

# South Dakota

## UNIFORM APPLICATION FY 2017 BEHAVIORAL HEALTH REPORT COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

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Center for Mental Health Services  
Division of State and Community Systems Development

# I: State Information

## State Information

### State DUNS Number

Number 809587900

Expiration Date

### I. State Agency to be the Grantee for the Block Grant

Agency Name South Dakota Department of Social Services

Organizational Unit Behavioral Health Services

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City Pierre

Zip Code 57501

### II. Contact Person for the Grantee of the Block Grant

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Agency Name South Dakota Department of Social Services

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### III. State Expenditure Period (Most recent State expenditure period that is closed out)

From 7/1/2015

To 6/30/2016

### IV. Date Submitted

NOTE: This field will be automatically populated when the application is submitted.

Submission Date

Revision Date

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Footnotes:

## II: Annual Report

### MHBG Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1  
Priority Area: Client Level Data and Outcomes  
Priority Type: SAT, MHS  
Population(s): SMI, SED, PWWDC, IVDUs, TB

Goal of the priority area:

Enhance South Dakota's ability to report federally mandated client level data and use client level data to ensure funded services are meeting identified outcomes.

Strategies to attain the goal:

In a 2012 Substance Abuse Federal Review it was recommended that SD receive technical assistance on enhancing STARS' capability, as well as for contracted providers, as part of its data strategy. Recommended system enhancements included streamlining client assessments, integrating mental health and substance use data where possible and enhancing reporting features.

The Division of Behavioral Health (DBH) is currently working with contracted providers to identify meaningful client level data. It is the goal of DBH to work collaboratively with the providers to identify data that will assist with ensuring the services are being provided with quality and reaching the outcomes intended.

The data collected on the mental health side is comprehensive. However, the next steps will be to identify a means to use the data to drive system improvement. The data collected on the substance abuse side will need to be addressed to ensure meaningful data is identified.

#### Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: SD will reevaluate and improve current methodology and information being collected for individuals receiving state funded services.

Baseline Measurement: Baseline measurement data collected during SFY 2016 TEDS/URS reporting period along with data collected through the Mental Health Statistical Improvement Program and Mental Health Outcomes.

First-year target/outcome measurement: In SFY 2016, the State Information Technology (IT) staff will update STARS' programming language and file structures in order to combine TEDS and URS filing data into one BH TEDS file. In addition, state staff will collaborate with contracted providers to identify meaningful data for both mental health and substance abuse clients.

Second-year target/outcome measurement: In SFY 2017, South Dakota will have the capacity to successfully report one combined file to BH TEDS. In addition, SD will have identified a plan to use meaningful data to drive system improvement and demonstrate effectiveness of the programming funded.

New Second-year target/outcome measurement (if needed):

Data Source:

State Treatment Activity Reporting System (STARS)

New Data Source (if needed):

Description of Data:

STARS reports related to necessary federal reporting requirements.

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

No issues are currently foreseen that would affect the outcome measures.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

In SFY17, the DBH collaborated with a work group of providers representing both mental health and substance use disorder service providers to collectively identify meaningful outcomes that will be collected across both service delivery systems and will meet and exceed the current minimum federal requirements. The DBH moved forward in SFY17 to build the outcome tools into STARS thus allowing billing and outcome data to be matched. This will ensure a means for assisting agencies in submitting reliable data on each client served. Agencies will also be able to extract their agency level data from the STARS system. Once the outcomes tools are built into STARS (estimated completion date of early 2017) the next phase will be to build the combined electronic file to jointly report mental health and substance use disorder data by Dec 1, 2017.

Priority #: 2

Priority Area: Statewide Treatment Needs Assessment

Priority Type: SAP, SAT, MHS

Population(s): SMI, SED, PWWDC, PP, IVDUs, TB

Goal of the priority area:

Complete an updated statewide treatment needs assessments in order to inform block grant planning and state priorities.

Strategies to attain the goal:

In a 2012 Substance Abuse Federal Review it was recommended that the SD receive technical assistance on reviewing historical assessment data/processes within the state in order to identify treatment data sources and scope of measures.

In September 2014, SD received technical assistance from Gwen Grams, Ph.D. The technical assistance included identifying a variety and scope of needs assessments used in other states, covering the spectrum of substance abuse services from prevention to treatment to recovery.

### Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Develop a consolidated needs assessment plan.

Baseline Measurement: Not applicable at this time. Baseline measurements will occur when statistical information is obtained after completion of the statewide needs assessment.

First-year target/outcome measurement: Select a needs assessment methodology and corresponding data sources based on the state's priorities and resources by the end of SFY 2016.

Second-year target/outcome measurement: By the end of SFY 2017, SD will have implemented the selected statewide needs assessment and chosen methodology.

New Second-year target/outcome measurement *(if needed)*:

Data Source:

Not applicable at this time.

New Data Source *(if needed)*:

Description of Data:

Not applicable at this time.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

Not applicable at this time.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:                     Achieved                                     Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

The DBH drafted an RFP to solicit a provider to conduct a comprehensive needs assessment. The RFP is currently under review by the Department Secretary for final approval. In the meantime, the DBH is working with the state's State Epidemiological Outcome Workgroup (SEOW) to ensure we are maximizing the data available through this groups work.

How first year target was achieved *(optional)*:

Priority #:                                    3  
Priority Area:                                Peer Support Services  
Priority Type:                                MHS  
Population(s):                                SMI

Goal of the priority area:

Identify feasibility and system structure needed to potentially implement Peer Support Services in South Dakota.

Strategies to attain the goal:

In a 2013 Mental Health Federal Review it was recommended that SD receive technical assistance in the area of Peer Support Services. South Dakota acknowledges the practice of Peer Support Services as a practice that has shown to be an effective means to enhance and compliment current service delivery systems.  
South Dakota would like to explore the funding structures that would support the development of Peer Support Services along with the rules and regulations that would need to be implemented to oversee such services.

### Annual Performance Indicators to measure goal success

Indicator #:                                    1  
Indicator:                                        South Dakota will explore potential options and funding mechanisms for Peer Support Services.  
Baseline Measurement:                    Not applicable at this time. Baseline measurement will occur when outcome data is collected after completion of one year of Peer Support Services.  
First-year target/outcome measurement:    By the end of SFY 2016, SD will request and receive technical assistance from SAMHSA in order to determine how other states have implemented and funded Peer Support Services in their system, including how Peer Support Specialists are trained.  
Second-year target/outcome measurement:    By the end of SFY 2017, SD will have identified potential funding and training structure that could support the development of Peer Support Services in their area.

New Second-year target/outcome measurement *(if needed)*:

Data Source:

Not applicable at this time.

New Data Source *(if needed)*:

Description of Data:

Not applicable at this time.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None have been identified at this time.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

SD received TA from Dr. Allen Daniels, Ed.D.  
Funding of Peer Supports will be dependent on several factors in South Dakota including potential Medicaid Expansion. The state legislature meets January – March of 2017. If Medicaid does expand, the DBH will assess the feasibility of including Peer Supports as part of the expansion. Through the technical assistance, the training component has been assessed and the DBH will be working on a draft training proposal should the funding component be determined.

Priority #: 4

Priority Area: Suicide Prevention - Suicide is the second leading cause of death in South Dakota for those under the age of 35

Priority Type:

Population(s): Other (Youth and Young Adults between the ages of 10-24. Priority populations will include youth and young adults that are Native, are veterans or members of military service families, in the criminal justice population, LGBTQ, or immigrants. )

Goal of the priority area:

Increase identification, support, services, and awareness to reduce suicide risk among at risk youth age 10 – 24.

Strategies to attain the goal:

1. Conduct follow up calls
2. Provide Evidence Based Training to clinical service providers
3. Provide training to staff in juvenile justice facilities, colleges, universities, high schools and middle schools
4. Develop a public awareness campaign

### Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Conduct follow up calls on youth and young adults discharged from emergency departments and inpatient psychiatric programs that had either a suicidal ideation or a suicide attempt.

Baseline Measurement: Baseline data for the SFY2016 reporting period will be established by September 30, 2015.

First-year target/outcome measurement: In SFY2016, maintain the baseline number of youth and young adults that participate in follow up calls.

Second-year target/outcome measurement: During SFY2017, maintain the number of youth and young adults that received follow up services in SFY 2016.

New Second-year target/outcome measurement (if needed):

Data Source:

The data sources are the HelpLine Information System, FamCare and the Suicide Prevention Data Center (SPDC).

New Data Source (if needed):

Description of Data:

HelpLine conducts follow up calls with youth discharged from emergency departments and inpatient psychiatric programs in coordination with local hospitals. Data on the contacts is recorded in their case management software and exported to the federal reporting system – SPDC.



Indicator: Increase the number of staff at juvenile justice programs, colleges, universities, high schools and middle schools that are trained to assist in the identification and referral of youth at risk for Suicide.

Baseline Measurement: Baseline data for the SFY2016 reporting period will be established by September 30, 2015.

First-year target/outcome measurement: During SFY2016, maintain the same number of trainings that were conducted in the baseline year.

Second-year target/outcome measurement: The target for SFY2017 is to maintain the same number of trainings that were conducted in SFY2016.

New Second-year target/outcome measurement (if needed):

Data Source:

The Suicide Prevention Data Center (SPDC).

New Data Source (if needed):

Description of Data:

Data that is collected from for each training is entered into the SPDC Federal data reporting system.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

No issues are currently foreseen that will affect the outcome measures.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

In SFY2015, there were 146 individuals trained. In SFY2016, there were 458 individuals trained.

Indicator #: 4

Indicator: Develop a public awareness campaign that promotes a crisis texting service for youth to increase the access points for youth at risk.

Baseline Measurement: Baseline data for the SFY2016 reporting period will be established by September 30, 2015.

First-year target/outcome measurement: During SFY2016, a maximum of three colleges and universities will be trained on the crisis texting program and will fully implement this program at each institution.

Second-year target/outcome measurement: Maintain support for the three colleges and universities with crisis texting programs in SFY2017.

New Second-year target/outcome measurement (if needed):

Data Source:

Helplines Information System – FamCare.

New Data Source (if needed):

Description of Data:

Data collected for each contact is entered into the Helpline case management system and extracted to meet reporting requirements.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

No issues are currently foreseen that will affect the outcome measures.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

In SFY2015, there were 3 colleges trained and 14 crisis texts from students with the Awareness Program under development. In SFY2016, the 3 colleges received additional training and 92 students sent crisis texts with all 3 colleges having developed and rolled out an Awareness Campaign on their campus.

Priority #: 5

Priority Area: Underage Drinking – South Dakota’s underage use of alcohol for persons aged 12 -20 is above the national average

Priority Type: SAP

Population(s): Other (within the 12-20 age groups, specific target populations will include: Native American youth, LGBTQ youth, youth living in military families and immigrant youth.)

Goal of the priority area:

reduce underage drinking by using a data-driven decision making process and implement evidence base prevention programs.

Strategies to attain the goal:

1. Continue to support primary prevention evidence-based programs
2. Continue to support early intervention evidence-based programs
3. Educate the prevention workforce on Recovery Support Services

### Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Provide evidence-based primary prevention programming to youth

Baseline Measurement: The number of youth served in Primary Prevention programming by September 30, 2015 will be the baseline year.

First-year target/outcome measurement: In SFY2016 maintain the number of youth served in the primary prevention area as served in the baseline year.

Second-year target/outcome measurement: In SFY2017, maintain the number of youth receiving services through primary prevention evidence-based programs as was served in SFY2016.

New Second-year target/outcome measurement *(if needed)*:

Data Source:

MOSAIC (formerly KITS) Management Information System.

New Data Source *(if needed)*:

Description of Data:

The MOSAIC Management Information System is the information system for all state prevention providers that record the number and type of programs, activities conducted and individuals served.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

Currently the MOSAIC system is moving to a new data collection system which the State will adopt in SFY2017. This conversion may cause a disruption in the data entry and the generation of reports off the new system.

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

In SFY 2015, there were 169,498 individuals involved in primary prevention programming. In SFY 2016, there were 169,815 individuals involved in primary prevention programming.

Indicator #: 2

Indicator: Continue to support early intervention evidence-based programs that serve youth

Baseline Measurement: The number of youth served in early intervention programming by September 30, 2015 will be the baseline year.

First-year target/outcome measurement: In SFY 2016 provide early intervention services to the same number of youth as served in the baseline year.

Second-year target/outcome measurement: In SFY 2017, maintain the number of youth receiving services through early intervention evidence-based programs at the SFY2016 level.

New Second-year target/outcome measurement (if needed):

Data Source:

MOSAIC (formerly KITS) Management Information System.

New Data Source (if needed):

Description of Data:

The MOSAIC Management Information System is the information system for all state prevention providers that record the number and type of programs, activities conducted and individuals served.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Currently revising MOSAIC system is moving to a new data collection system which the State will adopt in SFY2017. This conversion may cause a disruption in the data entry and the generation of reports off the new system.

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

In SFY 2015, there were 1,643 youth involved in early intervention programming. In SFY2016, there were 3,265 youth involved in early intervention programs.

Indicator #: 3

Indicator: Educate the prevention workforce on Recovery Support Services and encourage the development of these services in local communities.

Baseline Measurement: The number of community based prevention and health care specialists trained in the State supported Recovery Support Specialists Model as of September 30, 2015.

First-year target/outcome measurement: Continue the number of community based prevention and health care specialist's trainings in the State supported Recovery Support Specialists Model as conducted in baseline year.

Second-year target/outcome measurement: Continue the number of community based prevention and health care specialist's trainings in the State supported Recovery Support Specialists Model as conducted in SFY2016.

New Second-year target/outcome measurement (*if needed*):

Data Source:

Annual reports from Recovery community organizations to the Prevention Program annually.

New Data Source (*if needed*):

Description of Data:

The annual report from the Recovery Community organization includes the number of individuals trained in Recovery Supports, the number of employers involved in supporting the recovery community organizations and number of individuals receiving community coaching activities and information dissemination to communities on recovery support services.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

None at this time.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (*if not achieved, explain why*)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (*optional*):

In SFY 2015, there were no peer support trainings held. In SFY 2016, trainings were held with 25 Recovery Coaches trained. In SFY 2015, there were 13 employers supporting the initiative and in SFY 2016, there were 16. In SFY 2015, there were 1,997 support calls and in SFY2016, there were 2,437 support calls. In SFY 2015, 6,012 individuals were impacted by community outreach and in SFY 2016, 1,380 individuals were impacted by outreach.

Footnotes:

**Priority Area: Client Level Data and Outcomes**

**Priority Type:** Substance Abuse Treatment (SAT) and Mental Health Services (MHS)

**Priority Population:** PWWDC, TB, SED, SMI, IVDUs

**Goal:** Enhance South Dakota's ability to report federally mandated client level data and use client level data to ensure funded services are meeting identified outcomes.

**Objective:** By the end of SFY 2017, DBH will have developed meaningful client level data for substance abuse and mental health services through the current State Treatment Activity Reporting System (STARS) and other data collection means.

**Strategies:**

In a 2012 Substance Abuse Federal Review it was recommended that SD receive technical assistance on enhancing STARS' capability, as well as for contracted providers, as part of its data strategy. Recommended system enhancements included streamlining client assessments, integrating mental health and substance use data where possible and enhancing reporting features.

The Division of Behavioral Health (DBH) is currently working with contracted providers to identify meaningful client level data. It is the goal of DBH to work collaboratively with the providers to identify data that will assist with ensuring the services are being provided with quality and reaching the outcomes intended.

The data collected on the mental health side is comprehensive. However, the next steps will be to identify a means to use the data to drive system improvement. The data collected on the substance abuse side will need to be addressed to ensure meaningful data is identified.

**Annual Performance Indicator** *(must have one performance indicator for each objective:*

1. SD will reevaluate and improve current methodology and information being collected for individuals receiving state funded services.
  - a) **Baseline Measurement** *(Initial data collected prior to and during SFY2016):*  
Baseline measurement data collected during SFY 2016 TEDS/URS reporting period along with data collected through the Mental Health Statistical Improvement Program and Mental Health Outcomes.
  - b) **First-year target/outcome measurement** *(Progress to end of SFY 2016):*  
In SFY 2016, the State Information Technology (IT) staff will update STARS' programming language and file structures in order to combine TEDS and URS filing data into one BH TEDS file. In addition, state staff will collaborate with contracted providers to identify meaningful data for both mental health and substance abuse clients.

- c) **Second-year target/outcome measurement** (*Progress to end of SFY 2017*):  
In SFY 2017, South Dakota will have the capacity to successfully report one combined file to BH TEDS. In addition, SD will have identified a plan to use meaningful data to drive system improvement and demonstrate effectiveness of the programming funded.
- d) **Data Source:**  
State Treatment Activity Reporting System (STARS)
- e) **Description of Data:**  
STARS reports related to necessary federal reporting requirements.
- f) **Data Issues:**  
No issues are currently foreseen that would affect the outcome measures.

**Report of Progress Toward Goal Attainment**

**First Year Target:**  Achieved                       Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

In SFY17, the DBH collaborated with a work group of providers representing both mental health and substance use disorder service providers to collectively identify meaningful outcomes that will be collected across both service delivery systems and will meet and exceed the current minimum federal requirements. The DBH moved forward in SFY17 to build the outcome tools into STARS thus allowing billing and outcome data to be matched. This will ensure a means for assisting agencies in submitting reliable data on each client served. Agencies will also be able to extract their agency level data from the STARS system. Once the outcomes tools are built into STARS (estimated completion date of early 2017) the next phase will be to build the combined electronic file to jointly report mental health and substance use disorder data by Dec 1, 2017.

**Priority Area:** Statewide Treatment Needs Assessment.

**Priority Type:** SAP, SAT, MHS

**Priority Population:** SMI, SED, PWWDC, PP, IVDU, TB,

**Goal:** Complete an updated statewide treatment needs assessments in order to inform block grant planning and state priorities.

**Objective:** By the end of SFY 2017, South Dakota will have completed statewide needs assessment survey to include data regarding incidence and prevalence of all treatment and prevention activities related to substance abuse and mental health services.

**Strategies:**

In a 2012 Substance Abuse Federal Review it was recommended that the SD receive technical assistance on reviewing historical assessment data/processes within the state in order to identify treatment data sources and scope of measures.

In September 2014, SD received technical assistance from Gwen Grams, Ph.D. The technical assistance included identifying a variety and scope of needs assessments used in other states, covering the spectrum of substance abuse services from prevention to treatment to recovery.

**Annual Performance Indicator** (*must have one performance indicator for each objective*):

1. Develop a consolidated needs assessment plan.
  - a) **Baseline Measurement** (*Initial data collected prior to and during SFY2016*):  
Not applicable at this time. Baseline measurements will occur when statistical information is obtained after completion of the statewide needs assessment.
  - b) **First-year target/outcome measurement** (*Progress to end of SFY 2016*):  
Select a needs assessment methodology and corresponding data sources based on the state's priorities and resources by the end of SFY 2016.
  - c) **Second-year target/outcome measurement** (*Progress to end of SFY 2017*):  
By the end of SFY 2017, SD will have implemented the selected statewide needs assessment and chosen methodology.
  - d) **Data Source:** Not applicable at this time.
  - e) **Description of Data:** Not applicable at this time.
  - f) **Data Issues:** Not applicable at this time.

**Report of Progress Toward Goal Attainment**

**First Year Target:**  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

The DBH drafted an RFP to solicit a provider to conduct a comprehensive needs assessment. The RFP is currently under review by the Department Secretary for final approval. In the meantime, the DBH is working with the state's State Epidemiological Outcome Workgroup (SEOW) to ensure we are maximizing the data available through this groups work.

**How first year target was achieved (optional):**

**Priority Area:** Peer Support Services

**Priority Type:** Mental Health Services (MHS)

**Priority Population:** SMI

**Goal:** Identify feasibility and system structure needed to potentially implement Peer Support Services in South Dakota.

**Objective:** By the end of SFY 2017, DBH will have identified the feasibility and structure needed to implement Peer Support Services.

**Strategies:**

In a 2013 Mental Health Federal Review it was recommended that SD receive technical assistance in the area of Peer Support Services. South Dakota acknowledges the practice of Peer Support Services as a practice that has shown to be an effective means to enhance and compliment current service delivery systems.

South Dakota would like to explore the funding structures that would support the development of Peer Support Services along with the rules and regulations that would need to be implemented to oversee such services.

**Annual Performance Indicator** (*must have one performance indicator for each objective:*)

1. South Dakota will explore potential options and funding mechanisms for Peer Support Services.
  - a) **Baseline Measurement** (*Initial data collected prior to and during SFY2016*):  
Not applicable at this time. Baseline measurement will occur when outcome data is collected after completion of one year of Peer Support Services.
  - b) **First-year target/outcome measurement** (*Progress to end of SFY 2016*):  
By the end of SFY 2016, SD will request and receive technical assistance from SAMHSA in order to determine how other states have implemented and funded Peer Support Services in their system, including how Peer Support Specialists are trained.
  - c) **Second-year target/outcome measurement** (*Progress to end of SFY 2017*):  
By the end of SFY 2017, SD will have identified potential funding and training structure that could support the development of Peer Support Services in their area.
  - d) **Data Source:**  
Not applicable at this time.
  - e) **Description of Data:**  
Not applicable at this time.
  - f) **Data Issues:**  
None have been identified at this time.

**Report of Progress Toward Goal Attainment**

**First Year Target:**  Achieved  Not Achieved(if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

SD received TA from Dr. Allen Daniels, Ed.D.

Funding of Peer Supports will be dependent on several factors in South Dakota including potential Medicaid Expansion. The state legislature meets January – March of 2017. If Medicaid does expand, the DBH will assess the feasibility of including Peer Supports as part of the expansion. Through the technical assistance, the training component has been assessed and the DBH will be working on a draft training proposal should the funding component be determined.

## Prevention Performance Indicators

The following are the Goals, Objectives and Strategies in the prevention area for the 2016 – 2017 Block Grant.

**Priority Area: Suicide Prevention -** Suicide is the second leading cause of death in South Dakota for those under the age of 35.

**Targeted/Required Populations: (Other):** Youth and Young Adults between the ages of 10-24. Priority populations will include youth and young adults that are Native, are veterans or members of military service families, in the criminal justice population, LGBTQ, or immigrants.

**Goal of the Priority Area:** Increase identification, support, services, and awareness to reduce suicide risk among at risk youth age 10 – 24.

**Objective:** Increase the access points for youth at risk and improve the continuity of care for youth demonstrating suicidal ideations.

### Strategies to Obtain the Objective:

1. Conduct follow up calls
2. Provide Evidence Based Training to clinical service providers
3. Provide training to staff in juvenile justice facilities, colleges, universities, high schools and middle schools
4. Develop a public awareness campaign

### Annual Performance Indicator:

**Strategy #1:** Conduct follow up calls on youth and young adults discharged from emergency departments and inpatient psychiatric programs that had either a suicidal ideation or a suicide attempt.

**a) Baseline Measurement:**

Baseline data for the SFY2016 reporting period will be established by September 30, 2015.

**b) SFY2016 target/outcome measurement:**

In SFY2016, maintain the baseline number of youth and young adults that participate in follow up calls.

**c) SFY2017 target/outcome measurement:**

During SFY2017, maintain the number of youth and young adults that received follow up services in SFY 2016.

**d) Data Source:** The data sources are the HelpLine Information System, FamCare and the Suicide Prevention Data Center (SPDC).

- e) **Description of Data:** HelpLine conducts follow up calls with youth discharged from emergency departments and inpatient psychiatric programs in coordination with local hospitals. Data on the contacts is recorded in their case management software and exported to the federal reporting system – SPDC.
- f) **Data Issues:** No issues are currently foreseen that will affect the outcome measures.

**Report of Progress Toward Goal Attainment**

**First Year Target:**  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):** In SFY 2015, there were 51 clients involved in the follow-up program. In SFY 2016, there were 299 youth and young adults enrolled in the follow-up program.

**Annual Performance Indicator:**

**Strategy #2:** Provide Evidence Based Training to clinical service providers including behavioral and health care providers to obtain the skills needed to assess, manage and treat at risk youth.

- a) **Baseline Measurement:**  
Baseline data for the SFY2016 reporting period will be established by September 30, 2015.
- b) **SFY2016 target/outcome measurement:**  
During SFY2016, continue to conduct the same number of trainings that were completed in the baseline year.
- c) **SFY2017 target/outcome measurement:**  
During SFY2017, continue to conduct the same number of trainings as were conducted in SFY2016.
- d) **Data Source:** The Suicide Prevention Data Center (SPDC).
- e) **Description of Data:** Data collected for each training is entered into the SPDC Federal data reporting system.
- f) **Data Issues:** No issues are currently foreseen that will affect the outcome measures.

**Report of Progress Toward Goal Attainment**

**First Year Target:**  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):** In SFY2015, there were 16 trainings held. In SFY2016, there were 41 trainings held. The trainings included the following; QPRT, Means Restriction, Safety Planning, Kognito in the ER, RRSR, MHFA, Shield of Care and Making Educators Partners in Suicide Prevention.

**Annual Performance Indicator:**

**Strategy #3:** Increase the number of staff at juvenile justice programs, colleges, universities, high schools and middle schools that are trained to assist in the identification and referral of youth at risk for Suicide.

- a) **Baseline Measurement:**  
Baseline data for the SFY2016 reporting period will be established by September 30, 2015.
- b) **SFY2016 target/outcome measurement:**  
During SFY2016, maintain the same number of trainings that were conducted in the baseline year.
- c) **SFY2017 target/outcome measurement:**  
The target for SFY2017 is to maintain the same number of trainings that were conducted in SFY2016.
- d) **Data Source:** The Suicide Prevention Data Center (SPDC).
- e) **Description of Data:** Data that is collected from for each training is entered into the SPDC Federal data reporting system.
- f) **Data Issues:** No issues are currently foreseen that will affect the outcome measures.

**Report of Progress Toward Goal Attainment**

**First Year Target:**  Achieved                       Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):** In SFY2015, there were 146 individuals trained. In SFY2016, there were 458 individuals trained.

**Annual Performance Indicator:**

**Strategy #4:** Develop a public awareness campaign that promotes a crisis texting service for youth to increase the access points for youth at risk.

- a) **Baseline Measurement:**  
Baseline data for the SFY2016 reporting period will be established by September 30, 2015.
- b) **SFY2016 target/outcome measurement:**  
During SFY2016, a maximum of three colleges and universities will be trained on the crisis texting program and will fully implement this program at each institution.
- c) **SFY2017 target/outcome measurement:**  
Maintain support for the three colleges and universities with crisis texting programs in SFY2017.

- d) **Data Source:** Helplines Information System – FamCare.
- e) **Description of Data:** Data collected for each contact is entered into the Helpline case management system and extracted to meet reporting requirements.
- f) **Data Issues:** No issues are currently foreseen that will affect the outcome measures.

**Report of Progress Toward Goal Attainment**

**First Year Target:**  Achieved                       Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):** In SFY2015, there were 3 colleges trained and 14 crisis texts from students with the Awareness Program under development. In SFY2016, the 3 colleges received additional training and 92 students sent crisis texts with all 3 colleges having developed and rolled out an Awareness Campaign on their campus.

**Priority Area: Underage Drinking** – South Dakota’s underage use of alcohol for persons aged 12 -20 is above the national average.

**Priority Type:** Substance Abuse Prevention (SAP)

**Targeted/Required Populations:** within the 12-20 age groups, specific target populations will include: Native American youth, LGBTQ youth, youth living in military families and immigrant youth.

**Goal of the Priority Area:** reduce underage drinking by using a data-driven decision making process and implement evidence base prevention programs.

**Objective:** Implement a range of Evidence Based Programs blending individual and environmental programs.

**Strategies:**

1. Continue to support primary prevention evidence-based programs
2. Continue to support early intervention evidence-based programs
3. Educate the prevention workforce on Recovery Support Services

**Annual Performance Indicator:**

**Strategy #1:** Provide evidence-based primary prevention programming to youth.

**a) Baseline Measurement:**

The number of youth served in Primary Prevention programming by September 30, 2015 will be the baseline year.

**b) SFY2016 target/outcome measurement:**

In SFY2016 maintain the number of youth served in the primary prevention area as served in the baseline year.

**c) SFY2017 target/outcome measurement:**

In SFY2017, maintain the number of youth receiving services through primary prevention evidence-based programs as was served in SFY2016.

**d) Data Source:** MOSAIC (formerly KITS) Management Information System.

**e) Description of Data:** The MOSAIC Management Information System is the information system for all state prevention providers that record the number and type of programs, activities conducted and individuals served.

**f) Data Issues:** Currently the MOSAIC system is moving to a new data collection system which the State will adopt in SFY2017. This conversion may cause a disruption in the data entry and the generation of reports off the new system.

### **Report of Progress Toward Goal Attainment**

**First Year Target:**  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):** In SFY 2015, there were 169,498 individuals involved in primary prevention programming. In SFY 2016, there were 169,815 individuals involved in primary prevention programming.

### **Annual Performance Indicator:**

**Strategy #2:** Continue to support early intervention evidence-based programs that serve youth.

**a) Baseline Measurement:**

The number of youth served in early intervention programming by September 30, 2015 will be the baseline year.

**b) SFY2016 target/outcome measurement:**

In SFY 2016 provide early intervention services to the same number of youth as served in the baseline year.

**c) SFY2017 target/outcome measurement:**

In SFY 2017, maintain the number of youth receiving services through early intervention evidence-based programs at the SFY2016 level.

**d) Data Source:** MOSAIC (formerly KITS) Management Information System.

**e) Description of Data:** The MOSAIC Management Information System is the information system for all state prevention providers that record the number and type of programs, activities conducted and individuals served.

**f) Data Issues:** Currently revising MOSAIC system is moving to a new data collection system which the State will adopt in SFY2017. This conversion may cause a disruption in the data entry and the generation of reports off the new system.

## **Report of Progress Toward Goal Attainment**

**First Year Target:**  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):** In SFY 2015, there were 1,643 youth involved in early intervention programming. In SFY2016, there were 3,265 youth involved in early intervention programs.

### **Annual Performance Indicator:**

**Strategy #3:** Educate the prevention workforce on Recovery Support Services and encourage the development of these services in local communities.

**a) Baseline Measurement:**

The number of community based prevention and health care specialists trained in the State supported Recovery Support Specialists Model as of September 30, 2015.

**b) SFY2016 target/outcome measurement:**

Continue the number of community based prevention and health care specialist's trainings in the State supported Recovery Support Specialists Model as conducted in baseline year.

**c) SFY2017 target/outcome measurement:**

Continue the number of community based prevention and health care specialist's trainings in the State supported Recovery Support Specialists Model as conducted in SFY2016.

**d) Data Source:** Annual reports from Recovery community organizations to the Prevention Program annually.

**e) Description of Data:** The annual report from the Recovery Community organization includes the number of individuals trained in Recovery Supports, the number of employers involved in supporting the recovery community organizations and number of individuals receiving community coaching activities and information dissemination to communities on recovery support services.

**f) Data Issues:** None at this time.

## **Report of Progress Toward Goal Attainment**

**First Year Target:**  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):** In SFY 2015, there were no peer support trainings held. In SFY 2015, trainings were held with 25 Recovery Coaches trained. In SFY 2015, there were 13 employers supporting the initiative and in SFY 2016, there were 16. In SFY 2015, there were 1,997 support calls and in SFY2016, there were 2,437 support calls. In SFY

2015, 6,012 individuals were impacted by community outreach and in SFY 2016, 1,380 individuals were impacted by outreach.

### III: Expenditure Reports

MHBG Table 3 - MHBG Expenditures By Service.

Expenditure Period Start Date: 7/1/2015      Expenditure Period End Date: 6/30/2016

Service	Expenditures
Healthcare Home/Physical Health	\$
Specialized Outpatient Medical Services;	
Acute Primary Care;	
General Health Screens, Tests and Immunizations;	
Comprehensive Care Management;	
Care coordination and Health Promotion;	
Comprehensive Transitional Care;	
Individual and Family Support;	
Referral to Community Services Dissemination;	
Prevention (Including Promotion)	\$
Screening, Brief Intervention and Referral to Treatment ;	
Brief Motivational Interviews;	
Screening and Brief Intervention for Tobacco Cessation;	
Parent Training;	
Facilitated Referrals;	
Relapse Prevention/Wellness Recovery Support;	
Warm Line;	
Substance Abuse (Primary Prevention)	\$
Classroom and/or small group sessions (Education);	
Media campaigns (Information Dissemination);	
Systematic Planning/Coalition and Community Team Building(Community Based Process);	

Parenting and family management (Education);	
Education programs for youth groups (Education);	
Community Service Activities (Alternatives);	
Student Assistance Programs (Problem Identification and Referral);	
Employee Assistance programs (Problem Identification and Referral);	
Community Team Building (Community Based Process);	
Promoting the establishment or review of alcohol, tobacco, and drug use policies (Environmental);	
Engagement Services	\$
Assessment;	
Specialized Evaluations (Psychological and Neurological);	
Service Planning (including crisis planning);	
Consumer/Family Education;	
Outreach;	
Outpatient Services	\$
Evidenced-based Therapies;	
Group Therapy;	
Family Therapy ;	
Multi-family Therapy;	
Consultation to Caregivers;	
Medication Services	\$
Medication Management;	
Pharmacotherapy (including MAT);	
Laboratory services;	
Community Support (Rehabilitative)	\$
Parent/Caregiver Support;	

Skill Building (social, daily living, cognitive);	
Case Management;	
Behavior Management;	
Supported Employment;	
Permanent Supported Housing;	
Recovery Housing;	
Therapeutic Mentoring;	
Traditional Healing Services;	
Recovery Supports	\$
Peer Support;	
Recovery Support Coaching;	
Recovery Support Center Services;	
Supports for Self-directed Care;	
Other Supports (Habilitative)	\$
Personal Care;	
Homemaker;	
Respite;	
Supported Education;	
Transportation;	
Assisted Living Services;	
Recreational Services;	
Trained Behavioral Health Interpreters;	
Interactive Communication Technology Devices;	
Intensive Support Services	\$
Substance Abuse Intensive Outpatient (IOP);	

Partial Hospital;	
Assertive Community Treatment;	
Intensive Home-based Services;	
Multi-systemic Therapy;	
Intensive Case Management ;	
Out-of-Home Residential Services	\$
Children's Mental Health Residential Services;	
Crisis Residential/Stabilization;	
Clinically Managed 24 Hour Care (SA);	
Clinically Managed Medium Intensity Care (SA) ;	
Adult Mental Health Residential ;	
Youth Substance Abuse Residential Services;	
Therapeutic Foster Care;	
Acute Intensive Services	\$
Mobile Crisis;	
Peer-based Crisis Services;	
Urgent Care;	
23-hour Observation Bed;	
Medically Monitored Intensive Inpatient (SA);	
24/7 Crisis Hotline Services;	
Other (please list)	\$
Total	\$0

Footnotes:

### III: Expenditure Reports

MHBG Table 4 - Set-aside for Children's Mental Health Services

State Expenditures for Mental Health Services		
Actual SFY 2008	Actual SFY 2015	Estimated/Actual SFY 2016
\$721,815	\$822,698	\$828,000

States are required to not spend less than the amount expended in Actual SFY 2008. This is a change from the previous year, when the baseline for the state expenditures was 1994.

Footnotes:

### III: Expenditure Reports

MHBG Table 7 - Maintenance of Effort for State Expenditures on Mental Health Services

Total Expenditures for SMHA		
Period (A)	Expenditures (B)	<u>B1(2014) + B2(2015)</u> 2 (C)
SFY 2014 (1)	\$10,298,847	
SFY 2015 (2)	\$11,577,977	\$10,938,412
SFY 2016 (3)	\$13,254,635	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2014	Yes	<u>X</u>	No	_____
SFY 2015	Yes	<u>X</u>	No	_____
SFY 2016	Yes	<u>X</u>	No	_____

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: \_\_\_\_\_

Footnotes: