

**Substance Abuse and Mental Health Services Administration (SAMHSA)**  
Emergency COVID-19 Grants Progress Report

**Grantee Name/Grant Number:** South Dakota Department of Social Services/1 H79 FG000219-01

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**Date Submitted:** August 31, 2022

**Period Covered:** February 1, 2021 – May 31, 2022

**Summary of key program accomplishments to-date:**

With the first round of Emergency COVID-19 Treatment Grant funding, the South Dakota Department of Social Services (DSS) contracted with twenty-seven accredited mental health and substance use disorder treatment agencies to provide services to individuals affected by COVID-19. Twenty-two of these providers utilized the grant funding to support emergency services, telehealth equipment, awareness, and outreach as well as PPE for staff serving clients affected by COVID-19, and five agencies chose not to utilize their contract funds. In state fiscal year 2022, seven of the original providers continued to utilize grant funding for Government Performance and Results Act (GPRA) data collection and/or service delivery, and in state fiscal year 2023, three of those agencies continue to receive funding under this grant (July 1, 2021- May 31, 2023).

Additionally, with the supplemental funding made available through this grant, DSS launched a Behavioral Health Voucher Program (BHVP) in February 2021 as a part of the state's COVID-19 awareness campaign, called 605Strong ([605Strong.com](https://www.605strong.com)). The BHVP provides additional access to services for those affected by COVID-19. Mental health providers from across the state can apply to provide services through this voucher program, and those in need of services can access vouchers directly from BHVP providers or by calling 211, our state's information and resource hotline. Through May 2022, sixty-one providers had been enrolled and issued vouchers through the BHVP, and DSS had issued 902 vouchers utilizing COVID grant funding. Seven hundred and eighteen of those vouchers had active receipting during the reporting period, with 7,360 services provided.

Through May 31, 2022, DSS and provider agencies utilized \$2,252,162.96 of funding through the parent and supplemental grants.

As indicated in DSS's initial grant application, the following activities were identified for implementation through the Emergency COVID-19 Treatment Grant.

- Infrastructure to support access to services via telehealth  
Telehealth equipment has supported access to treatment and/or emergency services for individuals affected by COVID-19. This includes items such as laptops to facilitate individual and group therapy, mobile phones for 24-hour crisis care, and iPads for crisis field workers who encounter individuals experiencing acute crises due to COVID-19.

From February 1, 2021, through May 31, 2022, ten agencies purchased telehealth equipment. Funding supported the purchase of 472 pieces of telehealth equipment.

- Purchasing of Personal Protective Equipment (PPE) for residential services and services provided face-to face when possible  
Eight provider agencies purchased PPE for staff to support continuity of care for individuals receiving in-person individual and group treatment services at their facilities. This PPE allowed providers to continue to meet face-to-face with clients, most of whom had experienced extra challenges in their lives due to COVID-19.

- Funding to support increased needs for evidence-based services for individuals with substance use disorders, SMI, SED as well as mental disorders less severe than SMI, with priority for healthcare professionals

Three provider agencies utilized this funding to support direct treatment services for those affected by COVID-19, providing evidence-based services to 305 clients.

- Funding to support outpatient mental health and substance use disorder treatment for individuals with mental disorders less severe than SMI, with priority for healthcare professionals

Through the BHVP, additional outpatient services are available to individuals across the state who are experiencing increased needs due to COVID-19, including healthcare workers. Through May 31, 2022, 7,360 services were provided through the voucher program.

- Funding to support increased needs in crisis mental health support

Through this grant, many mental health provider agencies increased their capacity to ensure availability of emergency services to respond to those in crisis due to COVID-19. This included utilizing existing staff to expand emergency services or hiring new staff to provide additional emergency services. Some providers also collaborated with local helplines to connect callers with emergency services.

From February 1, 2021, through May 31, 2022, 3,420 crisis services were provided through this grant.

- Funding to support increased needs in recovery and individual support services.

Recovery support services are provided by Face It Together (FIT), a non-profit recovery center providing peer supports to individuals with substance use disorders and other co-occurring mental health disorders.

From February 1, 2021, to May 31, 2022, FIT provided 1,760 recovery support services to individuals struggling with recovery due to COVID-19.

**Description of any difficulties and/or problems encountered in achieving planned goals and objectives including barrier to accomplishing program objectives, and actions to overcome barriers or difficulties:**

Provider concerns regarding administration of the GPRA created challenges that resulted in lower-than-expected utilization of this grant. However, DSS worked with provider agencies to address their concerns, where possible, and amended subrecipient agreements to support GPRA collection efforts.

Additionally, many providers have struggled to connect with healthcare professionals in need of mental health or substance use services due to COVID-19. To help bridge this gap, DSS amended subrecipient agreements at eight provider agencies to support expanded efforts for outreach to this specific population. Additionally, DSS coordinated an outreach effort to professional organizations, such as the South Dakota Association of Healthcare Organizations, to distribute information and promotional materials regarding the BHVP to healthcare workers.

Also, with the launch of the BHVP, the division experienced some initial difficulties as it onboarded new providers that had not previously contracted with the division for service provision. Some of those difficulties included providers not fully reading their contracts and related materials regarding program requirements, or a general lack of understanding of the requirements. To address this, the division created online resources such as "Quick Links and Processes" to help guide providers and answer their questions. Additionally, the division was available by phone and email to answer ongoing questions.

Another difficulty included providers not understanding where and how to enter data for GPRA collection. To address this issue, the division provided enhanced/updated voucher issuance information that more clearly laid out the process for data collection. Additionally, division staff provided training to providers, as needed, and answered provider questions regarding the data collection process via email and phone.

Finally, contracting challenges between the division and the vendor that supports the division's web-based data collection system have delayed the implementation of additional measures that will allow for enhanced monitoring of 6-month follow-up GPRA collection. The intent is to build a feature into the division's web-based data collection system that will alert both providers and the division when a 6-month follow-up GPRA is overdue. Additionally, the data collection system recently transitioned to a different hosting platform, which has created some technical issues that were in limbo due to the aforementioned contracting issues. The contracting issues have recently resolved, allowing work on these efforts to resume.

**Detailed summary of progress for performance measures as reflected in your application regarding goals and evaluation of activities:**

As indicated in the grant application, DSS has monitored the following performance measures: number of crisis services provided, number of clients receiving recovery support services, number of provider agencies receiving PPE, number of provider agencies that purchased telehealth equipment, and the total number of telehealth equipment purchased.

Below are the data for each of these categories for the reporting period of February 1, 2021, through May 31, 2022:

Number of Crisis Services Provided: 3,420

Number of Clients Receiving Recovery Support Services: 181 (1,760 services provided)

Number of Provider Agencies Receiving PPE: 8

Number of Provider Agencies Purchased Telehealth Equipment: 10

Number of Telehealth Equipment Purchased: 472 (equipment includes video conferencing services, internet connectivity devices, electronic devices, mobile devices, telehealth software licensing, and other items such as protective cases for devices, etc.)

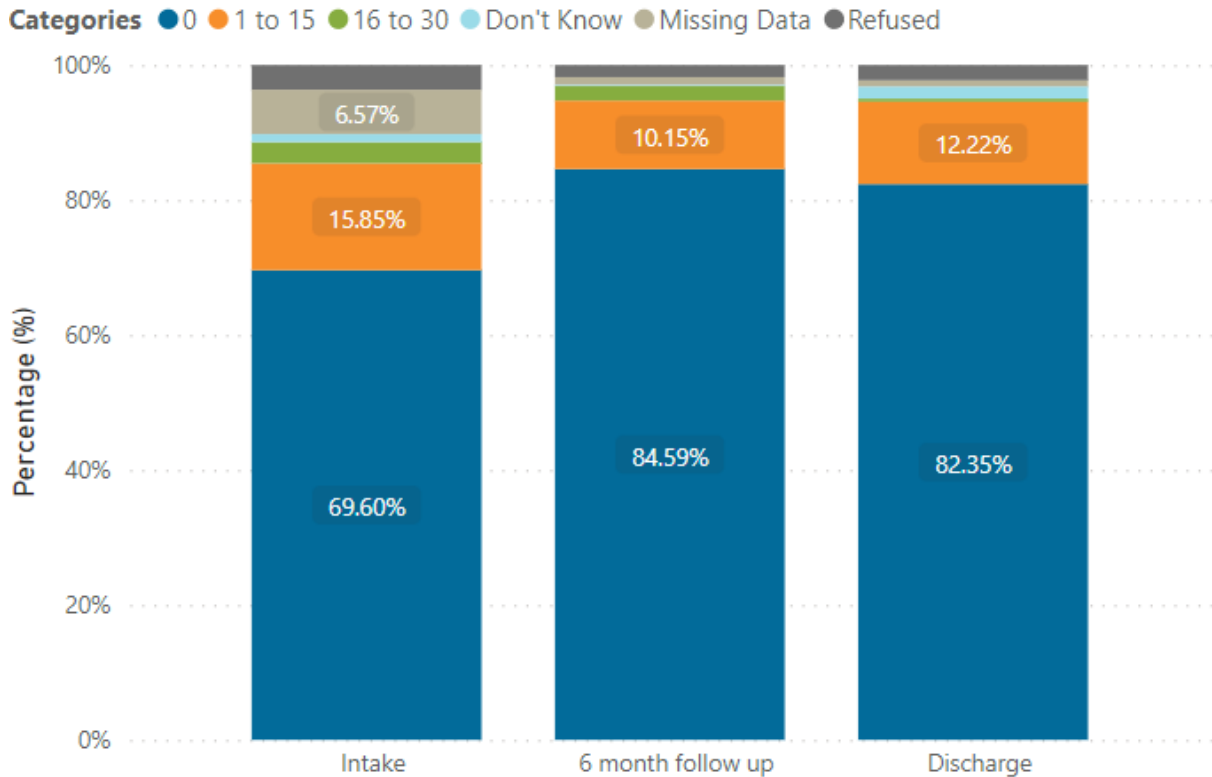
Additionally, 1,080 clients received treatment services utilizing the telehealth equipment purchased and 7,360 outpatient services were funded through the Behavioral Health Voucher Program.

**Total Number of Clients Served Between April 20, 2020 - May 31, 2022**

- Total: 10,582 individuals served (this total may be duplicated, as individuals may have received services more than once; includes treatment, recovery, and crisis services)
  - SMI/SUD and/or Co-occurring: 7,154 individuals (estimate based on 68% of funding invoiced for this population)
  - Less than SMI: 3,036 individuals (estimate based on 29% of funding invoiced for this population)
  - Healthcare Professionals: 393 (estimate based on 4% of funding invoiced for this population)
- Children 11 Years and Younger: 4,262 of 10,582 total served (duplicated count of youth under 12 who received treatment and/or crisis services)
  - Crisis services were offered at summer camps serving youth under 12, which resulted in a high number of services provided to this population.

## Outcomes of Services Funded (April 20, 2020-May 31, 2022)

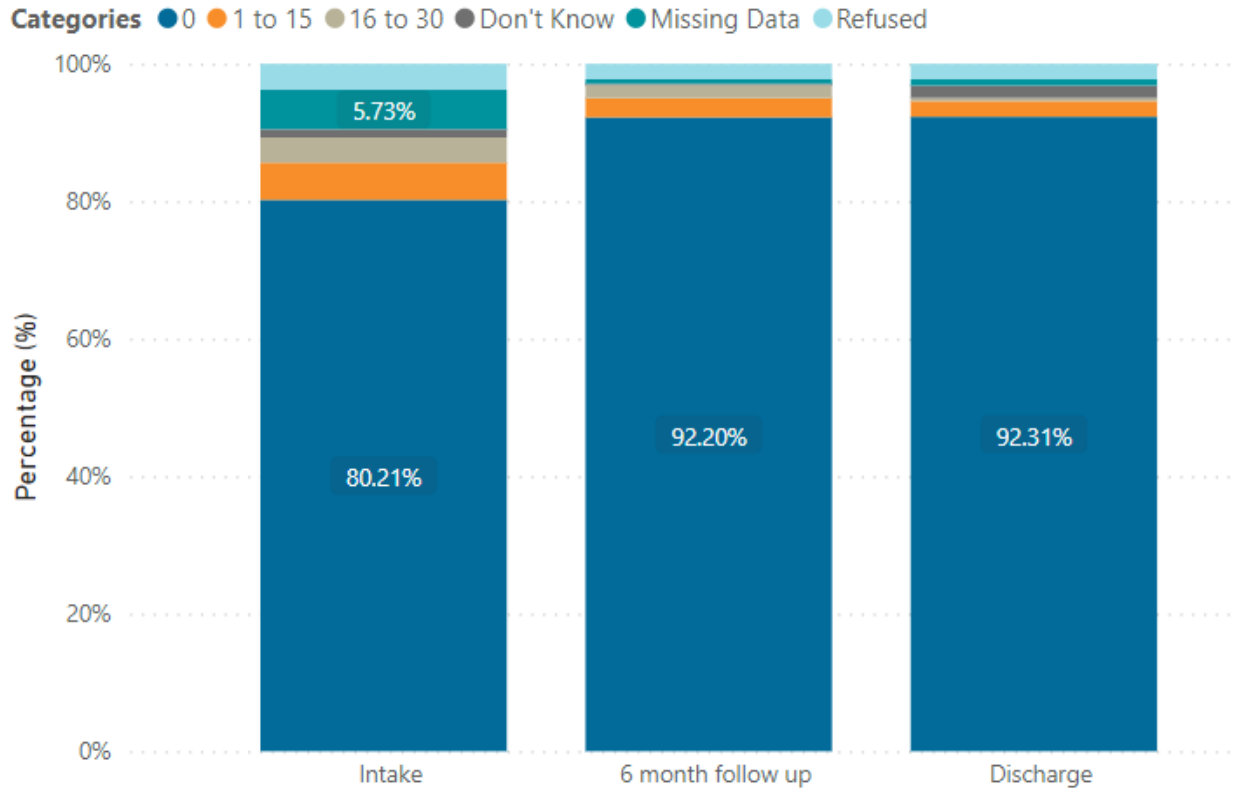
### Alcohol Use in the Past 30 Days\*



\*Some percentages may be too small to be labeled on the above chart

- COVID-19 Treatment Grant Impact on Alcohol Use
  - Participants who reported they drank no alcohol in the past 30 days increased from 69.60% at intake to 84.59% at 6-month follow up and 82.35% at discharge.
  - Participants who reported they drank alcohol 1 to 15 days in the past 30 days decreased from 15.85% to 10.15% at 6-month follow up and 12.22% at discharge.
  - Participants who reported they drank alcohol 16 to 30 days in the past 30 days decreased from 3.13% at intake to 2.16% at 6-month follow up and 0.45% at time of discharge.

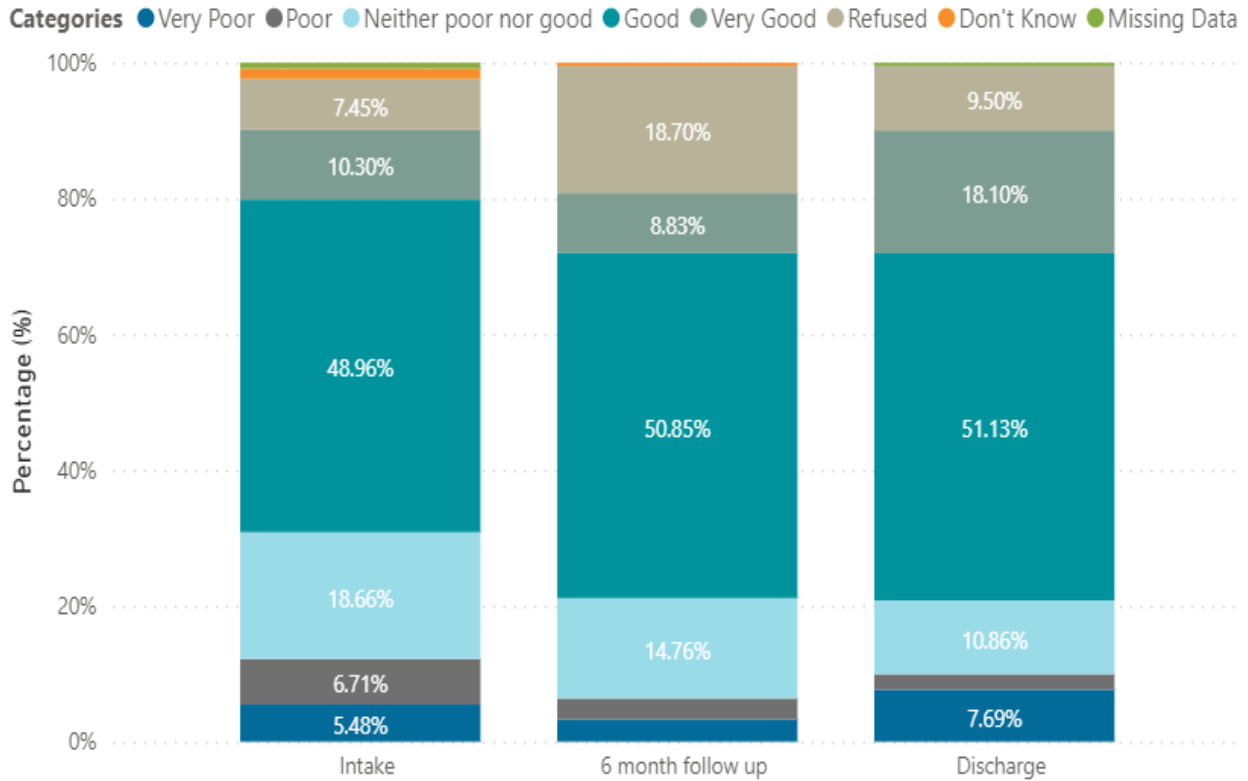
## Illegal Drug Use in the Past 30 Days\*



\*Some percentages may be too small to be labeled on the above chart

- COVID-19 Treatment Grant Impact on Illegal Drug Use
  - Participants who reported they used no illegal drugs in the past 30 days increased from 80.21% at intake to 92.20% at 6-month follow up and 92.31% at discharge.
  - Participants who reported they used illegal drugs 1 to 15 days decreased from 5.41% at intake to 2.82% at 6-month follow up and 2.26% at discharge.
  - Participants who reported they used illegal drugs 16 to 30 days decreased from 3.66% intake to 1.88% at 6-month follow up and 0.45% at discharge.

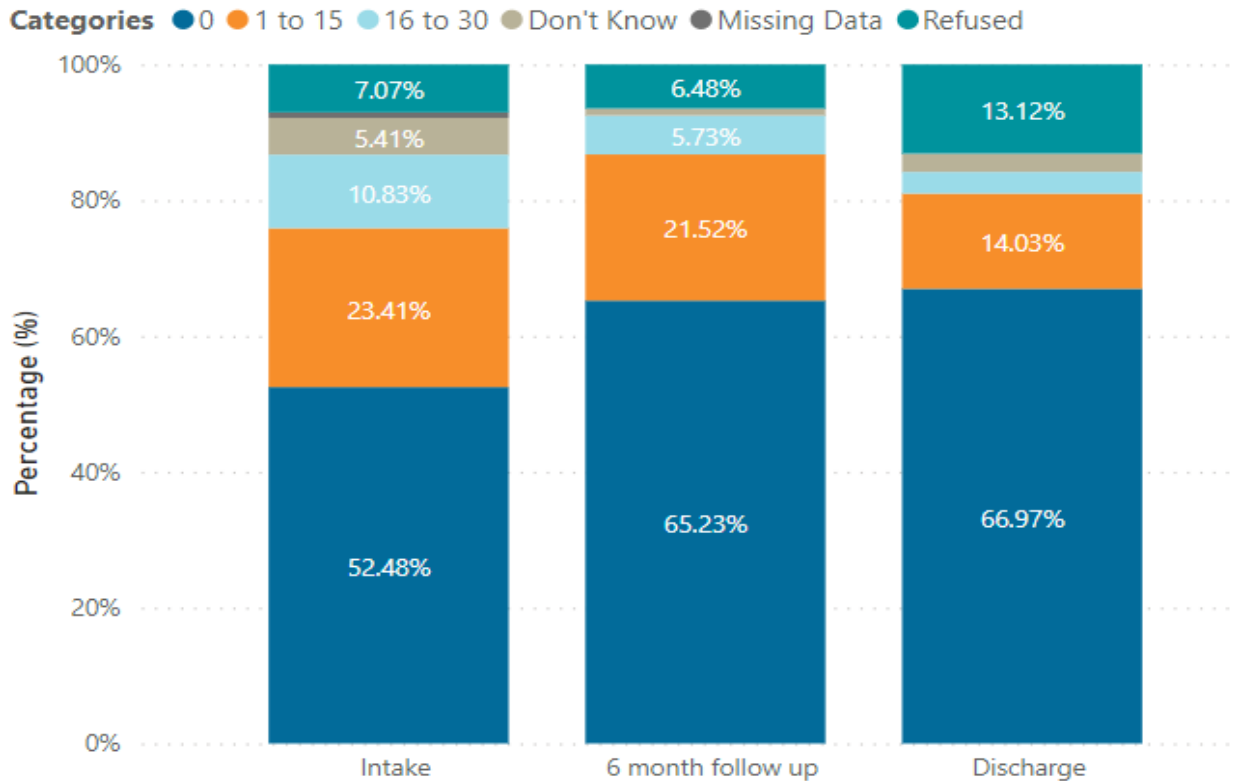
## Quality of Life\*



\*Some percentages may be too small to be labeled on the above chart

- COVID-19 Treatment Grant Impact on Quality of Life
  - Participants experiencing “Very Good” quality of life increased from 10.30% at intake and 18.10% at discharge. Participants experiencing “Very Good” quality of life was 8.83% at 6 month follow up.
  - Participants experiencing “Good” quality of life increased from 48.96% at intake to 50.85% at 6 month follow up and 51.13% at discharge.
  - Participants experiencing “Neither poor nor good” quality of life decreased from 18.66% at intake to 14.76% at 6 month follow up and 10.86% at discharge.
  - Participants experiencing “Poor” quality of life decreased from 6.71% at intake to 3.1% at 6 month follow up and 2.26% at discharge.
  - Participants experiencing “Very Poor” quality of life decreased from 5.48% at intake to 3.29% at 6 month follow up. Participants experiencing “Very Poor” quality of life was 7.69% at discharge.

## Depression in the Past 30 Days\*

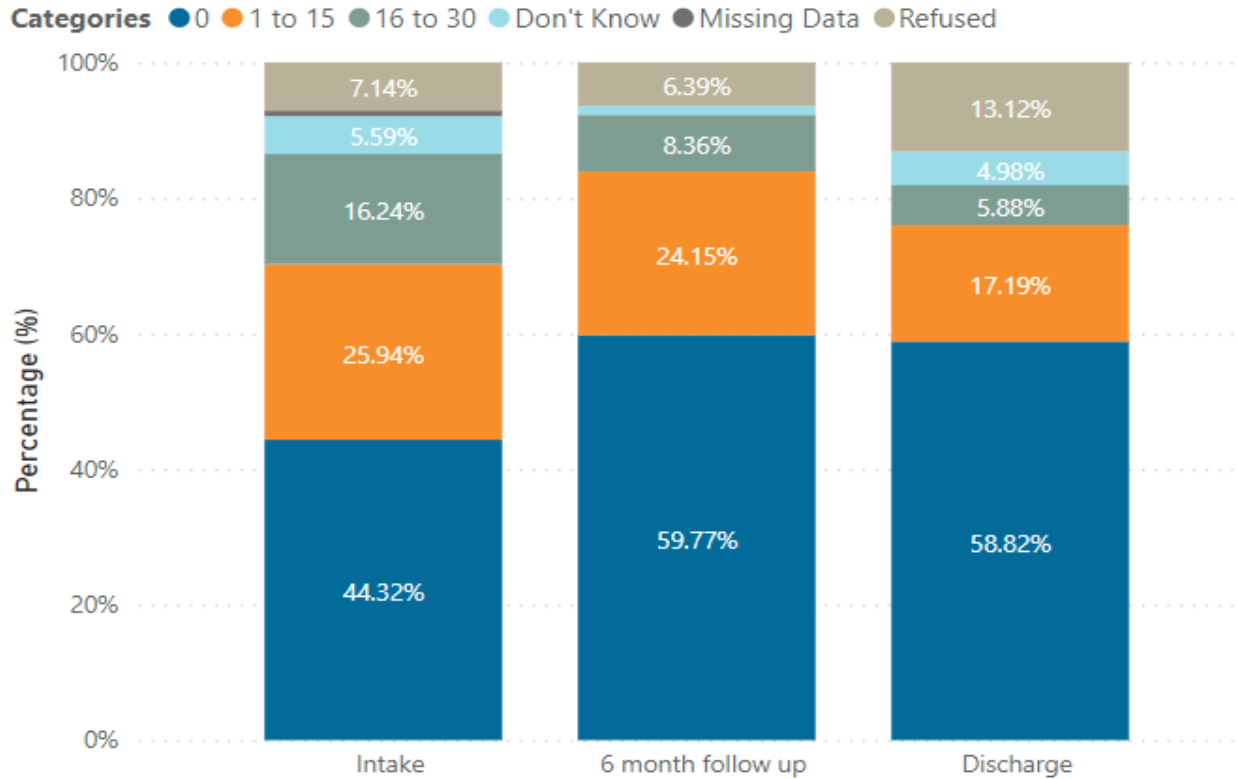


\*Some percentages may be too small to be labeled on the above chart

- COVID-19 Treatment Grant Impact on Depression
  - Participants who reported they experienced serious depression in the past 30 days increased from 52.48% at intake to 65.23% at 6-month follow up and 66.97% at discharge.
  - Participants who reported they experienced serious depression for 1 to 15 days decreased from 23.41% at intake to 21.52% at 6-month follow up and 14.03% at discharge.
  - Participants who reported they experienced serious depression for 16 to 30 days decreased from 10.83% at intake to 5.73% at 6-month follow up and 3.17% at discharge.



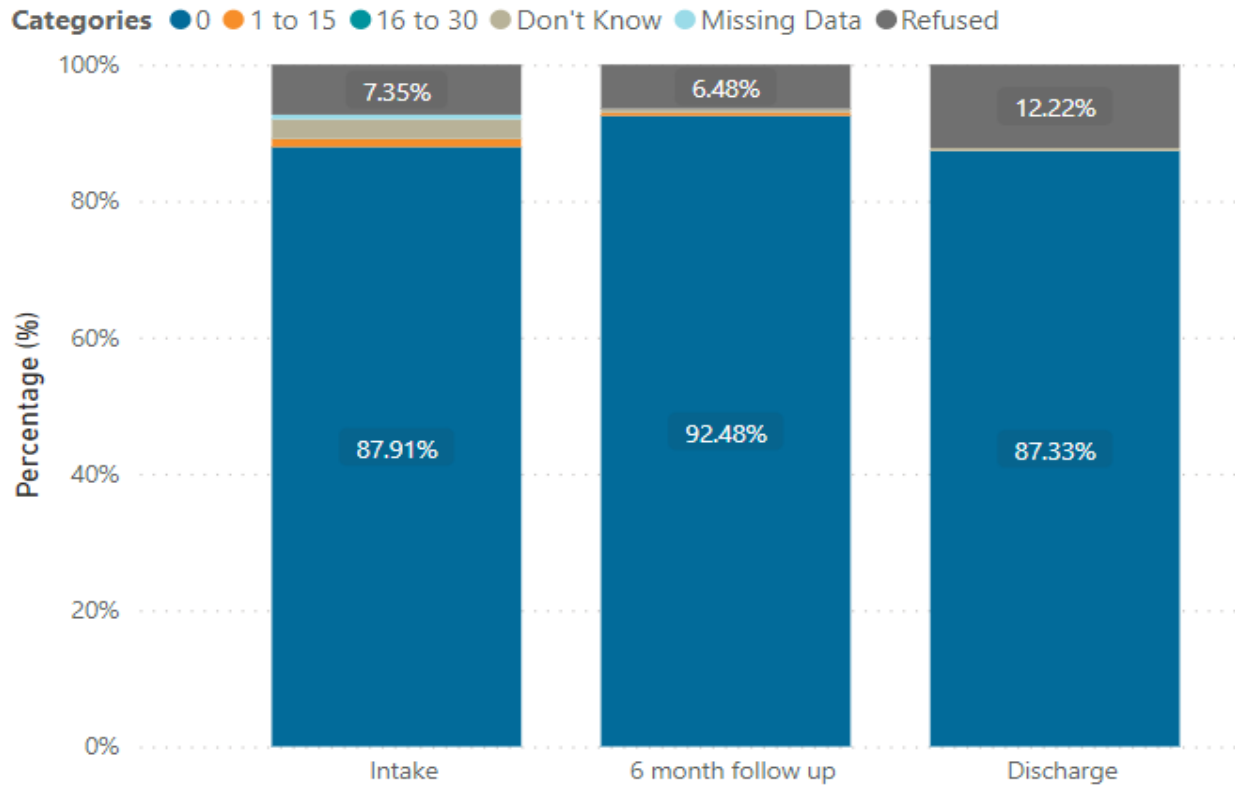
## Anxiety in the Past 30 Days\*



\*Some percentages may be too small to be labeled on the above chart

- COVID-19 Treatment Grant Impact on Serious Anxiety or Tension
  - Participants who reported they experienced no serious anxiety or tension in the past 30 days increased from 44.32% at intake to 59.77% at 6-month follow up and 58.82% at discharge.
  - Participants who reported they experienced serious anxiety or tension for 1 to 15 days decreased from 25.94% at intake to 24.15% at the 6-month follow up and 17.19% at discharge.
  - Participants who reported they experienced serious anxiety or tension for 16 to 30 days decreased from 16.24% at intake to 8.36% at 6-month follow up and 5.88% at discharge.

### Suicide Attempts in the Past 30 Days\*



\*Some percentages may be too small to be labeled on the above chart

- COVID-19 Treatment Grant Impact on Suicide Attempts
  - Participants who reported they did not attempt suicide in the past 30 days increased from 87.91% at intake to 92.48% at 6-month follow up. The percentage of participants who reported they did not attempt suicide in the past 30 days was 87.33% at discharge.
  - Participants who reported they attempted suicide between 1 to 15 days decreased from 1.20% at intake to 0.47% at 6-month follow up and 0.00% at discharge.
  - There was one participant who reported he/she attempted suicide between 16 to 30 days at intake and zero who reported they attempted suicide between 16 to 30 days at both 6 month follow up and at discharge.

Through August 30, 2022, there have been 2,836 (113.4% of goal) initial and 1,037 (39.4% return rate) six-month follow-up GPRA forms uploaded to SPARS. Additionally, there are 234 initial and 128 six-month follow-up GPRA forms that have failed to batch upload into SPARS due to technical issues that are currently under investigation.

## Key Personnel & Budget

This project is overseen by two project directors, Tiffany Glaser, and Melanie Boetel, at 50% level of effort each.

As of May 31, 2022, DSS had expended \$1,850,193.92 of the parent grant and \$401,969.04 of the supplemental grant, for a grand total of \$2,252,162.96.

**Please provide three (3) examples that demonstrate your program's successes in achieving the goals and objectives stated in the grant application and ensure that one of these examples highlights a person served in each of the target populations (SMI/SUD, Healthcare Practitioner, Other than SMI).**

### Example 1 (SMI/SUD)

SMI: This is a long-time patient of mine [the provider] for whom COVID has added to her Major Depressive Disorder. Recently she was forced to retire early due to illness/injury that kept her from fulfilling her duties at work. She had always had health insurance through work, so now she was left uninsured for a period while she was working through the stages of getting hooked up with Medicare/retirement. She was not able to afford any out-of-pocket cost for mental health counseling. With the help of this program, she has been able to receive the counseling services she needs during a difficult transition in her life.

SMI/SUD: This middle aged, divorced man was on the verge of homelessness, unemployed and very depressed when I first met with him. He was struggling with SMI and had a history of meth use. He was psychotic and very confused. This client stayed clean, his thinking cleared up, he started taking medication that was prescribed by his PCP, kept every appointment scheduled with me, and worked very hard to "get his head on straight" during therapy. He met his treatment goals and is working fulltime again, staying clean, and no longer needs counseling. He has successfully discharged from the program.

SUD: This 41-year-old male veteran was homeless when he first reached out for help with FIT back in October 2021. He had been using meth for 6 months for the first time in his life and felt like his entire life was falling apart. COVID had caused him a lot of stress and he was drinking, gambling, spending too much time on the internet, and still struggling on and off with his meth use. He has since completed 24 peer coaching sessions, both in person and virtual. He has demonstrated a 65.6% increase in overall scores related to his personal, social, and cultural capital when comparing his baseline assessment scores to most recent this month. This member still has a lot of work ahead of him but has already achieved some significant milestones. He is becoming confident, has a place to live, is employed, and has gotten back into contact with his son. He is also starting college this fall. While he had a recent recurrence of use, he pulled himself out of it and is continuing to work with his peer coach on a regular basis.

### Example 2 (Healthcare Practitioner)

This client works in food service and cleaning and maintenance at a hospital, and COVID impacted how they could do their job and the care and interaction they were having with patients. This person continues to receive services, as it has helped them work through work stressors, and now they are diving into other life trauma. We [the provider] take that as a success that someone would be willing to come in for one thing, which opened the door to improving other areas of life, as well.

We [the provider] also serve someone in an upper-level position who manages staff and hospital care. This client received DBT, individual counseling, and psychiatric services. She was also dealing with several other personal and safety issues. She is no longer working at the hospital, due to a variety of life stressors, but she has continued services with us.

### Example 3 (Other than SMI)

This client is a schoolteacher who really struggled during the COVID year, and insurance was a struggle. These counseling services assisted him in getting more accessible mental health care. The online teaching format in addition to seeing his students struggle socially was difficult for him. His intention was to quit teaching. However, through these services, he was able to rediscover his passion for his students and remember why he did what he does. He is now looking forward to the upcoming school year, rather than dreading what the future holds.