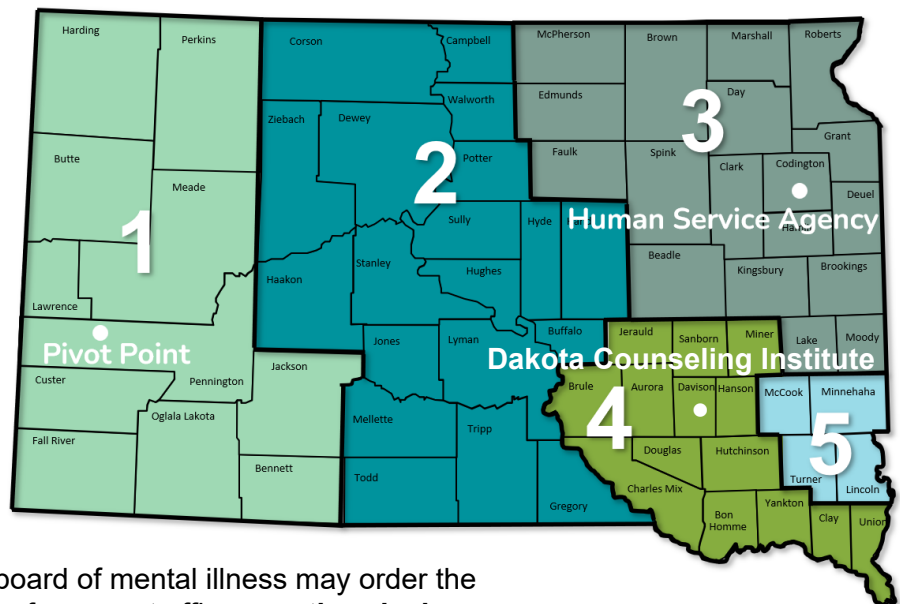
About Red River Transport

All current staff are former or current law enforcement or EMS that specialize in transport of individuals with behavioral health needs. They are required to be Mental Health First Aid, CPR and first aid trained. The transportation is secure – patients are not able to get out of the vehicle from inside of it, there is separate glass to keep everyone safe and everything is recorded in the vehicle and through the body cam of the driver. The patient is not hand-cuffed, assisting in the goal of de-criminalizing mental health emergencies. Upon launch of this transportation pilot, Red River Transport (RRT) will utilize drivers from North Dakota and Minnesota. Therefore, RRT estimates a 4 hour wait window from dispatch to pick-up. RRT is committed to working with DSS to assess utilization and the ability to hire additional drivers in South Dakota with an eventual goal of a 2 hour wait time for pick-up.

Who is eligible for the transports?

To be eligible for this transportation service, individuals must be:

- Medically stable.
- Ambulatory.
- Non-violent.
- Under an involuntary hold defined in SDCL § 27A-10.
- Located over 70 miles from the Human Services Center.
- **Not be** in custody on criminal charges.



Under § 27A-10-1, the chair of the county board of mental illness may order the apprehension and transportation by a law enforcement officer or **other designee**.

Utilizing Red River Transport

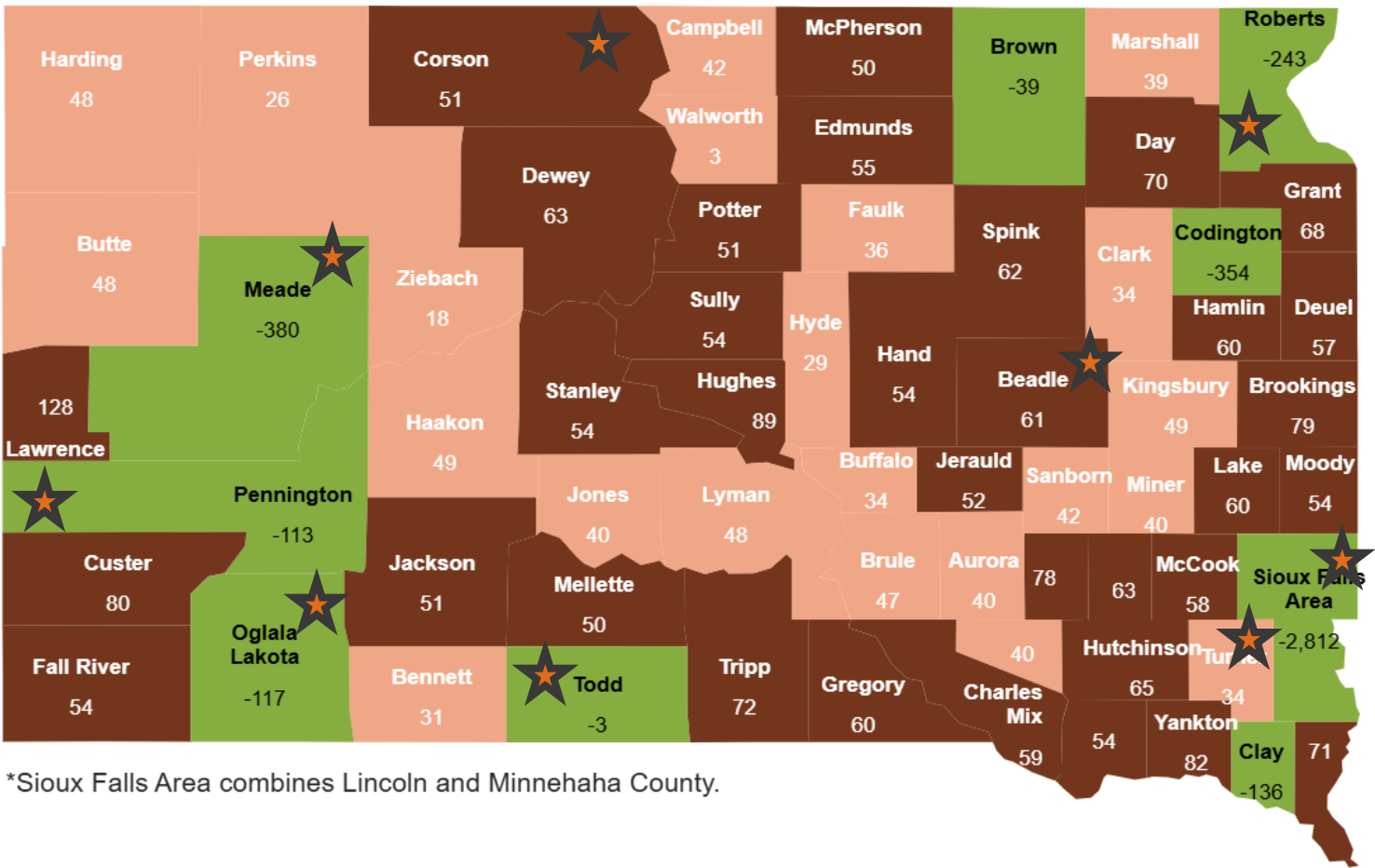
Human Services Center (HSC) staff will arrange the transportation services after assessing eligibility during the initial admission call. HSC staff will be the liaison between the county and/or short-term crisis center and Red River Transport to inform of the pick-up location and time. Call (605) 668-3138 to contact a staff member at HSC.

South Dakota Naloxone Saturation Level

Legend (Saturation Level)

● Oversaturated (Less than 0 Kits Needed) ● Mildly Undersaturated (0 to 50 Kits Needed) ● Undersaturated (More than 50 Kits Needed)

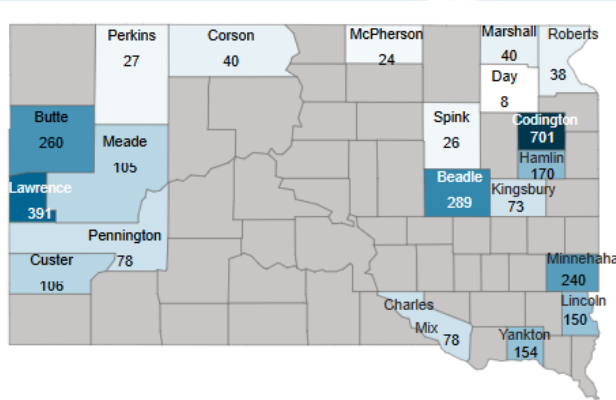
Priority County	Saturation Level
Minnehaha	Oversaturated
Lincoln	Oversaturated
Roberts	Oversaturated
Todd	Oversaturated
Pennington	Oversaturated
Oglala Lakota	Oversaturated
Meade	Oversaturated
Turner	Mildly Undersaturated
Beadle	Undersaturated
Corson	Undersaturated



Outcomes: Middle School Meth prevention program

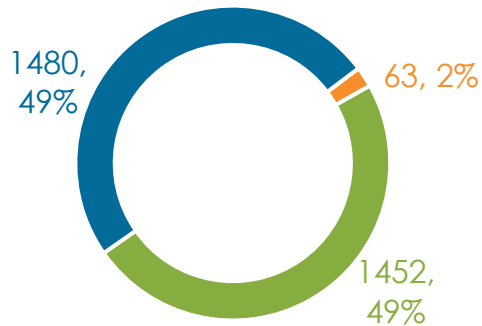
FY25 State-Level Highlights

Meth prevention programming, by county



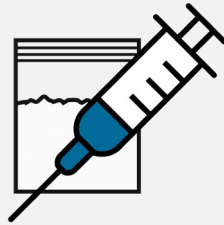
There were **28 schools** that completed **1,499** Participant Level Instruments (PLI) tests.

Meth prevention programming, by demographic



■ Prefer not to answer ■ Male ■ Female

FY25 Impact of Middle School Meth Prevention



Percent of participants who perceived their risk of harm from **methamphetamine use** as **moderate** to **great** before and after services.

Pre-test
77%
Post-test
88%



Percent of participants who perceived their risk of harm from **weekly marijuana use** as **moderate** to **great** before and after services.

Pre-test
78%
Post-test
87%



Percent of participants who perceived their risk of harm from **binge alcohol use** as **moderate** to **great** before and after services.

Pre-test
70%
Post-test
76%

FY25 Report Available at: <https://sdbehavioralhealth.gov/data-reports>

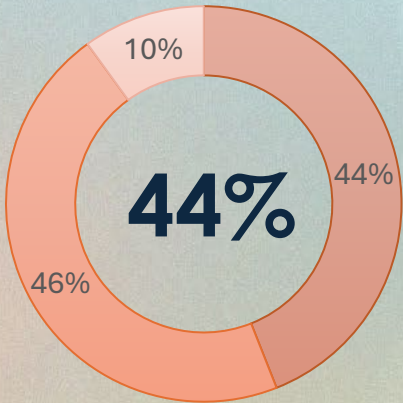


Behavioral Health Advisory Committee (BHAC) Meeting October 22, 2025

988 Perception Study

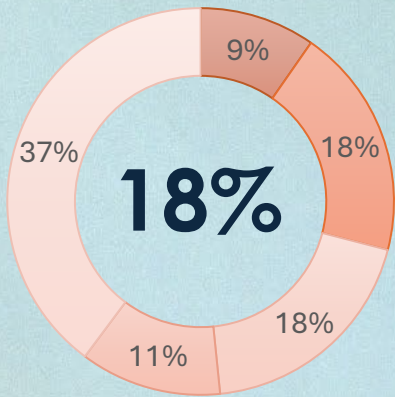
500
South Dakota
Residents

58
Counties
Represented



Yes No Unsure

Have you heard of the 988 Lifeline?



211 911
988 Other number
Unsure

What is the number you would call for mental health-related distress, substance use or suicide crises help? (Fill in the blank)

Awareness by age

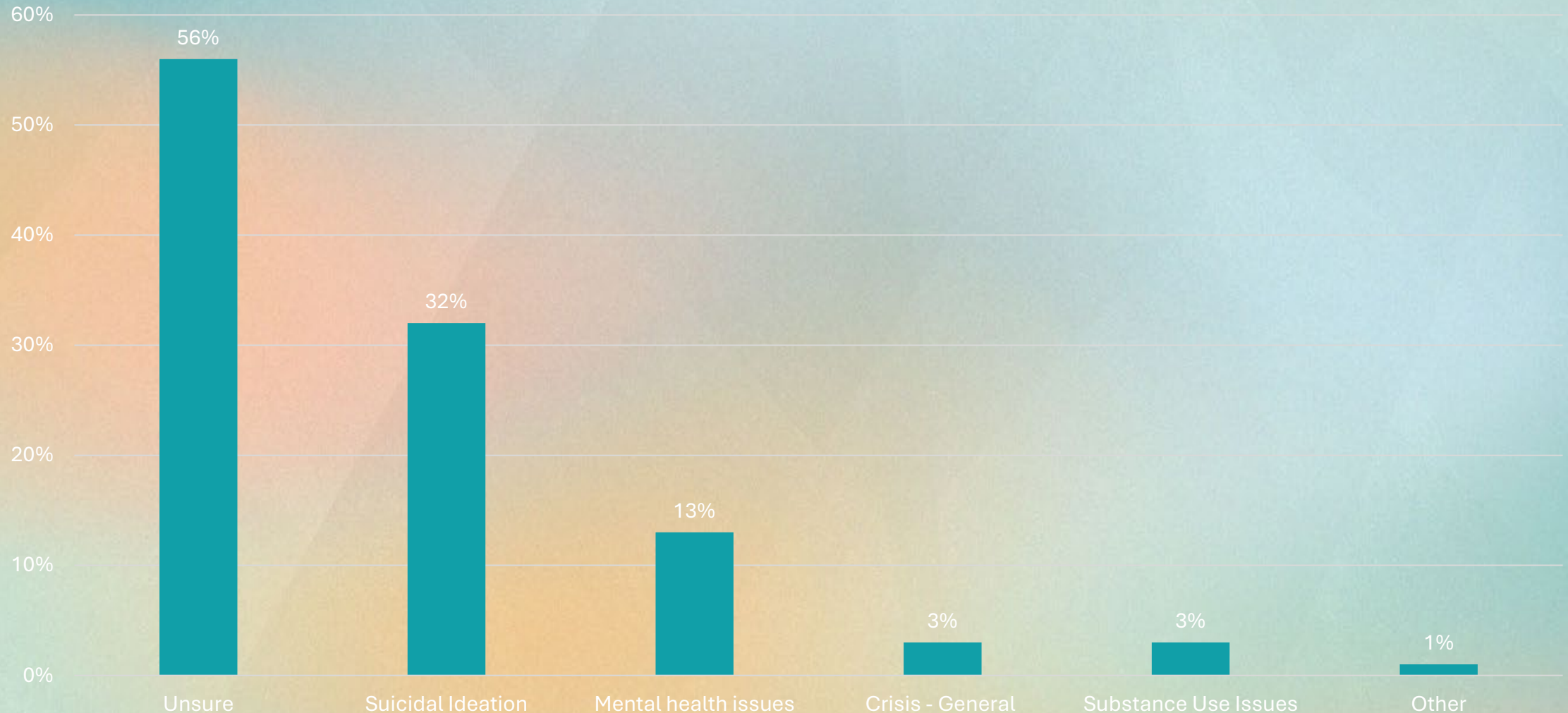
Have you heard of the 988 Lifeline?



Younger participants were far more likely to be aware of 988, with awareness dropping steeply in participants over the age of 45

Reasons For Contacting

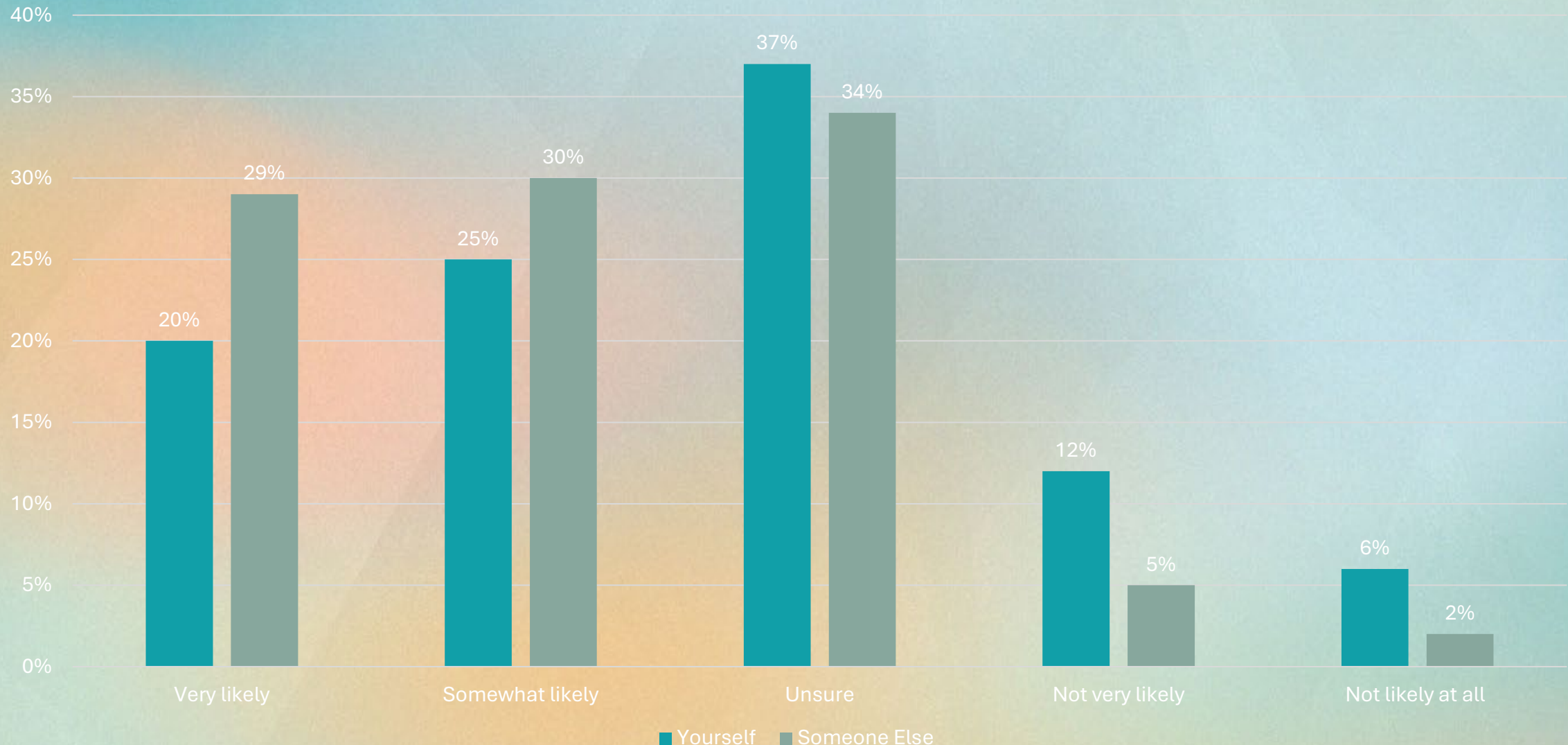
From your knowledge, what are the situations or reasons someone could contact the 988 Lifeline?



988 is most frequently associated with suicide prevention, which is a strength, but there is an opportunity to continue to educate about services outside of crisis situations.

Future 988 Use

How likely are you to use 988 for yourself or someone else in need of help?



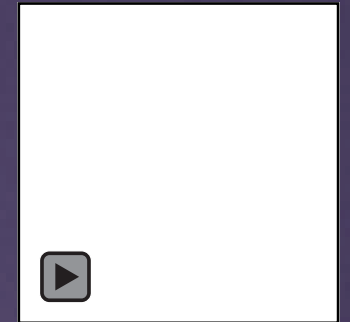
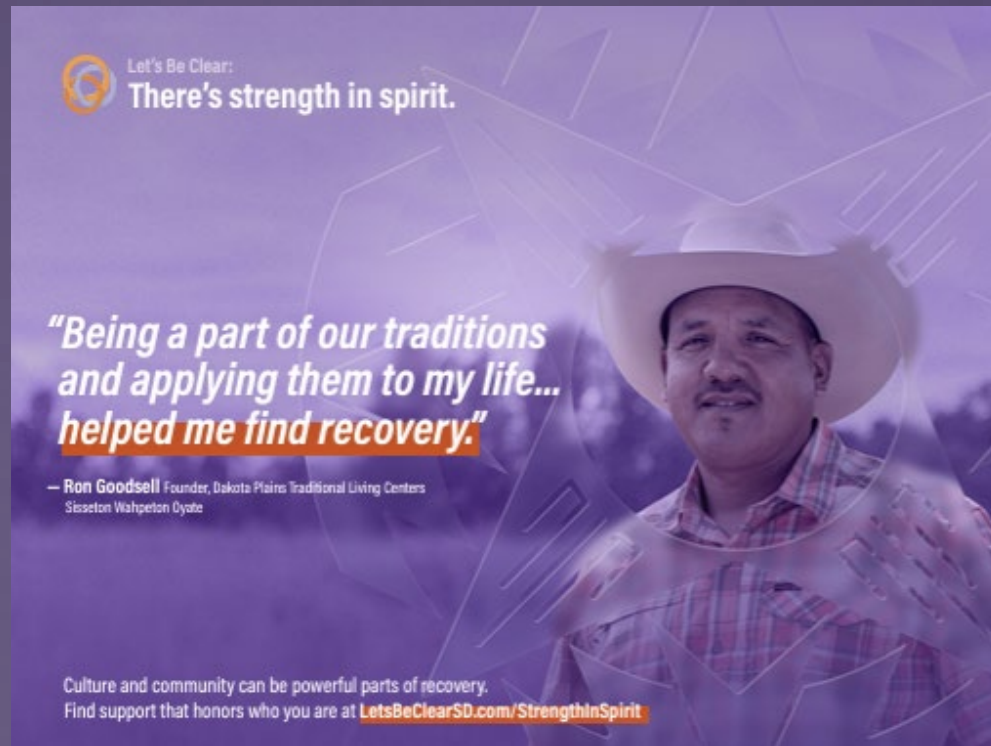
If selected unlikely to use 988, reasons included: Unfamiliar with 988, would use other resources (family or friends, religious leaders, medical provider), worried about privacy or outcomes or struggle to ask for help.

Strength in Spirit | Let's Be Clear

The Let's Be Clear Campaign is a joint initiative by the state's Departments of Health and Social Services aimed at addressing substance misuse and substance use disorder by increasing public awareness, reducing associated stigma, and providing resources for prevention, treatment, and recovery.



LetsBeClearSD.com/StrengthInSpirit



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