

# Access to Services Survey Instruction Guide and FAQ

FY24





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# Changes from FY23 to FY24 Access to Services Survey

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# Mental Health Services Tab Changes

New lines were added to the Mental Health Services tab to include the following services:

- Intensive Family Services (IFS)
- Appropriate Regional Facilities (ARF)
- Functional Family Therapy (FFT) Justice Involved Youth (JJRI Funded)
- Substance Use Disorder (SUD) Justice Involved Youth (JJRI Funded)
- Justice Involved Youth (JJRI Funded)
- Mental Health Outpatient EBP Services (ART, MRT, Other Approved EBP's)

**FY23**

Agency Name	Quarter 1: June 1 - August 31, 2022	
	Number of Clients Who Started Services During This Quarter	Average Number of Days from Initial Contact to Delivery of First Service
Initial Assessment (Adult)*		
Initial Assessment (Youth) 18 and Under*		
CARE: Psychiatric Services (Adult)*		
CARE: Case Management and Therapy (Adult)*		
CARE: Room and Board, if Applicable (Adult)*		
CYF: Psychiatric Services (Youth)*		
CYF: Case Management and Therapy (Youth)*		

**FY24**

Agency	Quarter 1: June 1 - August 31, 2023	
	Number of Clients Who Started Services During This Quarter	Average Number of Days from Initial Contact to Delivery of First Service
Initial Assessment (Adult)*		
Initial Assessment (Youth) 18 and Under*		
CARE: Psychiatric Services (Adult)*		
CARE: Case Management and Therapy (Adult)*		
CARE: Room and Board, if Applicable (Adult)*		
CYF: Psychiatric Services (Youth)*		
CYF: Case Management and Therapy (Youth)*		
Intensive Family Services (IFS)		
Appropriate Regional Facilities (ARF)		
Functional Family Therapy (FFT) Justice Involved Youth (JJRI Funded)*		
Substance Use Disorder (SUD) Justice Involved Youth (JJRI Funded)*		
Justice Involved Youth (JJRI Funded), MH Outpatient EBP Services (ART, MRT, Other Approved EBP's)*		



# SUD Services Tab Changes

The Substance Use Disorder (SUD) Services tab updated Medication Assisted Treatment wording from “Medication Assisted Treatment (MAT)” to “Medications for Opioid Use Disorder (MOUD).”

## FY23

Does your Agency coordinate for Medication Assisted Treatment (MAT)?
Does your Agency provide counseling for individuals receiving Medication Assisted Treatment (MAT)?

## FY24

Does your Agency coordinate for Medications for Opioid Use Disorder (MOUD)?
Does your Agency provide counseling for individuals receiving Medications for Opioid Use Disorder (MOUD)?

The SUD Services tab Introduces two new sections:

- For providers contacted with the Division to provide MOUD services:
  - Number of clients receiving Medications for Opioid Use Disorder (MOUD)
  - Number of Medications for Opioid Use Disorder (MOUD) Referrals

## FY24

Agency	Quarter 1: June 1 - August 31, 2023		Quarter 2: September 1 - November 30, 2023		Quarter 3: December 1 - February 28, 2024		Quarter 4: March 1 - May 31, 2024	
	Number of Clients Who Started Services During This Quarter	Average Number of Days from Initial Contact to Delivery of First Service	Number of Clients Who Started Services During This Quarter	Average Number of Days from Initial Contact to Delivery of First Service	Number of Clients Who Started Services During This Quarter	Average Number of Days from Initial Contact to Delivery of First Service	Number of Clients Who Started Services During This Quarter	Average Number of Days from Initial Contact to Delivery of First Service
Initial Assessment (Adult)*								
Initial Assessment (Youth) Under Age 18*								
Outpatient Treatment Services (Adult)*								
Outpatient Treatment Services (Youth)*								
Medications for Opioid Use Disorder (MOUD)								
Justice Involved Adults (CJI Funded), SUD Outpatient EBP Services (CBISA, MRT, Other Approved EBP's)*								
<b>Substance Use Disorder (SUD) - Justice Involved Adults (CJI) Referrals</b>								
	Quarter 1: June 1 - August 31, 2023		Quarter 2: September 1 - November 30, 2023		Quarter 3: December 1 - February 28, 2024		Quarter 4: March 1 - May 31, 2024	
Number of CBISA Referrals (CJI Funded)								
Number of MRT Referrals (CJI Funded)								
Number of Other Approved EBP Referrals (CJI Funded)								
<b>Medications for Opioid Use Disorder (MOUD) Referrals</b>								
	Quarter 1: June 1 - August 31, 2023		Quarter 2: September 1 - November 30, 2023		Quarter 3: December 1 - February 28, 2024		Quarter 4: March 1 - May 31, 2024	
Number of Medications for Opioid Use Disorder (MOUD) Referrals								

The option to have your agency's walk-in dates/times published to the DSS website has been moved from the "Walk-In Assessments Tab" to the "SUD Services Tab."

## FY23

Substance Use Disorder Walk-in Assessments																											
Agency Name		Quarter 1:							Quarter 2:							Quarter 3:											
Please indicate "yes" or "no" in the dropdown box if you would like your agency's walk-in dates/times published to the DSS website located at (dss.sd.gov/behavioralhealth/services).		Please enter site of primary location:							Please enter site of primary location:							Please enter site of primary location:											
		Primary Location:							Primary Location:							Primary Location:											
		Telehealth							Telehealth							Telehealth											
		Please enter site of satellite location:							Please enter site of satellite location:							Please enter site of satellite location:											

## FY24

Substance Use Disorder (SUD) Walk-In Assessments																							
		Quarter 1: June 1 - August 31, 2023					Quarter 2: September 1 - November 30, 2023					Quarter 3: December 1 - February 28, 2024					Quarter 4: March 1 - May 31, 2024						
25																							
26																							
27		Does your Agency offer walk-in SUD assessments?																					
28		Please indicate "yes" or "no" in the dropdown box if you would like your agency's walk-in dates/times published to the DSS website located at (dss.sd.gov/behavioralhealth/services).																					
		If yes to both of the above questions, please complete the "Walk-in Assessments" tab indicating hours/days/location(s).																					

29	<p><b>Would you like your Agency's availability of mental health telehealth services published to the DSS website located at dss.sd.gov/behavioralhealth/services?</b></p>	
20	<p>Yes</p> <p>No</p>	

# Frequently Asked Questions (FAQs)

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[Mental Health Services Tab FAQs](#)

[Staffing SUD Services Tab FAQs](#)

[SUD Services Tab FAQs](#)

[Walk-In Assessments Tab FAQs](#)





## Access to Services Survey FAQs:

**Q:** How often is the Access to Services Survey collected?

**A:** The Access to Services Survey is collected on a quarterly basis.

**Q:** What is this data used for?

**A:** The Access to Services Survey data provides a snapshot of staffing needs and access to services. It allows agencies and the Division to assess each agency's capacity, staffing, length of time for initial services, and availability of walk-in Substance Use Disorder (SUD) assessments and telehealth services.

**Q:** I have no information for a particular cell, should I leave it blank?

**A:** No. All cells should be completed. If the response is zero or not applicable, please indicate by responding with "0" or "NA."

## Staffing Mental Health Services Tab FAQs:

**Q:** Do I enter all staff trained as Qualified Mental Health Professionals (QMHP's) in row 21, or just those actively utilizing their QMHP status?

**A:** Enter all staff trained in QMHP irregardless if they are currently utilizing their QMHP status.

**Q:** My agency's FTE positions for budget year (Column B) changed after quarter 1, how do I report this data?

**A:** Report any changes in budgeted FTE positions in line 24.

**Q:** Do the number of additional FTE positions needed to serve the demand (column F) include FTE vacancies (column C)?

**A:** The number of additional FTE positions does not include vacancies for currently budgeted FTE's. Rather, it captures the number of additional FTE's needed to meet the needs of the community, if any.

For example, if your agency has 5 FTE's allotted for Direct Mental Health Therapists, Master Level and 1 vacancy in that position, you would identify "5" in column B and "1" in column C. If your 5 budgeted FTE's for this position do not fully meet the needs of your community, and your agency needs additional FTE's, you would identify the number of additional FTE's needed in column F. If your agency does not need additional FTE's and would be able to meet the need if all vacancies were filled, then enter "0" in column F.

## Mental Health Services Tab FAQs:

**Q:** Do I count clients that have contacted our agency for services but did not show for their scheduled appointment?

**A:** No, only count clients that started service within the designated quarter.

**Q:** Which clients should I include in the number of clients who made initial contact for services (Column B rows 8-18)?

**A:** For number of clients who made initial contact for services, indicate the number of clients that have made initial contact and started services. If a client has made initial contact, but did not start services, please include this client in the quarter the client starts the service.

**Q:** What is considered “initial contact?”

**A:** Initial contact can include, but is not limited to: client walking into agency to schedule services, client calling to set up an appointment, etc.

**Q:** At my agency, clients are seen for their initial assessment and case management and/or therapy services begin that day. How do I document the number of days for initial services for this client?

**A:** The average number of days for the initial assessment would be counted from the initial call, or when the client schedules the appointment, to the initial assessment. Since the services start the same day as the assessment, the average number of days for case management and/or therapy would be the same as the average number of days for the initial assessment.

**Q:** All clients who made initial contact were provided with services the same day; do I enter “0” or “NA” for “Average Number of Days from Initial Contact to Delivery of First Service?”

**A:** If all clients who made initial contact were provided with services the same day, enter “0” for “Average Number of Days from Initial Contact to Delivery of First Service.”

**Q:** Is the information entered in lines 8-18 duplicated or unduplicated?

**A:** Lines 8-18 can include duplicated information. Please include each client in each service. Per administrative rule, clients should start services within 30 days of initial contact.

## Staffing SUD Services Tab FAQs:

**Q:** Do the number of additional FTE positions needed to serve the demand (column F) include FTE vacancies (column C)?

**A:** The number of additional FTE positions does not include vacancies for currently budgeted FTE's. Rather, it captures the number of additional FTE's needed to meet the needs of the community, if any.

For example, if your agency has 5 FTE's allotted for Licensed Addiction Counselor and 1 vacancy in that position, you would identify "5" in column B and "1" in column C. If your 5 budgeted FTE's for this position do not fully meet the needs of your community, and your agency needs additional FTE's, you would identify the number of additional FTE's needed in column F. If your agency does not need additional FTE's and would be able to meet the need if all vacancies were filled, then enter "0" in column F.

**Q:** My agency's FTE positions for budget year (Column B) changed after quarter 1, how do I report this data?

**A:** Report any changes in budgeted FTE positions in line 20.

## SUD Services Tab FAQs:

**Q:** Do I count clients that have contacted our agency for services but did not show for their scheduled appointment?

**A:** Only count clients that attended their first service within the designated quarter.

**Q:** Which clients should I include in the number of clients who made initial contact for services (Column B rows 8-14)?

**A:** For number of clients who made initial contact for services, indicate the number of clients that have made initial contact and started services. If a client has made initial contact, but has not started services, please include this client in the quarter the client starts the service.

**Q:** What is considered “initial contact?”

**A:** Initial contact can include, but is not limited to: client walking into agency to schedule services, client calling to set up an appointment, etc.

**Q:** All clients who made initial contact were provided with services the same day; do I enter “0” or “NA” for “Average Number of Days from Initial Contact to Delivery of First Service?”

**A:** If all clients who made initial contact were provided with services the same day, enter “0” for “Average Number of Days from Initial Contact to Delivery of First Service.”

**Q:** How do I know if my agency receives Criminal Justice Initiative (CJI) referrals?

**A:** Agencies that receive CJI referrals have a contract with the Division of Behavioral Health to provide CJI services.

**Q:** Do I include all referral sources when entering the number of CBISA, MRT, and/or other approved EBP referrals (CJI Funded)?

**A:** Include all referral sources for clients funded through CJI.

## Walk-In Assessments Tab FAQs:

**Q:** What is considered a walk-in Substance Use Disorder (SUD) assessment?

**A:** Walk-in SUD assessment hours include specific days/times that a client can walk into an agency and receive a same-day SUD assessment, as well as open access telehealth assessments. This does not include emergency/crisis services.

**Q:** Should I include days and times staff are available for emergency/crisis services?

**A:** No, please do not include emergency/crisis services when reporting walk-in SUD assessment dates and times.

**Q:** Are agencies required to offer walk-in SUD assessments for non-emergency/crisis clients?

**A:** No, walk-in SUD assessments for non-emergency/crisis clients are not required by the Division.

**Q:** On days my agency offers walk-in SUD assessments, we have five open spots available on a first come first serve basis. Should I include this information?

**A:** Yes, please include the days and times walk-in SUD assessments are available as well as any specific information related to the identified hours.

**Q:** My agency does not have a satellite location, do I need to enter information in lines 12-17?

**A:** No, please enter "NA" on lines 12, 14, and 16.

# Instructions

[Navigating Tabs](#)

[Navigating Tab Layout](#)

[Staffing Mental Health Services Tab Instructions](#)

[Mental Health Services Tab Instructions](#)

[Staffing SUD Services Tab Instructions](#)

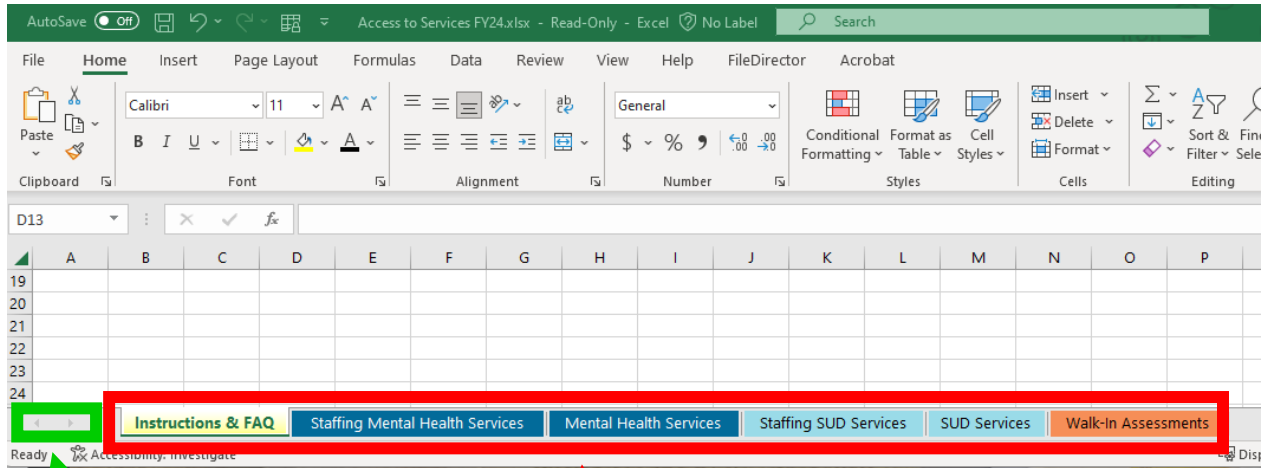
[SUD Services Tab Instructions](#)

[Walk-in Assessment Tab Instructions](#)



# Navigating Tabs

The Access to Services Survey contains up to 6 tabs within the Excel document, depending on the services offered by the agency.



To scroll and view tabs that are out of view, use the arrows to the left of the tabs.

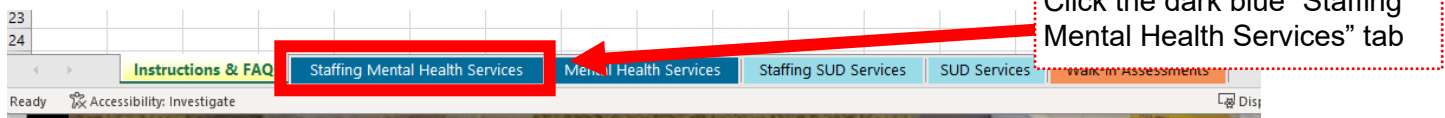
Each agency has an individualized tracker with tabs specific to the contracted services provided by that agency.

- Ensure data is being entered into each tab.
- Enter data in each cell of each tab.
- No cell is to be left blank.
- Tabs are located on the bottom of the Excel window.





# Staffing Mental Health Services Tab



Agency Name	Mental Health FTE Positions for Budget Year	Quarter 1:			
		FTE Vacancies	Average Length of Vacancy (in days)	FTE Vacancy Rate	# of Additional FTE Positions Needed to Serve Unmet Community Needs
Executive Director*	1	2	3	4	5
MH Clinical Director(s)				NA	
Direct Mental Health Therapist, Masters Level				NA	
Direct Mental Health Support Staff, Minimum of an Associates Degree				NA	
Licensed Physician or Psychiatrist (include contractors)				NA	
Psychologist				NA	
PA/CNP				NA	
RN/LPN				NA	
Residential 24/7 Direct Care Staff				NA	
Systems of Care (SOC)				NA	
Appropriate Regional Facility (ARF) Staff				NA	

- For each of the positions listed, please identify:**
- 1.** Fiscal Year 24 Total Mental Health FTE Positions for Budget Year - If this data changes during the year, please indicate in the comments section below.  
*If the Executive Director serves in this capacity for both mental health and SUD services, please indicate the percentage of the FTE designated to mental health.*
  - 2.** FTE Vacancies - Indicate the number of vacancies that occurred for each position during the quarter. If no vacancies occurred for a position, enter "0."
  - 3.** Average Length of Vacancy (in days) - Indicate the average length of identified vacancy during the quarter. This number should not exceed the number of days in the quarter.  
*For example, Quarter 1 has 92 days. A number of 92 days or less must be entered. Identify the average length of vacancy in days for the specific quarter.*
  - 4.** FTE Vacancy Rate - No data is entered in this column. This section automatically converts the data entered into a percentage for user ease.
  - 5.** # of Additional FTE Positions Needed to Serve Unmet Community Needs - Enter any additional FTE positions beyond those in your budgeted FTE that are needed to meet the demand for services. This data is used by the Division to determine if/what workforce and staffing needs exist.

Division of Behavioral Health FY24 Quarterly Access to Services Survey													
<b>Purpose:</b> The Division of Behavioral Health appreciates your assistance in providing accurate and timely data to monitor services. Statewide results will be compiled by the Division and reported to each agency quarterly.													
<b>Instructions:</b> Please complete each call in the below section. Do not leave any call blank. If the response is zero or not applicable, please indicate by responding with "0" or "NA."													
<b>Note:</b> If the Executive Director serves in this capacity for both mental health and substance use disorder services, please indicate the percentage of the FTE designated to mental health and substance use disorders in both the Mental Health Staffing and Substance Use Disorder Staffing calls, respectively.													
Mental Health Services Staffing and Vacancy Information													
Agency	Fiscal Year 24 Total Mental Health FTE Positions for Budget Year	Quarter 1: June 1 - August 31, 2023			Quarter 2: September 1 - November 30, 2023			Quarter 3: December 1 - February 28, 2024			Quarter 4: March 1 - May 31, 2024		
		FTE Vacancies	Average Length of Vacancy (In days)	FTE Vacancy Rate	FTE Vacancies	Average Length of Vacancy (In days)	FTE Vacancy Rate	FTE Vacancies	Average Length of Vacancy (In days)	FTE Vacancy Rate	FTE Vacancies	Average Length of Vacancy (In days)	FTE Vacancy Rate
Executive Director*			NA			NA			NA			NA	
MH Clinical Director(s)			NA			NA			NA			NA	
Direct Mental Health Therapist, Master's Level			NA			NA			NA			NA	
Direct Mental Health Support Staff, Minimum of an Associates Degree			NA			NA			NA			NA	
Licensed Physician or Psychiatrist (include contractors)			NA			NA			NA			NA	
Psychologist			NA			NA			NA			NA	
PA/CNP			NA			NA			NA			NA	
RN/LPN			NA			NA			NA			NA	
Residential 24/7 Direct Care Staff			NA			NA			NA			NA	
Systems of Care (SOC)			NA			NA			NA			NA	
Appropriate Regional Facility (ARF) Staff			NA			NA			NA			NA	

Health Professionals (QMHP's)				
Enter the number of Qualified Mental Health Professionals (QMHP's).	Quarter 1: June 1 - August 31, 2023	Quarter 2: September 1 - November 30, 2023	Quarter 3: December 1 - February 28, 2024	Quarter 4: March 1 - May 31, 2024

Additional Questions and Comments				
Use this space to explain differences between previous quarters related to increased or decreased staffing needs. Please provide any other information and/or concerns that the Division of Behavioral Health should be made aware of in regards to staffing and vacancies. This includes any increases/decreases in total mental health FTE positions for the budget year.	Quarter 1: June 1 - August 31, 2023	Quarter 2: September 1 - November 30, 2023	Quarter 3: December 1 - February 28, 2024	Quarter 4: March 1 - May 31, 2024

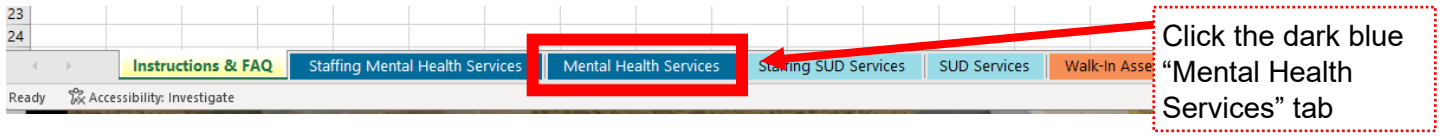
<b>Enter the number of Qualified Mental Health Professionals (QMHP's).</b>	Quarter 1:
<b>Use this space to explain differences between previous quarters related to increased or decreased staffing needs.</b>	Quarter 1:
<b>Please provide any other information and/or concerns that the Division of Behavioral Health should be made aware of in regards to staffing and vacancies. This includes any increases/decreases in total mental health FTE positions for the budget year.</b>	Quarter 1:

Enter the number of trained QMHP staff.

If staffing needs changed from previous quarter(s), please use this space to explain. If no changes, please enter "NA."

- Explain any:
- Additional information or concerns regarding mental health staffing and vacancies
  - Increases/decreases in mental health FTE positions during the fiscal year
  - If no additional information, please enter "NA."

# Mental Health Services Tab



**Division of Behavioral Health**  
FY24 Quarterly Access to Services Survey

**Instructions:** Please complete each cell in the below section. Do not leave any cell blank. If the response is zero or not applicable, please indicate by responding with "0" or "NA." Do NOT include these clients requiring emergency services. Emergency services are expected to be provided 24/7 as per departmental policy.

**Average Number of Days from Initial Contact to Delivery of First Service:** the number of days between the initial contact and delivery of first service.

Agency	Quarter 1: June 1 - August 31, 2023		September 1 - November 30, 2023		December 1 - February 29, 2024		Quarter 4: March 1 - May 31, 2024	
	Number of Clients Who Started Services During This Quarter	Average Number of Days from Initial Contact to Delivery of First Service	Number of Clients Who Started Services During This Quarter	Average Number of Days from Initial Contact to Delivery of First Service	Number of Clients Who Started Services During This Quarter	Average Number of Days from Initial Contact to Delivery of First Service	Number of Clients Who Started Services During This Quarter	Average Number of Days from Initial Contact to Delivery of First Service
Initial Assessment (Adult)*								
Initial Assessment (Youth) 18 and Under*								
CARE: Psychiatric Services (Adult)*								
CARE: Case Management and Therapy (Adult)*								
CARE: Room and Board, if Applicable (Adult)*								
CYF: Psychiatric Services (Youth)*								
CYF: Case Management and Therapy (Youth)*								
Intensive Family Services (IFS)								
Appropriate Regional Facilities (ARF)								
Functional Family Therapy (FFT) Justice Involved Youth (JJRI Funded)*								
Substance Use Disorder (SUD) Justice Involved Youth (JJRI Funded)*								
Justice Involved Youth (JJRI Funded), MH Outpatient EBP Services (ART, MRT, Other Approved EBP's)*								

Agency	Quarter 1:	
	Number of Clients Who Started Services During This Quarter	Average Number of Days from Initial Contact to Delivery of First Service
Initial Assessment (Adult)*	1	2
Initial Assessment (Youth) 18 and Under*		
CARE: Psychiatric Services (Adult)*		
CARE: Case Management and Therapy (Adult)*		
CARE: Room and Board, if Applicable (Adult)*		
CYF: Psychiatric Services (Youth)*		
CYF: Case Management and Therapy (Youth)*		
Intensive Family Services (IFS)		
Appropriate Regional Facilities (ARF)		
Functional Family Therapy (FFT) Justice Involved Youth (JJRI Funded)*		
Substance Use Disorder (SUD) Justice Involved Youth (JJRI Funded)*		
Justice Involved Youth (JJRI Funded), MH Outpatient EBP Services (ART, MRT, Other Approved EBP's)*		

For each of the services listed, please identify:

1. Enter the number of clients that made initial contact for services during that specific quarter. Do NOT include clients requiring emergency services.
2. Indicate the average length of days from initial contact to delivery of the first service during the quarter. Average days is determined counting the number of days from the initial contact (i.e.: phone, email, in-person) until the client receives the service (not solely scheduled for the service). The date of initial contact would be considered day 0.

*For example, if Client X calls on July 1st to schedule an assessment on July 10th, misses the appointment, reschedules and receives the assessment on July 15, the average days is 14 days.*

This average number of days should not exceed the number of days in the quarter.

*For example, Quarter 1 has 92 days. A number of 92 days or less must be entered.*

**Division of Behavioral Health**  
**FY24 Quarterly Access to Services Survey**

**Purpose:** The Division of Behavioral Health appreciates your assistance in providing accurate and timely data to monitor services. Statewide results will be compiled by the Division and reported to each agency quarterly.

**Instructions:** Please complete each cell in the below section. Do not leave any cell blank. If the response is zero or not applicable, please indicate by responding with "0" or "N/A." Do NOT include those clients requiring emergency services. Emergency services are expected to be provided 24/7 as per Minimum Care Rule.

**Average Number of Days from Initial Contact to Delivery of First Service:** the number of days between the initial contact and delivery of first service.

Agency	Quarter 1: June 1 - August 31, 2023		September 1 - November 30, 2023		December 1 - February 28, 2024		Quarter 4: March 1 - May 31, 2024	
	Number of Clients Who Started Services During This Quarter	Average Number of Days from Initial Contact to Delivery of First Service	Number of Clients Who Started Services During This Quarter	Average Number of Days from Initial Contact to Delivery of First Service	Number of Clients Who Started Services During This Quarter	Average Number of Days from Initial Contact to Delivery of First Service	Number of Clients Who Started Services During This Quarter	Average Number of Days from Initial Contact to Delivery of First Service
Initial Assessment (Adult)								
Initial Assessment (Youth) IB and Under								
CASE								
Psychiatric Services (Adult)								
Case Management and Crisis (Adult)								
Home and Board, if Applicable (Adult)								
CVT								
Psychiatric Services (Youth)								
Case Management and Therapy (Youth)								
Intensive Family Services (IFS)								
Appropriate Regional Facilities								
Aggressive Community Therapy (ACT)								
FFTJ Justice Involved Youth								
SAFE Justice Involved Youth								
Justice Involved Youth (JIB)								
Justice Involved Youth (JIB) Funded - MH Outpatient ERP Services (MHT, MHT, Cihar)								
<b>Justice Involved Youth (JJRI) Referrals</b>								
Number of clients referred to JJRI Funded services								
<b>Mental Health Telehealth Services</b>								
Does your Agency offer mental health telehealth services? If so, how many? (Please provide your agency's availability of mental health telehealth services published to the DSH website located at <a href="http://div.dsh.gov/behavioralhealth">div.dsh.gov/behavioralhealth</a> website)								
<b>Additional Questions and Comments</b>								
Please provide any additional comments.								

**Number of clients referred to JJRI Funded services**

**Quarter 1:**

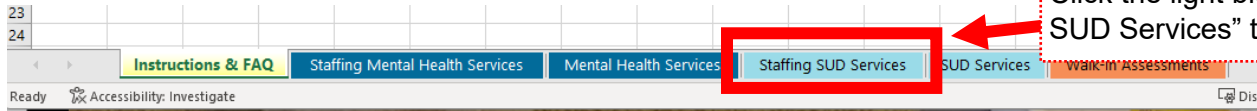
The total number of JJRI referrals received during the designated quarter from all referral sources.

Division of Behavioral Health FY24 Quarterly Access to Services Survey						
<i>(Support: The Division of Behavioral Health appreciates your assistance in providing accurate and timely data to monitor services. Statewide results will be compiled by the Division and reported to each agency quarterly.)</i>						
<i>(Instructions: Please complete each cell in the below section. Do not leave any cell blank. If the response is zero or not applicable, please indicate by responding with "0" or "N/A." (N/A) include those clients requiring emergency services. Emergency services are expected to be provided 24/7 as per Administrative Rule.</i>						
<i>(Average Number of Days from Initial Contact to Delivery of First Service: the number of days between the initial contact and delivery of first service.)</i>						
Mental Health Services						
Agency	Quarter 1 June 1 - August 31, 2023		September 1 - November 30, 2023		December 1 - February 28, 2024	
	Number of Clients Who Started Services During This Quarter	Average Number of Days from Initial Contact to Delivery of First Service	Number of Clients Who Started Services During This Quarter	Average Number of Days from Initial Contact to Delivery of First Service	Number of Clients Who Started Services During This Quarter	Average Number of Days from Initial Contact to Delivery of First Service
Initial Assessment (Adult)						
Initial Assessment (Youth) 18 and Under						
CASE						
Psychiatric Services (Adult)						
CASE						
Case Management and Home and Board, if Applicable (Adult)						
CYF						
Psychiatric Services (Youth)						
CYF						
Case Management and Home/Doubtless						
Intensive Family Services (IFS)						
Appropriate Regional Facilities (ARS)						
Emergency Triage (ET)						
ET Justice Involved Youth						
ET Justice Involved Youth (JIR) Funded						
ET Justice Involved Youth (JIR) Funded, MH Disruptive EDP Services (MH, MH, Other)						
Justice Involved Youth (JIR) Referrals						
	Quarter 1 June 1 - August 31, 2023	September 1 - November 30, 2023	December 1 - February 28, 2024	Quarter 4 March 1 - May 31, 2024		
Number of clients referred to JIR Funded services						
Health Telehealth Services						
	Quarter 1 June 1 - August 31, 2023	September 1 - November 30, 2023	December 1 - February 28, 2024	Quarter 4 March 1 - May 31, 2024		
Does your Agency offer mental health telehealth services?						
Does your Agency offer mental health telehealth services? If not, please state your agency's availability of mental health telehealth services published to the DSS website located at <a href="https://dss.sd.gov/behavioralhealth/services/">https://dss.sd.gov/behavioralhealth/services/</a>						
Additional Questions and Comments						
	Quarter 1 June 1 - August 31, 2023	September 1 - November 30, 2023	December 1 - February 28, 2024	Quarter 4 March 1 - May 31, 2024		
Please provide any additional comments.						

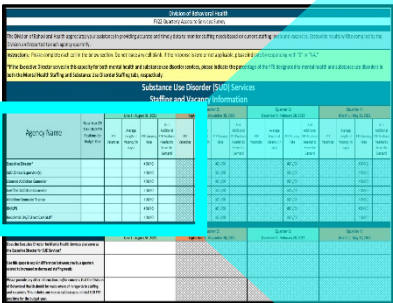
29		Quarter 1:	
30	Does your Agency offer mental health telehealth services?	Yes	No
31	Would you like your Agency's availability of mental health telehealth services published to the DSS website located at <a href="https://dss.sd.gov/behavioralhealth/services/">dss.sd.gov/behavioralhealth/services/</a> ?	Yes	No

Please select "yes" or "no" from each dropdown box.  
 Click the arrow on the bottom right side of each cell and choose "yes" or "no."

# Staffing SUD Services Tab



Click the light blue "Staffing SUD Services" tab



Agency Name	Total SUD FTE Positions for Budget Year	Quarter 1:				# of Additional FTE Positions Needed to Serve Unmet Community Needs
		FTE Vacancies	Average Length of Vacancy (in days)	FTE Vacancy Rate		
Executive Director*				NA		
SUD Clinical Supervisor(s)				NA		
Licensed Addiction Counselor		1	2	3	4	5
Certified Addiction Counselor				NA		
Addiction Counselor Trainee				NA		
RN/LPN				NA		
Residential 24/7 Direct Care Staff				NA		

**For each of the positions listed, please identify:**

- 1.** Fiscal Year 24 Total SUD FTE Positions for Budget Year - If this data changes during the year, please indicate in the comments section below.  
*If the Executive Director serves in this capacity for both mental health and SUD services, please indicate the percentage of the FTE designated to SUD.*
- 2.** FTE Vacancies - Indicate the number of vacancies that occurred for each position during the quarter. If no vacancies occurred for a position, enter "0."
- 3.** Average Length of Vacancy (in days) - Indicate the average length of identified vacancy during the quarter. This number should not exceed the number of days in the quarter.  
*For example, Quarter 1 has 92 days. A number of 92 days or less must be entered. Identify the average length of vacancy in days for the specific quarter.*
- 4.** FTE Vacancy Rate - No data is entered in this column. This section automatically converts the data entered into a percentage for user ease.
- 5.** # of Additional FTE Positions Needed to Serve Unmet Community Needs - Enter any additional FTE positions beyond those in your budgeted FTE that are needed to meet the demand for services. This data is used by the Division to determine if/what workforce and staffing needs exist.

Division of Behavioral Health FY22 Quarterly Access to Services Survey																	
The Division of Behavioral Health appreciates your assistance in providing accurate and timely data to monitor staffing needs based on current staffing levels and vacancies. Statewide results will be compiled by the Division and reported to each agency quarterly.																	
<b>Instructions:</b> Please complete each cell in the below section. Do not leave any cell blank. If the response is zero or not applicable, please indicate by responding with "0" or "NA."																	
If the Executive Director serves in this capacity for both mental health and substance use disorder services, please indicate the percentage of the FTE designated to mental health and substance use disorders in both the Mental Health Staffing and Substance Use Disorder Staffing tabs, respectively.																	
Substance Use Disorder (SUD) Services Staffing and Vacancy Information																	
Agency Name	Fiscal Year 22: Total SUD FTE Positions for Budget Year	Quarter 1: June 1 - August 31, 2021				Quarter 2: September 1 - November 30, 2021				Quarter 3: December 1 - February 28, 2022				Quarter 4: March 1 - May 31, 2022			
		FTE Vacancies	Average Length of Vacancy (in days)	FTE Security Rate	# of Additional FTE Positions Needed to Serve the Demand	FTE Vacancies	Average Length of Vacancy (in days)	FTE Security Rate	# of Additional FTE Positions Needed to Serve the Demand	FTE Vacancies	Average Length of Vacancy (in days)	FTE Security Rate	# of Additional FTE Positions Needed to Serve the Demand	FTE Vacancies	Average Length of Vacancy (in days)	FTE Security Rate	# of Additional FTE Positions Needed to Serve the Demand
Executive Director**				80%/0%				80%/0%				80%/0%				80%/0%	
SUD Clinical Supervisor(s)				80%/0%				80%/0%				80%/0%				80%/0%	
Licensed Addiction Counselor				80%/0%				80%/0%				80%/0%				80%/0%	
Certified Addiction Counselor				80%/0%				80%/0%				80%/0%				80%/0%	
Addiction Counselor Trainee				80%/0%				80%/0%				80%/0%				80%/0%	
NA/UPH				80%/0%				80%/0%				80%/0%				80%/0%	

Does the Executive Director for Mental Health Services also serve as the Executive Director for SUD Services?	Quarter 1: June 1 - August 31, 2021				Quarter 2: September 1 - November 30, 2021				Quarter 3: December 1 - February 28, 2022				Quarter 4: March 1 - May 31, 2022			
	Use this space to explain differences between previous quarters related to increased or decreased staffing needs.															
Please provide any other information and/or concerns that the Division of Behavioral Health should be made aware of in regards to staffing and vacancies. This includes any increases/decreases in total SUD FTE positions for the budget year.																

Quarter 1:	
Does the Executive Director for Mental Health Services also serve as the Executive Director for SUD Services?	<input type="button" value="Yes"/>
Use this space to explain differences between previous quarters related to increased or decreased staffing needs.	<input type="text"/>
Please provide any other information and/or concerns that the Division of Behavioral Health should be made aware of in regards to staffing and vacancies. This includes any increases/decreases in total SUD FTE positions for the budget year.	<input type="text"/>

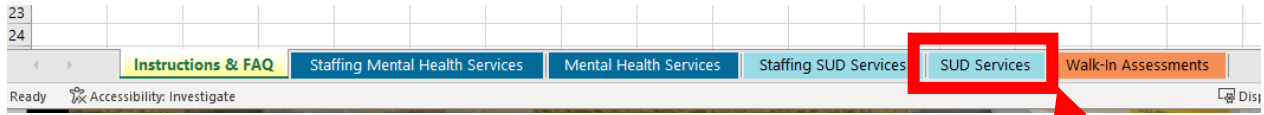
If staffing needs changed from previous quarter(s), please use this space to explain. If no changes, please enter "NA."

- Explain any:
- Additional information or concerns regarding SUD staffing and vacancies
  - Increases/decreases in mental health FTE positions during the fiscal year
  - If no additional information, please enter "NA."

If your agency is contracted for SUD and mental health services and the Executive Director serves in that capacity for both, use the dropdown box to answer yes or no.  
Click the arrow on the bottom right side of each cell and choose "yes" or "no."



# SUD Services Tab



Click the light blue “SUD Services” tab

Division of Behavioral Health  
FY24 Quarterly Access to Services Survey

Substance Use Disorder Services

Agency	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Initial Assessment (Adult)*				
Initial Assessment (Youth) Under Age 18*				
Outpatient Treatment Services (Adult)*				
Outpatient Treatment Services (Youth)*				
Medications for Opioid Use Disorder (MOUD)				
Justice Involved Adults (CJI Funded), SUD Outpatient EBP Services (CBISA, MRT, Other Approved EBP's)*				

Agency	Quarter 1:	
	Number of Clients Who Started Services During This Quarter	Average Number of Days from Initial Contact to Delivery of First Service
Initial Assessment (Adult)*	1	2
Initial Assessment (Youth) Under Age 18*		
Outpatient Treatment Services (Adult)*		
Outpatient Treatment Services (Youth)*		
Medications for Opioid Use Disorder (MOUD)		
Justice Involved Adults (CJI Funded), SUD Outpatient EBP Services (CBISA, MRT, Other Approved EBP's)*		

For each of the services listed, please identify:

1. Enter the number of clients that made initial contact for services during that specific quarter. Do NOT include clients requiring emergency services.
2. Indicate the average length of days from initial contact to delivery of the first service during the quarter. Average days is determined counting the number of days from the initial contact (i.e.: phone, email, in-person) until the client receives the service (not solely scheduled for the service). The date of initial contact would be considered day 0.  
*For example, if Client X calls on July 1st to schedule an assessment on July 10th, misses the appointment, reschedules and receives the assessment on July 15, the average days is 14 days.*

This average number of days should not exceed the number of days in the quarter.

*For example, Quarter 1 has 92 days. A number of 92 days or less must be entered.*

Division of Behavioral Health  
FY24 Quarterly Access to Services Survey

Substance Use Disorder (SUD) - Justice Involved Adults (JIA) Referrals

Agency	Quarter 1 - August 31, 2023		Quarter 2 - November 15, 2023		Quarter 3 - February 15, 2024		Quarter 4 - May 15, 2024	
	Number of Initial Assessments (Adult)	Number of Initial Assessments (Youth)	Number of Initial Assessments (Adult)	Number of Initial Assessments (Youth)	Number of Initial Assessments (Adult)	Number of Initial Assessments (Youth)	Number of Initial Assessments (Adult)	Number of Initial Assessments (Youth)
Initial Assessment (Adult)								
Initial Assessment (Youth)								
Case Management (Adult)								
Case Management (Youth)								
Outpatient Treatment Services (Adult)								
Outpatient Treatment Services (Youth)								
Medication for Opioid Use Disorder (MOUD) Referrals								
Number of MOUD Referrals (CJ Funded)								
Number of MOUD Referrals (Not CJ Funded)								
Number of MOUD Referrals (Total)								
Medications for Opioid Use Disorder (MOUD) Referrals								
Number of Medications for Opioid Use Disorder (MOUD) Referrals (CJ Funded)								
Number of Medications for Opioid Use Disorder (MOUD) Referrals (Not CJ Funded)								
Number of Medications for Opioid Use Disorder (MOUD) Referrals (Total)								

Substance Use Disorder (SUD) Walk-in Assessments

Substance Use Disorder Telehealth Services

Additional Questions and Comments

Number of CBISA Referrals (CJ Funded)	
Number of MRT Referrals (CJ Funded)	
Number of Other Approved EBP Referrals (CJ Funded)	

For each of the CJ funded services listed, please identify the total number of referrals received from all referral sources within the reporting quarter.

Division of Behavioral Health  
FY24 Quarterly Access to Services Survey

Substance Use Disorder (SUD) - Justice Involved Adults (JIA) Referrals

Agency	Quarter 1 - August 31, 2023		Quarter 2 - November 15, 2023		Quarter 3 - February 15, 2024		Quarter 4 - May 15, 2024	
	Number of Initial Assessments (Adult)	Number of Initial Assessments (Youth)	Number of Initial Assessments (Adult)	Number of Initial Assessments (Youth)	Number of Initial Assessments (Adult)	Number of Initial Assessments (Youth)	Number of Initial Assessments (Adult)	Number of Initial Assessments (Youth)
Initial Assessment (Adult)								
Initial Assessment (Youth)								
Case Management (Adult)								
Case Management (Youth)								
Outpatient Treatment Services (Adult)								
Outpatient Treatment Services (Youth)								
Medication for Opioid Use Disorder (MOUD) Referrals								
Number of MOUD Referrals (CJ Funded)								
Number of MOUD Referrals (Not CJ Funded)								
Number of MOUD Referrals (Total)								
Medications for Opioid Use Disorder (MOUD) Referrals								
Number of Medications for Opioid Use Disorder (MOUD) Referrals (CJ Funded)								
Number of Medications for Opioid Use Disorder (MOUD) Referrals (Not CJ Funded)								
Number of Medications for Opioid Use Disorder (MOUD) Referrals (Total)								

Substance Use Disorder (SUD) Walk-in Assessments

Substance Use Disorder Telehealth Services

Additional Questions and Comments

Number of Medications for Opioid Use Disorder (MOUD) Referrals Received	
---	--

Please identify the total number of referrals for Medications for Opioid Use Disorder (MOUD).

Division of Behavioral Health FTE Quarterly Access to Services Survey						
<b>Substance Use Disorder Services</b>						
Agency	Quarter 1 July 1 - August 31, 2023	Quarter 2 September 1 - November 30, 2023	Quarter 3 December 1 - February 28, 2024	Quarter 4 March 1 - May 31, 2024		
Initial Assessment (IMAT) Under Page 10?	Number of Initial Assessments Completed (by Month)	Number of Initial Assessments Completed (by Month)	Number of Initial Assessments Completed (by Month)	Number of Initial Assessments Completed (by Month)	Number of Initial Assessments Completed (by Month)	Number of Initial Assessments Completed (by Month)
Continuing Treatment Services (IMAT) Under Page 11?	Number of Continuing Treatment Services (by Month)	Number of Continuing Treatment Services (by Month)	Number of Continuing Treatment Services (by Month)	Number of Continuing Treatment Services (by Month)	Number of Continuing Treatment Services (by Month)	Number of Continuing Treatment Services (by Month)
Medication for Opioid Use Disorder (MOUD) Referrals	Number of MOUD Referrals (by Month)	Number of MOUD Referrals (by Month)	Number of MOUD Referrals (by Month)	Number of MOUD Referrals (by Month)	Number of MOUD Referrals (by Month)	Number of MOUD Referrals (by Month)
Walk-In Assessments	Number of Walk-In Assessments (by Month)	Number of Walk-In Assessments (by Month)	Number of Walk-In Assessments (by Month)	Number of Walk-In Assessments (by Month)	Number of Walk-In Assessments (by Month)	Number of Walk-In Assessments (by Month)
Additional Qualifications and Comments						

26		Quarter 1:	\$
27	Does your Agency offer walk-in SUD assessments?		<input type="button" value="v"/>
		Yes	
		No	
28	Please indicate "yes" or "no" in the dropdown box if you would like your agency's walk-in dates/times published to the DSS website located at ( <a href="https://dss.sd.gov/behavioralhealth/services">dss.sd.gov/behavioralhealth/services</a> ).		<input type="button" value="v"/>
		Yes	
		No	

Please select "yes" or "no" from each dropdown box.  
 Click the arrow on the bottom right side of each cell and choose "yes" or "no."

Division of Behavioral Health FY24 Quarterly Access to Services Survey				
Substance Use Disorder Services				
Agency	Quarter 1 Jan 1 - August 31, 2023	Quarter 2 September 1 - November 30, 2023	Quarter 3 December 1 - February 28, 2024	Quarter 4 March 1 - May 31, 2024
Initial Assessment (Adult)				
Initial Assessment (Youth Under Age 18)				
Outpatient Treatment Services (Adult)				
Outpatient Treatment Services (Youth)				
Medications for Opioid Use Disorder (MOUD)				
MOUD Medication Support by a Licensed Therapist (EMT, Substance Use Nurse, MA, Licensed Counselor)				
Substance Use Disorder (SUD) - Justice Involved Adults (JIA) Referrals				
Number of JIA Referrals (All of them)				
Number of JIA Referrals (JIA Friends)				
Number of Other Approvals*				
Medications for Opioid Use Disorder (MOUD) Referrals				
Number of Medications for Opioid Use Disorder (MOUD) Referrals				
Substance Use Disorder (SUD) Walk-In Assessments				
Walk-In Assessments (All of them)				
Walk-In Assessments (JIA Friends)				
Walk-In Assessments (Other Approvals)				
Mental Health Services				
Number of Mental Health Services (All of them)				
Number of Mental Health Services (JIA Friends)				
Number of Mental Health Services (Other Approvals)				
Additional Questions and Comments				
Does your agency coordinate for Medications for Opioid Use Disorder (MOUD)?				
Does your agency provide counseling for individuals receiving Medications for Opioid Use Disorder (MOUD)?				

		Quarter 1:	\$
Does your Agency coordinate for Medications for Opioid Use Disorder (MOUD)?			
Yes			
No			
Does your Agency provide counseling for individuals receiving Medications for Opioid Use Disorder (MOUD)?			
Yes			
No			

If your agency is a contracted MOUD provider, the survey will ask for the number of referrals made for MOUD services during the designated quarter.

If a client is clinically assessed as appropriate for MOUD services and your agency is not a contracted MOUD provider and/or does not offer MOUD services, you will be asked the following questions:

Does your agency make referrals and/or coordinate services to a MOUD provider (Line 32)?

For line 32, please indicate in the drop-down box by selecting "yes" or "no" if your agency assists client clinically assessed for MOUD services by making a referral or coordinating services with a MOUD provider.

Does your agency provide SUD and/or Mental Health services for client receiving MOUD services (Line 33)?

For Line 33, Please indicate in the drop-down box by selecting "yes" or "no" if your agency provides and/or is willing to provide SUD or Mental Health services for clients receiving MOUD services.

**Division of Behavioral Health  
FY24 Quarterly Access to Services Survey**

*Please refer to the Survey Instructions for Agency and Provider details for more information regarding the survey. The survey is intended to provide information to the Department of Behavioral Health and Human Services regarding the availability of services. The survey is not intended to be used for accreditation purposes. The survey is not intended to be used for accreditation purposes. The survey is not intended to be used for accreditation purposes.*

**Agency:** \_\_\_\_\_

**Agency Address:** \_\_\_\_\_

**Agency Phone:** \_\_\_\_\_

**Agency Email:** \_\_\_\_\_

**Agency Website:** \_\_\_\_\_

**Agency Fax:** \_\_\_\_\_

**Agency FTE:** \_\_\_\_\_

**Agency Type:** \_\_\_\_\_

**Agency Size:** \_\_\_\_\_

**Agency Services:** \_\_\_\_\_

**Agency Hours:** \_\_\_\_\_

**Agency Staff:** \_\_\_\_\_

**Agency Budget:** \_\_\_\_\_

**Agency Revenue:** \_\_\_\_\_

**Agency Expenses:** \_\_\_\_\_

**Agency Assets:** \_\_\_\_\_

**Agency Liabilities:** \_\_\_\_\_

**Agency Net Worth:** \_\_\_\_\_

**Agency Rating:** \_\_\_\_\_

**Agency Comments:** \_\_\_\_\_

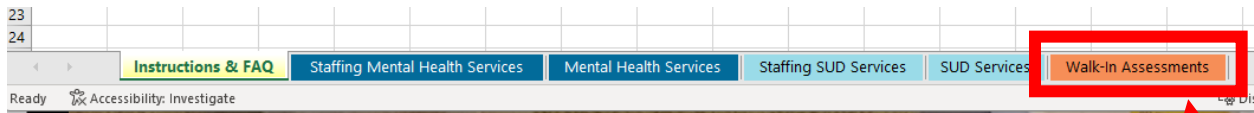
35		Quarter 1:	S
36	Does your Agency offer SUD telehealth services?	<div style="border: 1px solid black; padding: 2px;"> <div style="text-align: center;">Yes</div> <div style="text-align: center;">No</div> </div>	<input type="button" value="v"/>
37	Would you like your Agency's availability of SUD telehealth services published to the DSS website located at <a href="https://dss.sd.gov/behavioralhealth/services/">dss.sd.gov/behavioralhealth/services/</a> ?	<div style="border: 1px solid black; padding: 2px;"> <div style="text-align: center;">Yes</div> <div style="text-align: center;">No</div> </div>	<input type="button" value="v"/>

Please select "yes" or "no" from each dropdown box.  
*Click the arrow on the bottom right side of each cell and choose "yes" or "no."*

<p>If a client is clinically assessed as needing a higher level of care than your Agency provides, what services are provided until the client can admit to those services?</p>	
<p>Please provide any additional information or comments.</p>	

Identify services provided by your agency until the client can begin services in the clinically recommended higher level of care.

# Walk-In Assessments Tab



Click the orange "Walk-In Assessments" tab

**Division of Behavioral Health**  
FY24 Quarterly Access to Services Survey

Purpose: The Division of Behavioral Health appreciates your assistance in sharing the availability of walk-in assessment hours for SUD services. Statewide walk-in assessment hours will be compiled by the Division and reported to each agency as well as published online quarterly at DSS.SD.GOV.

Instructions: Please enter the hours/days of walk-in assessments (non-emergency/crisis, open access availability) for SUD assessments for all sites offering walk-in assessments. Provide the site of both the primary and satellite location(s), including telehealth. Do not leave any cell blank. If the response is not applicable, please indicate by responding with "NA."

\*Substance Use Disorder assessments can be provided through multiple avenues including emergency/crisis intervention (where available), scheduled appointments, or walk-in assessments (where available).

**Substance Use Disorder Walk-in Assessments**

Agency	Quarter 1: June 1 - August 31, 2023							Quarter 2: September 1 - November 30, 2023							Quarter 3: December 1 - February 28, 2024							Quarter 4: March 1 - May 31, 2024						
	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Site of Primary Location for Walk-in Assessments	Please enter site of primary location:							Please enter site of primary location:							Please enter site of primary location:							Please enter site of primary location:						
Primary Location Available Hours for Walk-in Assessments																												
Telehealth	Telehealth							Telehealth							Telehealth							Telehealth						
Telehealth Available Hours for Walk-in Assessments																												
Site of Satellite Location	Please enter site of satellite location:							Please enter site of satellite location:							Please enter site of satellite location:							Please enter site of satellite location:						
Satellite Location Available Hours for Walk-in Assessments																												
Site of Satellite Location	Please enter site of satellite location:							Please enter site of satellite location:							Please enter site of satellite location:							Please enter site of satellite location:						
Satellite Location Available Hours for Walk-in Assessments																												

	Quarter 1:						
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Site of Primary Location for Walk-in Assessments	Please enter site of primary location:						
Primary Location Available Hours for Walk-in Assessments							
Telehealth	Telehealth						
Telehealth Available Hours for Walk-in Assessment							

Enter the primary city/location for walk-in assessments, if offered.

*For example, if your main office is located in Pierre and offers walk-in assessments in that location, enter "Pierre."*

Enter the times during each day of the week when walk-in assessments are available. If walk-in assessments are not available that day of the week, or if your agency does not offer walk-in assessments, enter "NA."

*For example, if your agency offers walk-in assessments from 8:00am until 4:00pm, enter "8:00am - 4:00pm."*

Enter the times during each day of the week when telehealth open access assessments are available, if offered. If telehealth open access assessments are not available that day of the week, or if your agency does not offer telehealth open access assessments, enter "NA."

**Division of Behavioral Health**  
FY24 Quarterly Access to Services Survey

**Purpose:** The Division of Behavioral Health appreciates your assistance in sharing the availability of walk-in assessment hours for SUD services. Statewide walk-in assessment hours will be compiled by the Division and reported to each agency as well as published online quarterly at [DHS.SD.GOV](https://dhs.sd.gov).

**Instructions:** Please enter the hours/days of walk-in assessments (non-emergency/crisis, open access availability) for SUD assessments for all sites offering walk-in assessments. Provide the site of both the primary and satellite location(s), including telehealth. Do not leave any cell blank. If the response is not applicable, please indicate by responding with "NA."

\*Substance Use Disorder assessments can be provided through multiple avenues including emergency/crisis intervention (where available), scheduled appointments, or walk-in assessments (where available).

**Substance Use Disorder Walk-In Assessments**

Agency	Quarter 1 June 1 - August 31, 2023							Quarter 2 September 1 - November 30, 2023							Quarter 3 December 1 - February 28, 2024							Quarter 4 March 1 - May 31, 2024						
	Mon	Tue	Wed	Th	Fri	Sat	Sun	Mon	Tue	Wed	Th	Fri	Sat	Sun	Mon	Tue	Wed	Th	Fri	Sat	Sun	Mon	Tue	Wed	Th	Fri	Sat	Sun
Site of Primary Location for Walk-in Assessments	Please enter site of primary location.																											
Primary Location Available Hours for Walk-in Assessments																												
Telehealth	Telehealth																											
Telehealth	Telehealth																											
Site of Satellite Location:	Please enter site of satellite location.																											
Satellite Location Available Hours for Walk-in Assessments																												
Site of Satellite Location:	Please enter site of satellite location.																											
Satellite Location Available Hours for Walk-in Assessments																												
Site of Satellite Location:	Please enter site of satellite location.																											
Satellite Location Available Hours for Walk-in Assessments																												

Site of Satellite Location:	Please enter site of satellite location.						
Satellite Location Available Hours for Walk-in Assessments							
Site of Satellite Location:	Please enter site of satellite location.						
Satellite Location Available Hours for Walk-in Assessments							
Site of Satellite Location:	Please enter site of satellite location.						
Satellite Location Available Hours for Walk-in Assessments							

Site of Satellite Location:	<b>1</b> Please enter site of satellite location:
Satellite Location Available Hours for Walk-in Assessments	<b>2</b> <input type="text"/>
Site of Satellite Location:	<b>1</b> Please enter site of satellite location:
Satellite Location Available Hours for Walk-in Assessments	<b>2</b> <input type="text"/>
Site of Satellite Location:	<b>1</b> Please enter site of satellite location:
Satellite Location Available Hours for Walk-in Assessments	<b>2</b> <input type="text"/>

1. If your agency has satellite locations where walk-in assessments are offered, enter the name of the city where the satellite is located. This does NOT include telehealth.
2. Enter the times during each day of the week when walk-in assessments are available in the satellite location identified. If walk-in assessments are not available that day of the week, or if your agency does not offer walk-in assessments at satellite location(s), enter "NA."