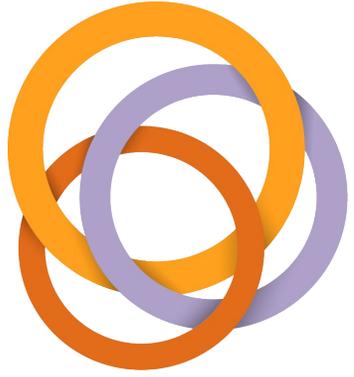




Opioid Abuse Advisory Committee Meeting

September 24, 2025

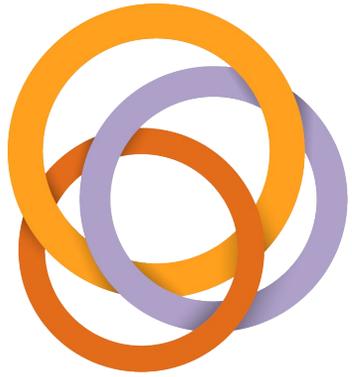
1 pm - 4 pm CT



Welcome & Introductions

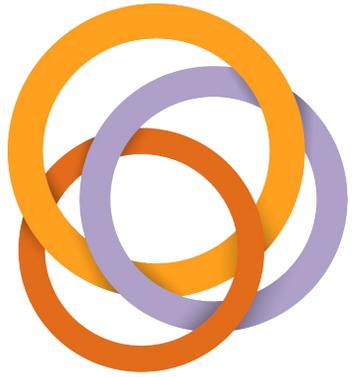
Committee Members

- Lori Martinec - South Dakota Department of Health, Chair
- Becky Heisinger - South Dakota Association of Healthcare Organizations
- Sara DeCoteau - Sisseton-Wahpeton Oyate of the Lake Traverse Reservation
- Margaret Hansen - South Dakota Board of Medical & Osteopathic Examiners
- Mallie Kludt - Volunteers of America, Dakotas
- Brenna Koedam - South Dakota Department of Social Services
- Amanda Miiller - South Dakota Office of Attorney General
- Kristen Carter - South Dakota Pharmacists Association
- William Ryman - Indian Health Services
- Tyler Laetsch - South Dakota Board of Pharmacy
- Rep. Taylor Rehfeldt - South Dakota Legislature
- Erin Miller - South Dakota State University, College of Pharmacy & Allied Health Professions
- Ronald Goodsell - Dakota Plains Transitional Living
- Shannon Emry - Midwest Street Medicine
- Brian Mueller - Pennington Co. Sheriff's Office
- Joe Kippley - Sioux Falls Health Department
- Susan Kornder - Northeastern Mental Health Center
- Mary Beth Fishback - Brookings Behavioral Health & Wellness
- Jason Foote - Yankton Police Department
- Dusty Pelle - Pierre Police Department
- John Rounds, PT - Pierre Physical Therapy & Rehabilitation
- Melanie Weiss, OD - Weiss Eyecare Clinic



Federal Funding Updates

- DOH Grants – Lori Martinec, Administrator, Office of Injury, Violence and Overdose Prevention, DOH
- DSS Grants – Melanie Boetel, Director, Division of Behavioral Health, DSS



Opioid Settlement Fund Updates

Brenna Koedam – Chief of Behavioral Health, DSS

Opioid Settlement Dashboard



Opioid
Settlement
Dashboard



<https://dss.sd.gov/>

Total Funds Anticipated
through 2038
State + Local: \$98,863,408
State Share: \$70,558,896

The screenshot shows the South Dakota Department of Social Services website. At the top, the DSS logo and name are displayed, along with the tagline "Strong Families - South Dakota's Foundation and Our Future". Navigation links include Home, How Do I..., Behavioral Health, Child Care, Child Protection, Child Support, Economic Assistance, Medicaid, and Licensing Boards. A prominent blue banner for the "South Dakota Rural Health Transformation Plan Public Comment and Input Opportunity" is visible, with a "Learn More" button. Below this, there are icons for "Find your local office", "Forms and Publications", "News", "Contact Us", and "Apply Online". At the bottom of the page, there are two featured sections: "Opioid Settlement Dashboard" with a pie chart icon, and "Medicaid Data" with a bar chart icon. An orange arrow points from the "Opioid Settlement Dashboard" link in the website screenshot to the main dashboard graphic on the left.

Status Update

- RFP was released for bid in January 2025
 - Encompassed a request for assessment of all approved use topic areas
 - Bidders could select multiple topic areas
- RFPs were due to DSS on March 6
- 11 proposals were received
- Award decisions were made in April
 - **Steadman Group - Treatment & Recovery**
 - **University of South Dakota - Prevention**
- Contracts began June 2025
- Final reports will be made in the Spring of 2026 to the committee

Progress Update on Opioid Needs Assessment



SD Opioid Abatement and Remediation Fund

Opioid Settlement
Funding Framework

**SD BEHAVIORAL
HEALTH**
Department of Social Services



Overview of SD National Opioid Settlement Funding

- South Dakota began receiving National Opioid Settlement funds in 2022.
- Funds are dispersed through the Opioid Abatement and Remediation Fund.
- Settlement distribution: 70% statewide share and 30% local governments.
- Oversight of state expenditures from fund is assigned to the Department of Social Services.

Settlement Approved Uses compared to the SD Opioid Strategic Plan

SOUTH DAKOTA OPIOID STRATEGIC PLAN

GOALS & STRATEGIES

Prevention and
Early Identification

Treatment
and Recovery

Reducing Illicit
Supply

Response to
Opioid Misuse

SD Appropriation of Opioid Settlement Resources

Funding Framework for Investment of Statewide Share Resources



Project Size up to \$5,000

Requests under constant review



Community Speakers/Targeted Education Events



Provider Training Opportunities, MAT Certification



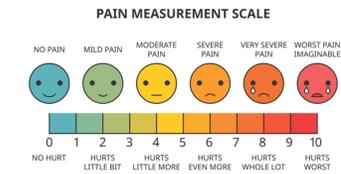
Developing resources to support diversion and relapse prevention

Project Size up to \$50,000

Offered November and March



Support Services



Alternative pain management strategies



Smart phone apps

Projects anticipated to be \$500,000 or greater

Requests under constant review



Statewide Impact



Problem Solving



Innovative

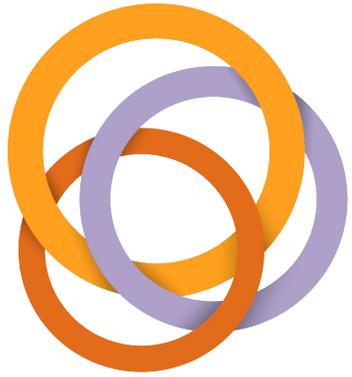


Priority Considerations

- Collaborative Development
- Data and Outcome Assurance
- Statewide Impacts
- Funding Evaluation







Data & Surveillance

- Prescription Drug Monitoring Program Update from Melissa DeNoon, South Dakota Board of Pharmacy
- Overdose Data Update from Amanda Weinzetl, Epidemiologist, DOH
- Naloxone Saturation Model & Distribution Efforts from Colleen Hannum and Shaina Smykle, DSS

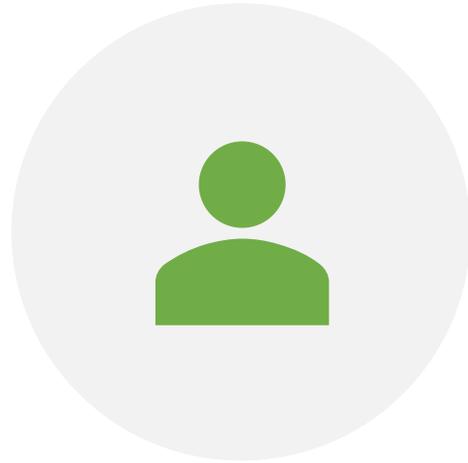
Opioid Abuse Advisory Committee

September 24, 2025

Melissa DeNoon, R.Ph., SD PDMP Director

SD PDMP Update

What's New at the PDMP?



PMP INTERCONNECT INTERSTATE DATA SHARING
SET UP WITH NEW YORK

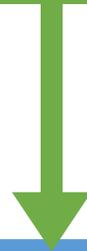


“DATE SOLD” FIELD NOW AVAILABLE ON PATIENT
REPORTS VIEWED VIA INTEGRATIONS, IN
ADDITION TO WEBSITE-VIEWED REPORTS

Grant Funded PDMP Enhancements & Projects

DOH CDC
OD2A in
States
Grant

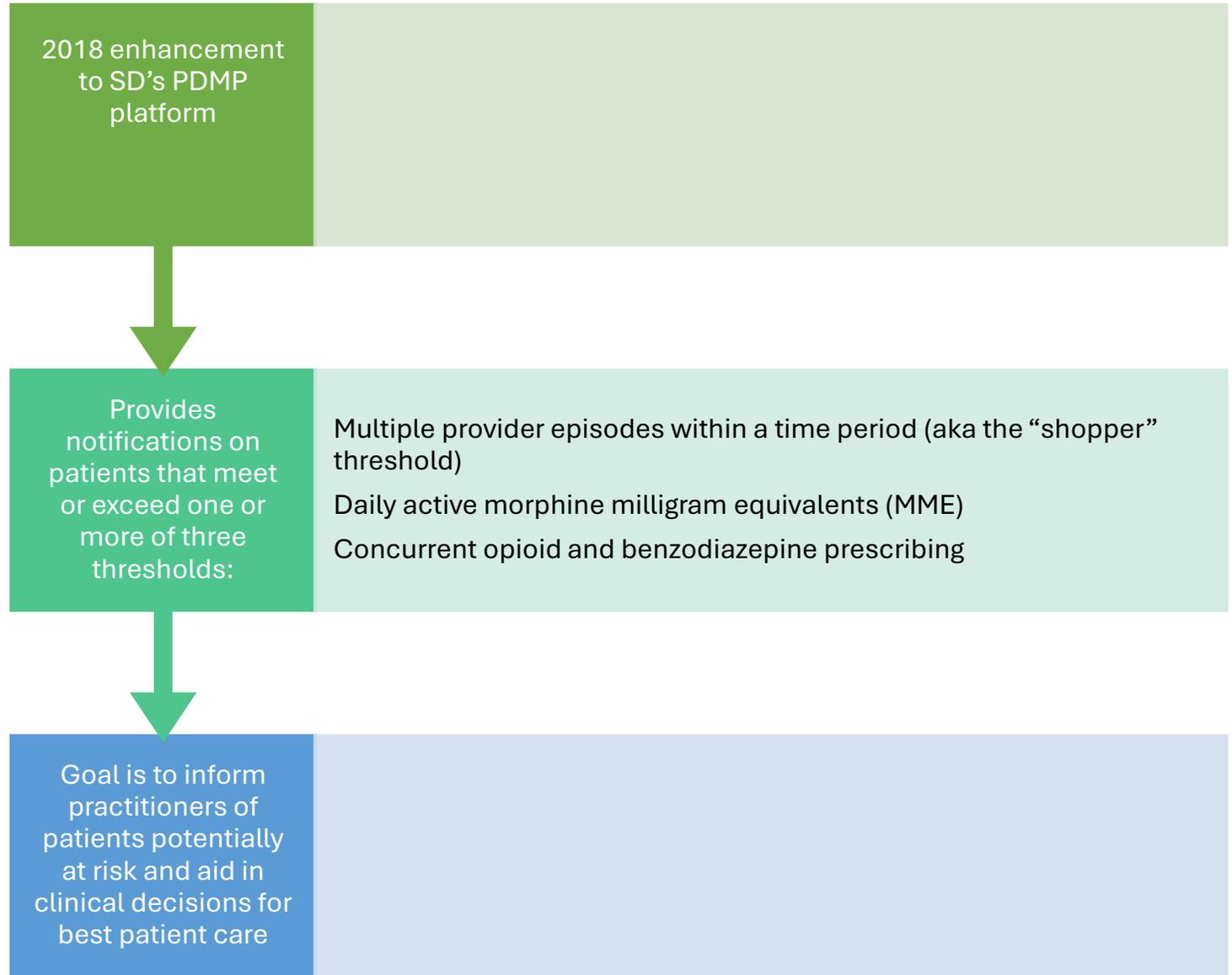
Clinical Alerts
Prescriber Reports
Advanced Analytics
Masked Data Extracts



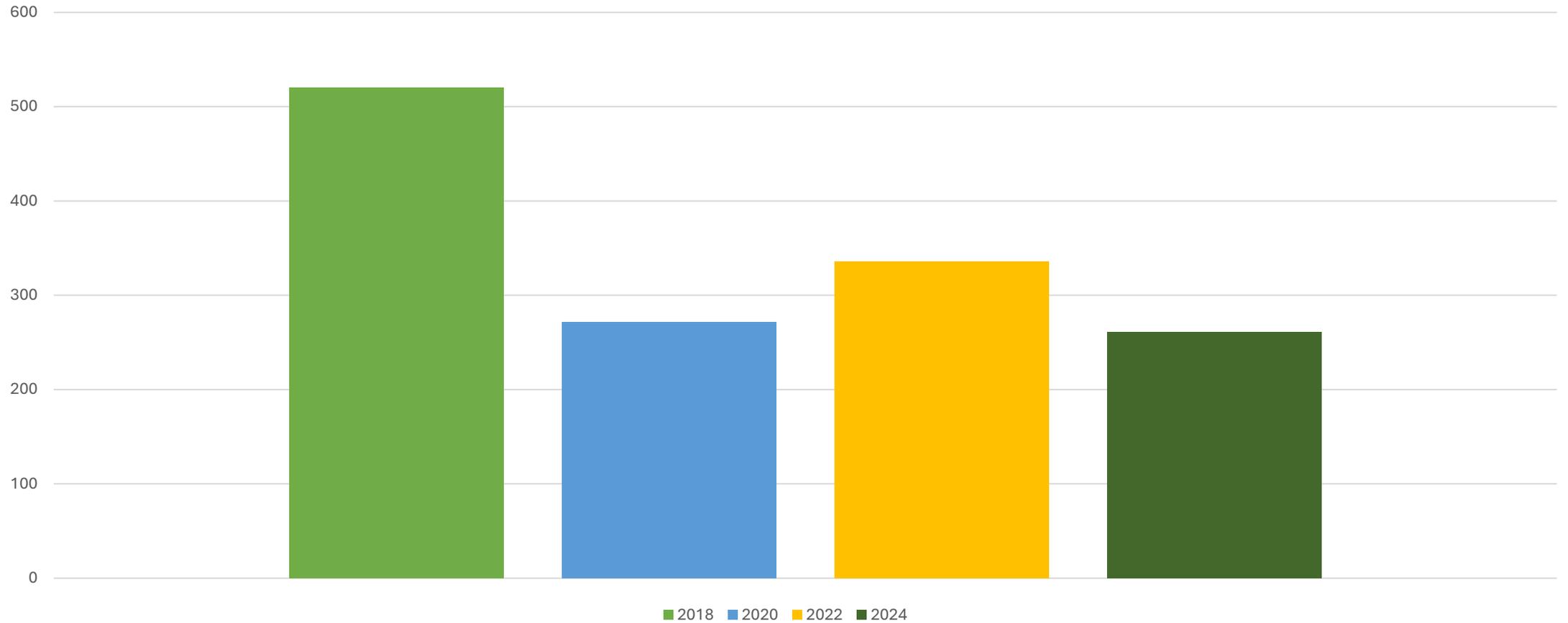
DSS
SAMHSA
SOR III
Grant

PharmaDrop Drug Take-Back Program

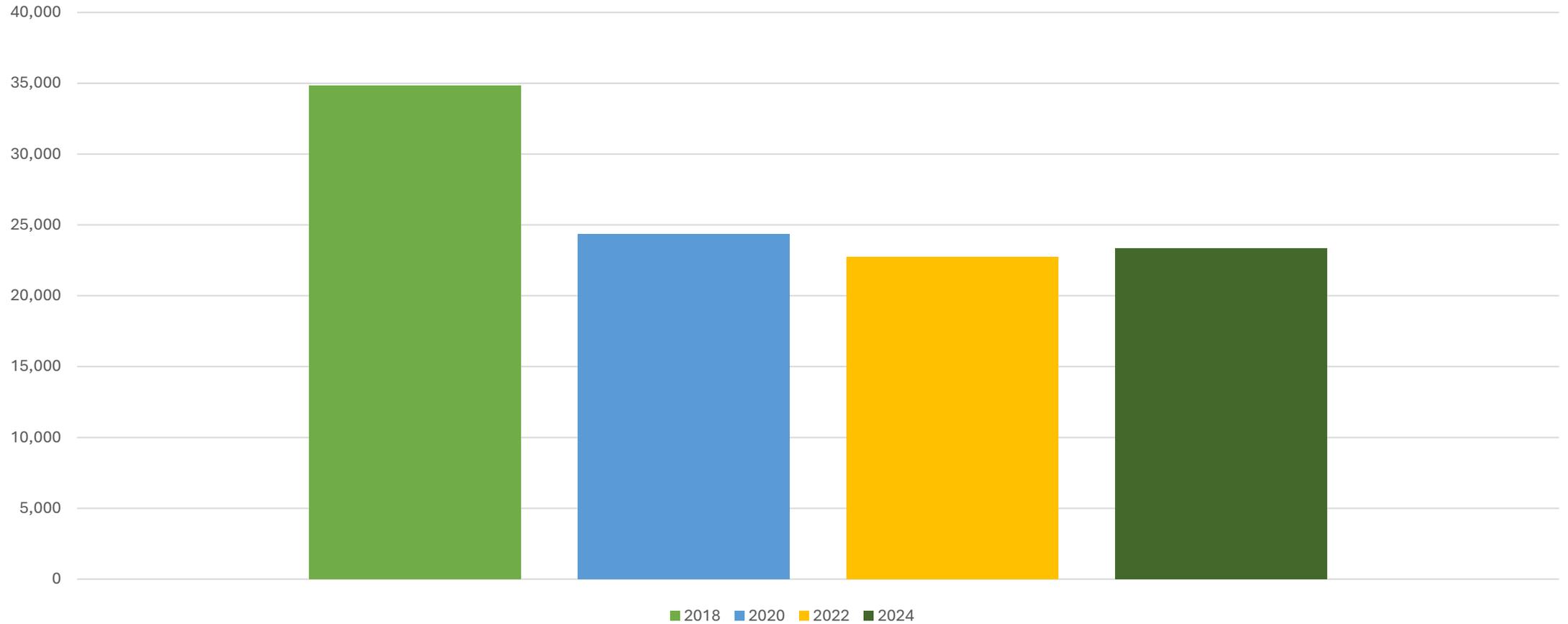
Clinical Alerts



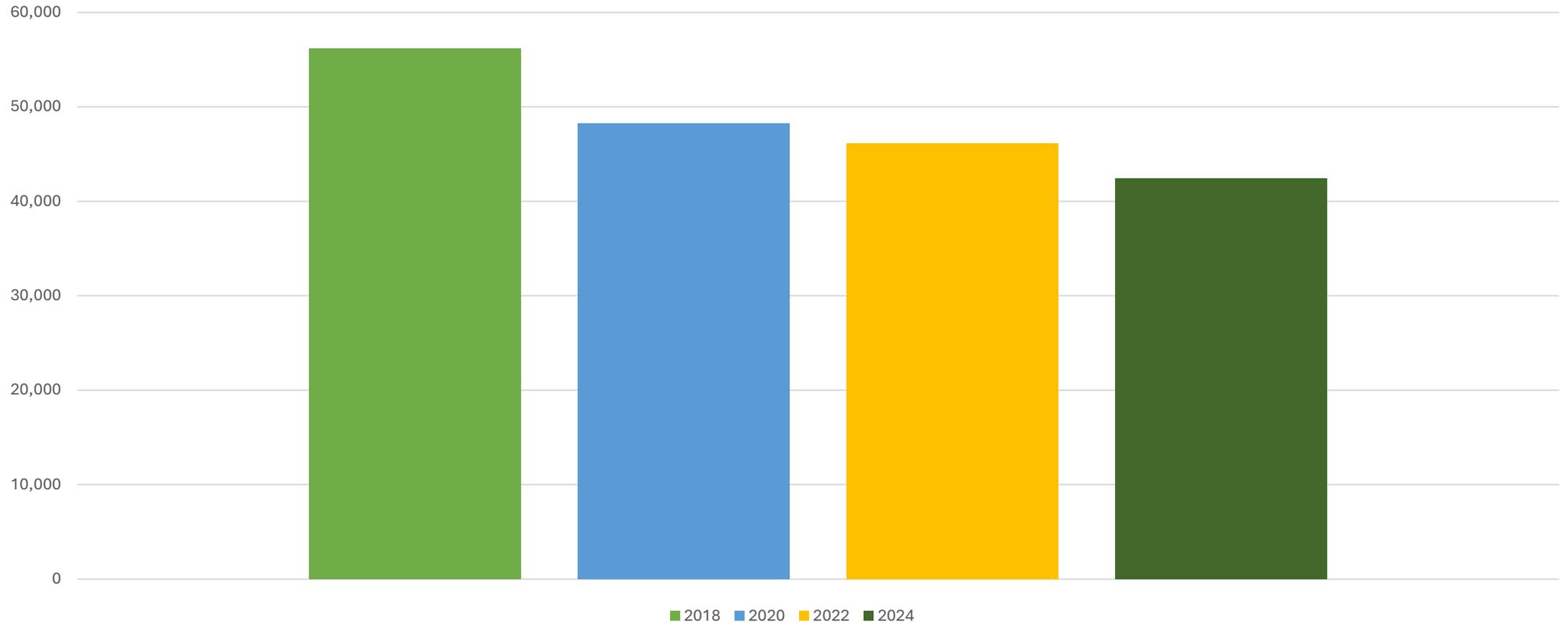
Multiple Provider Episodes Alert



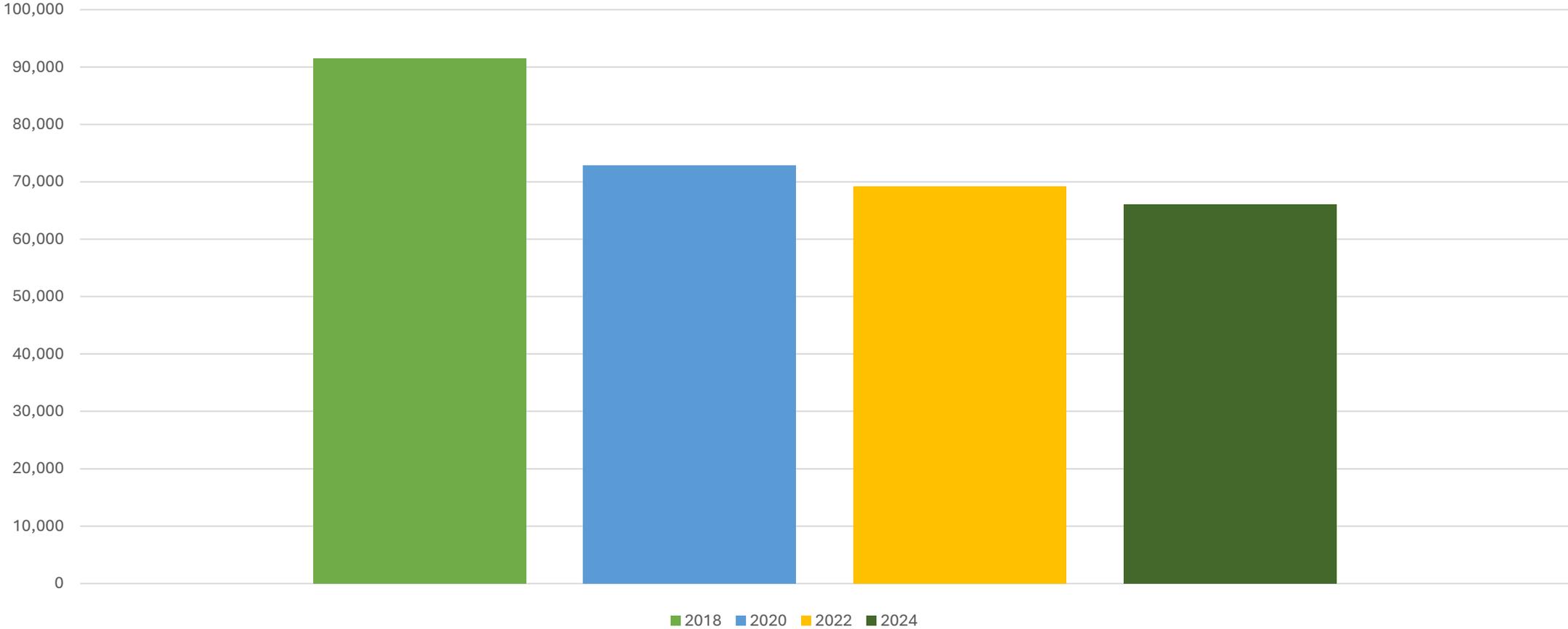
Daily Active MME Alert



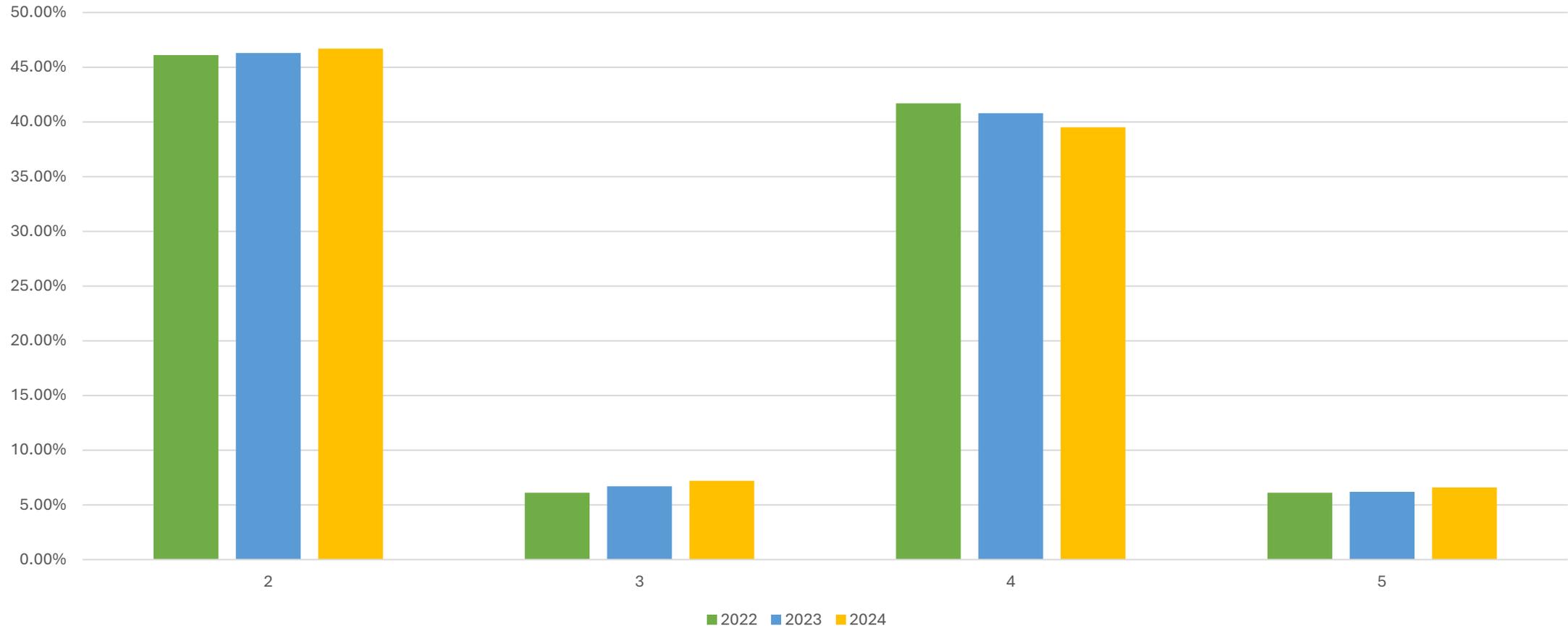
Opioid Benzodiazepine Alert



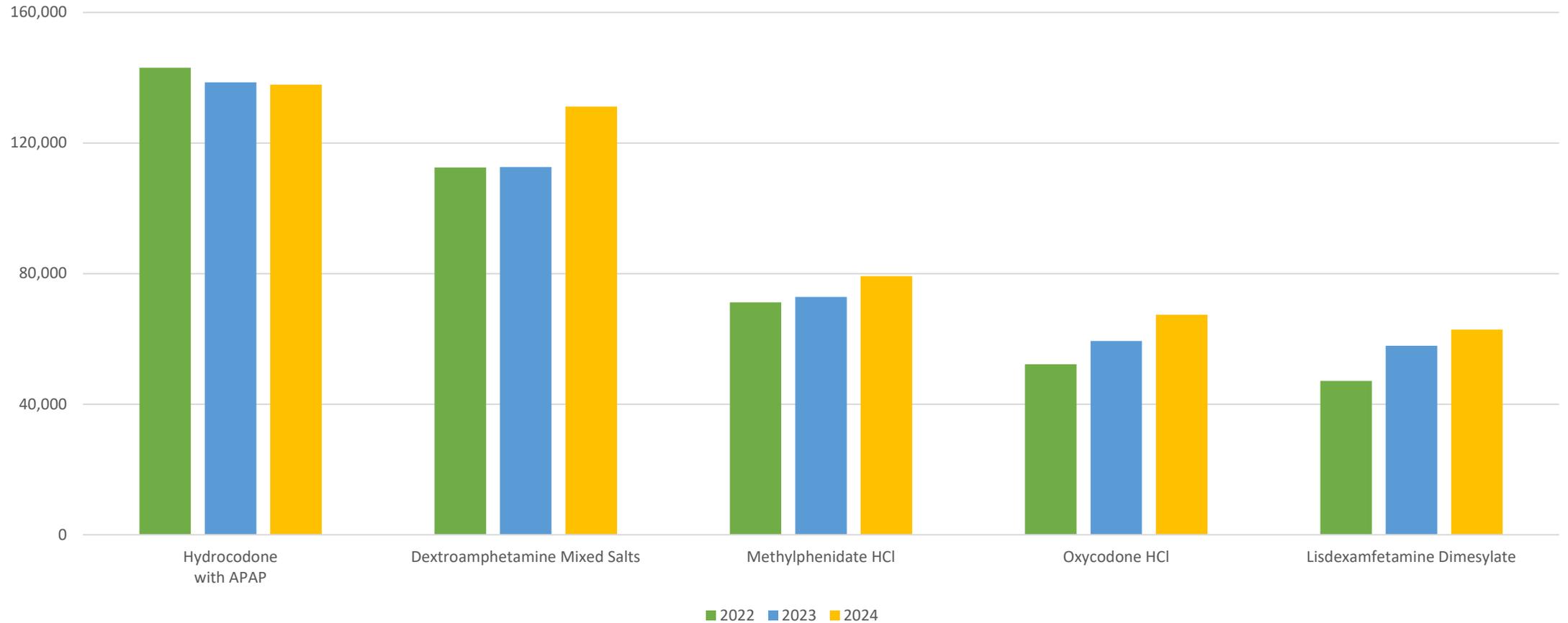
Total Clinical Alerts



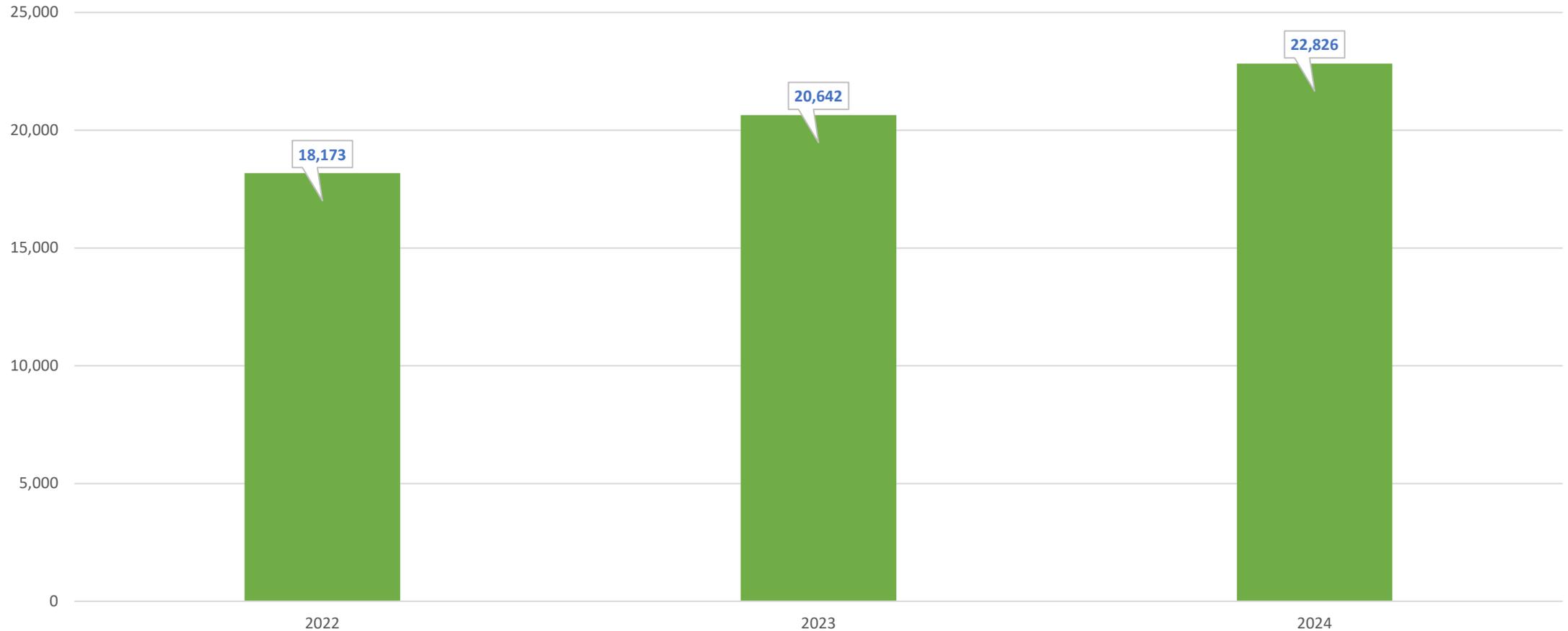
Controlled Substance RXs to SD Patients by Drug Schedule



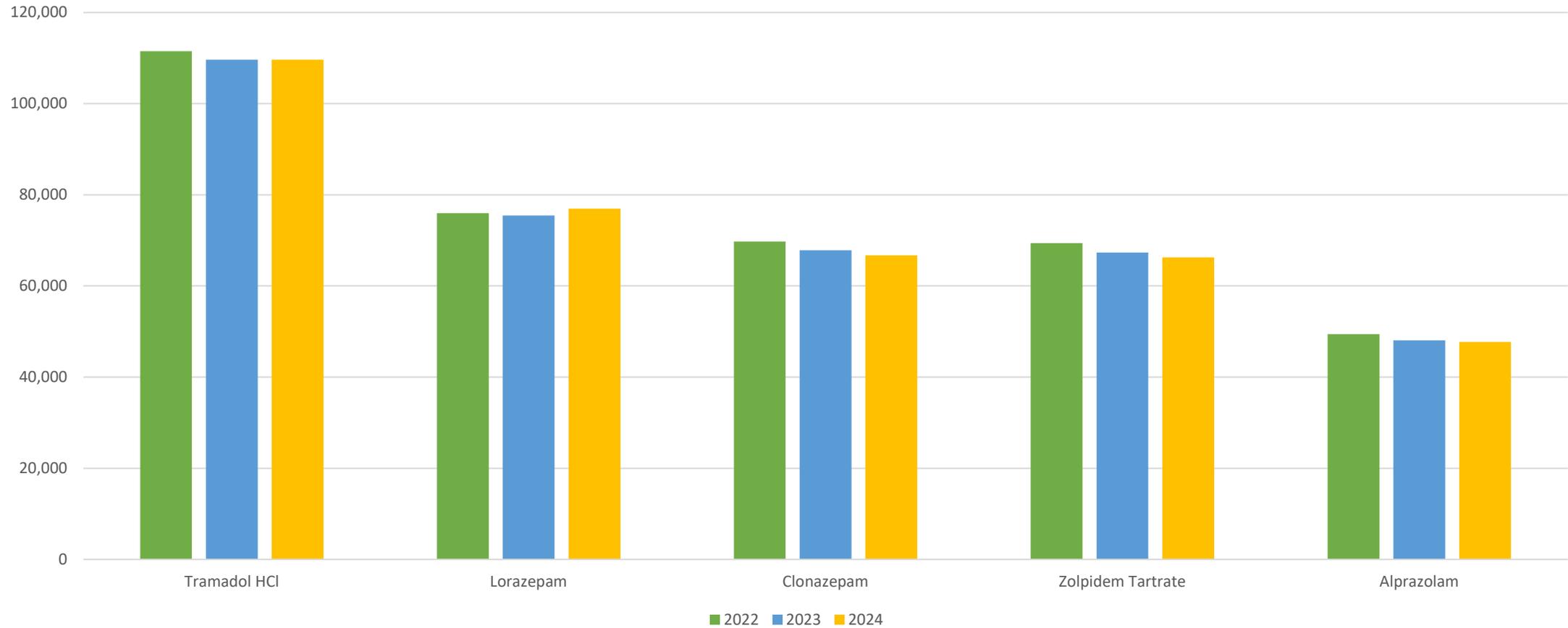
RX Count of Top Five Schedule II Drugs Dispensed to SD Patients



RX Count of Top Schedule III Dispensed to SD Patients – Buprenorphine/Naloxone



RX Count of Top Five Schedule IV Drugs Dispensed to SD Patients



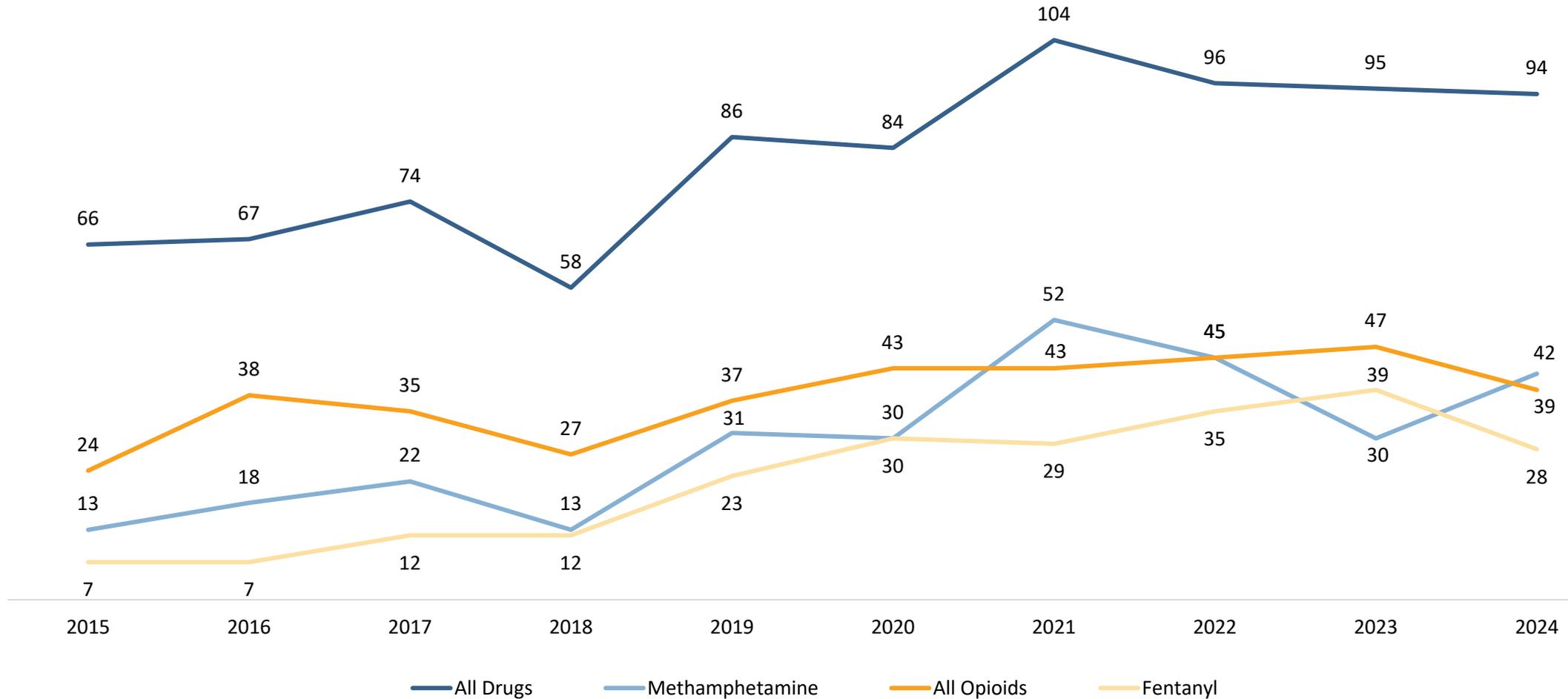


South Dakota Department of Health

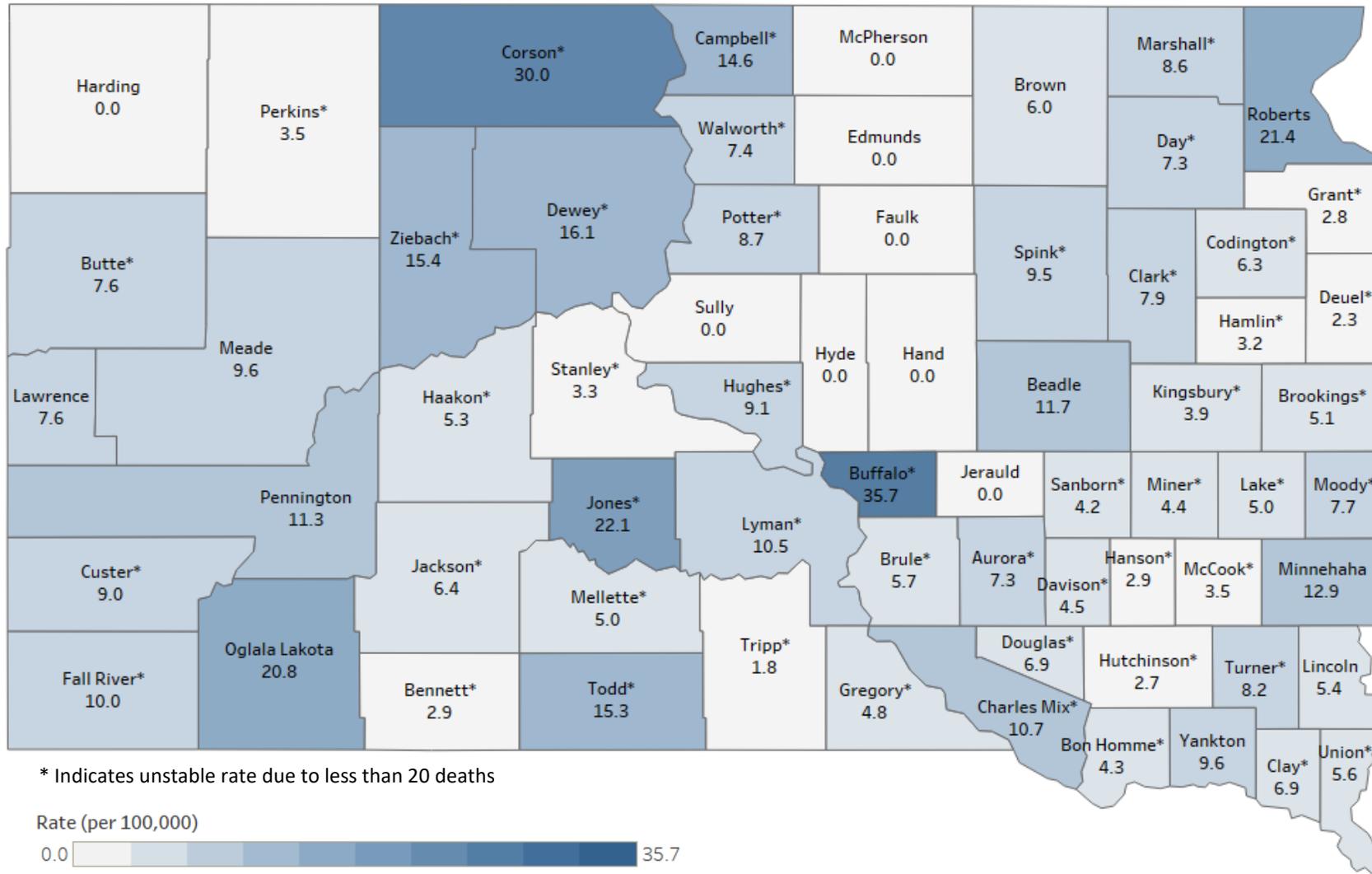
Overdose Data Presentation

By Amanda Weinzetl

Overdose Deaths by Drug Type



Overdose Death Rates by County, 2015-2024



Counties with the highest stable rates: (more than 20 deaths)

- Roberts (21.4 per 100,000)
- Oglala Lakota (20.8 per 100,000)
- Minnehaha (12.9 per 100,000)
- Beadle (11.7 per 100,000)
- Pennington (11.3 per 100,000)

South Dakota Rate: 9.3 per 100,000

* Indicates unstable rate due to less than 20 deaths

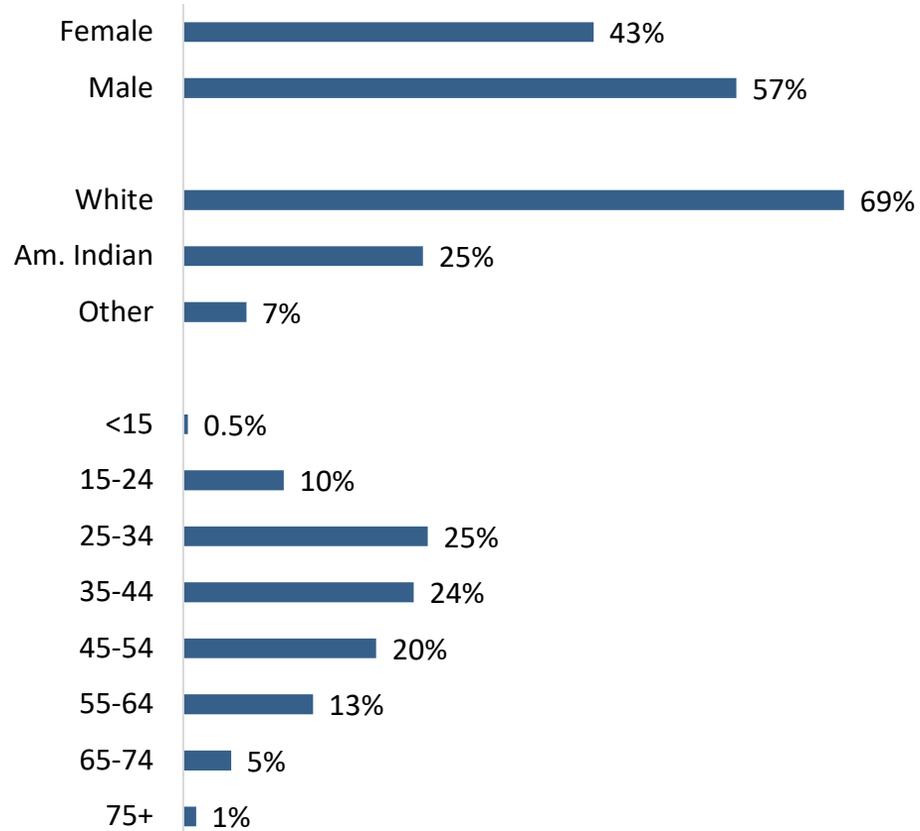
Rate (per 100,000)



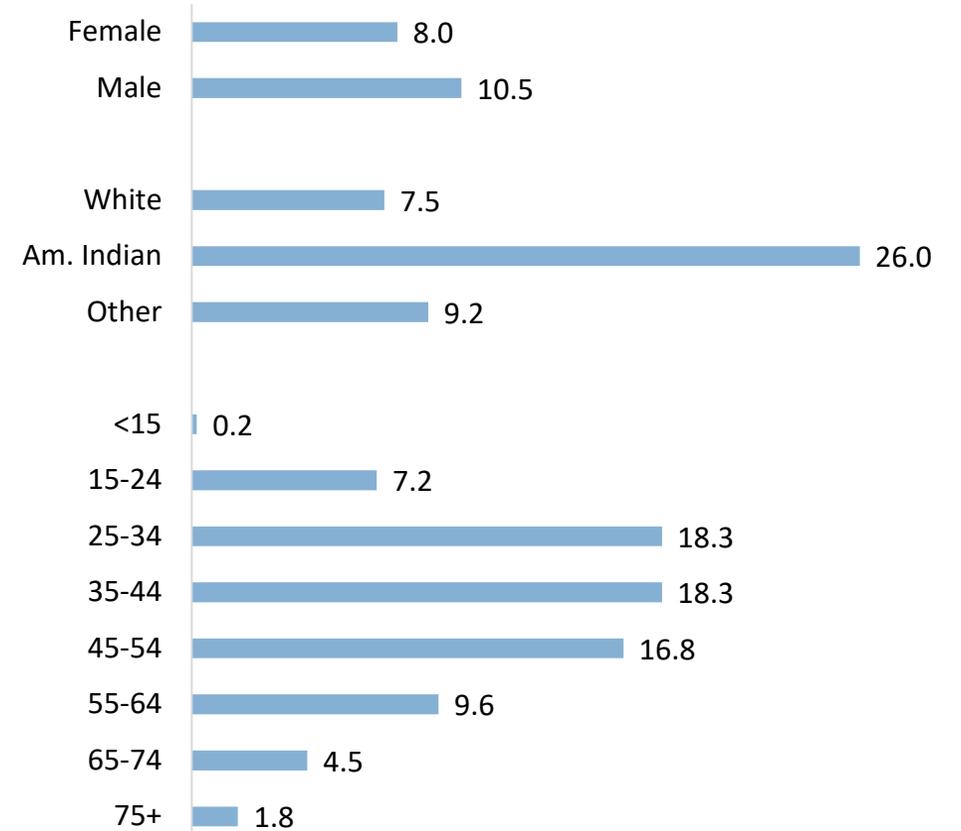
Overdose Deaths by Demographics, 2015-2024



Percentages



Rates (per 100,000)

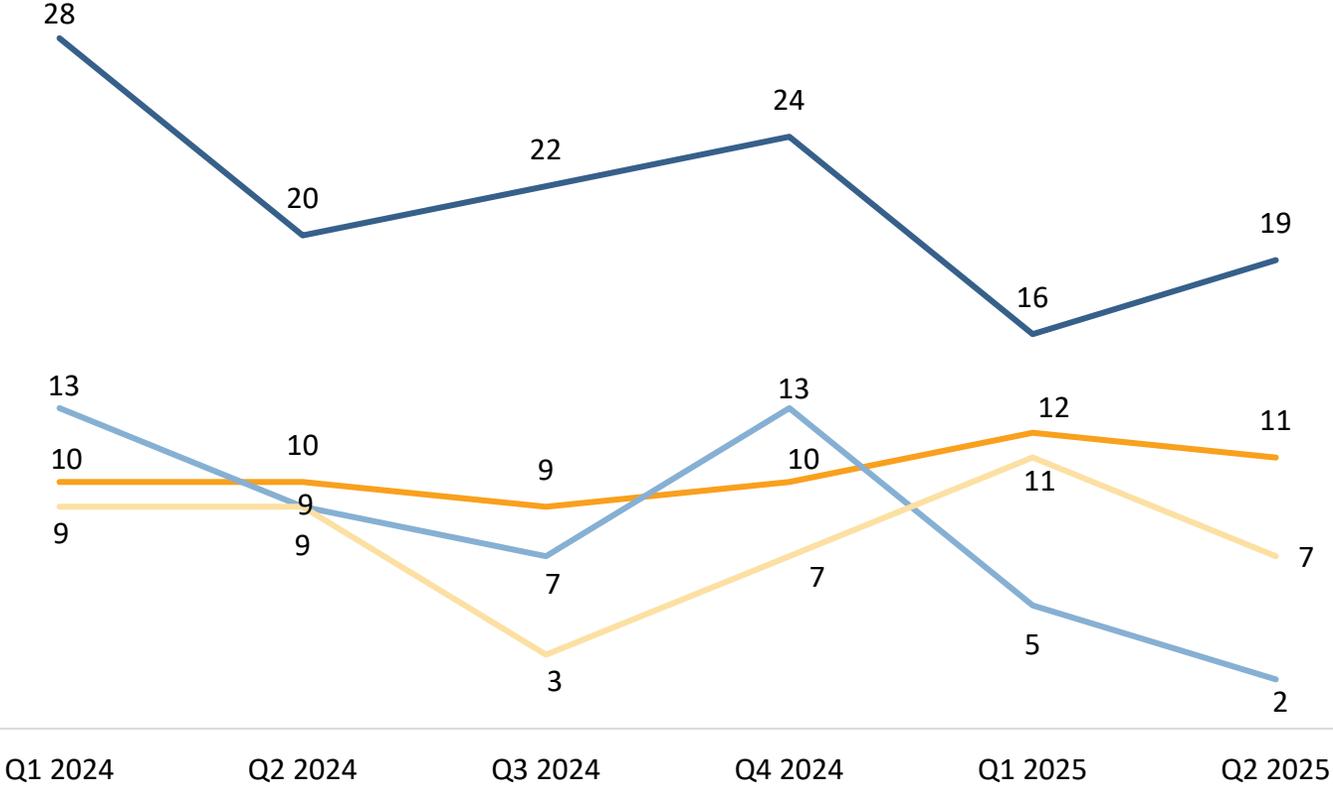


American Indian overdose death rates are 3.5 times higher than White race rates in South Dakota

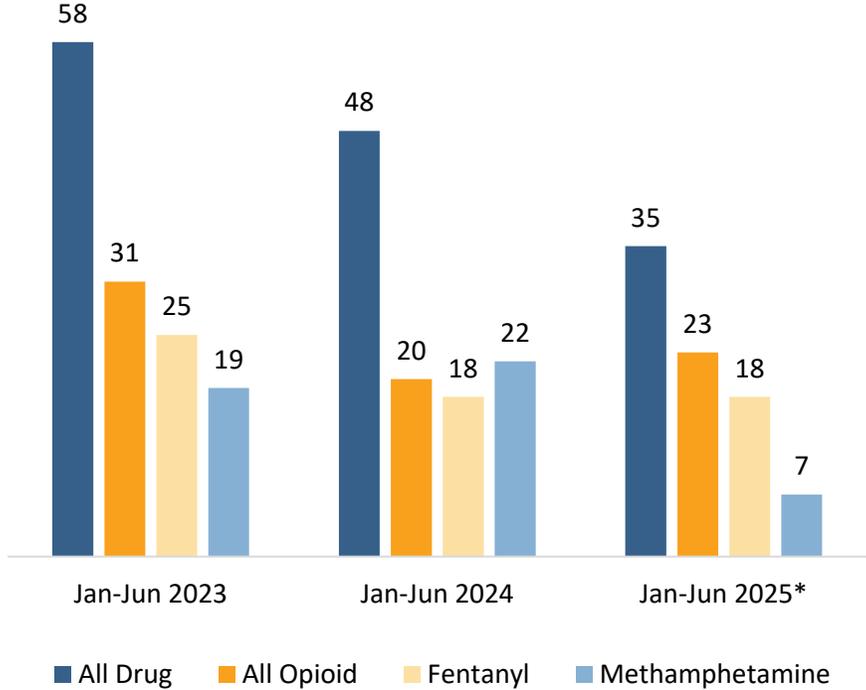


Provisional 2025* Overdose Deaths – South Dakota

**2025 data is provisional and subject to change*



— All Drugs — All Opioids — Methamphetamine — Fentanyl





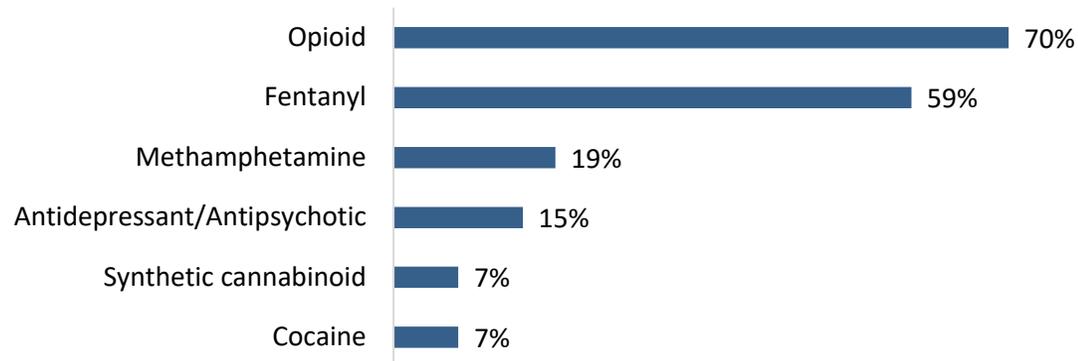
Unintentional & Undetermined Overdose Deaths – Provisional 2025*

**2025 data is provisional and subject to change*

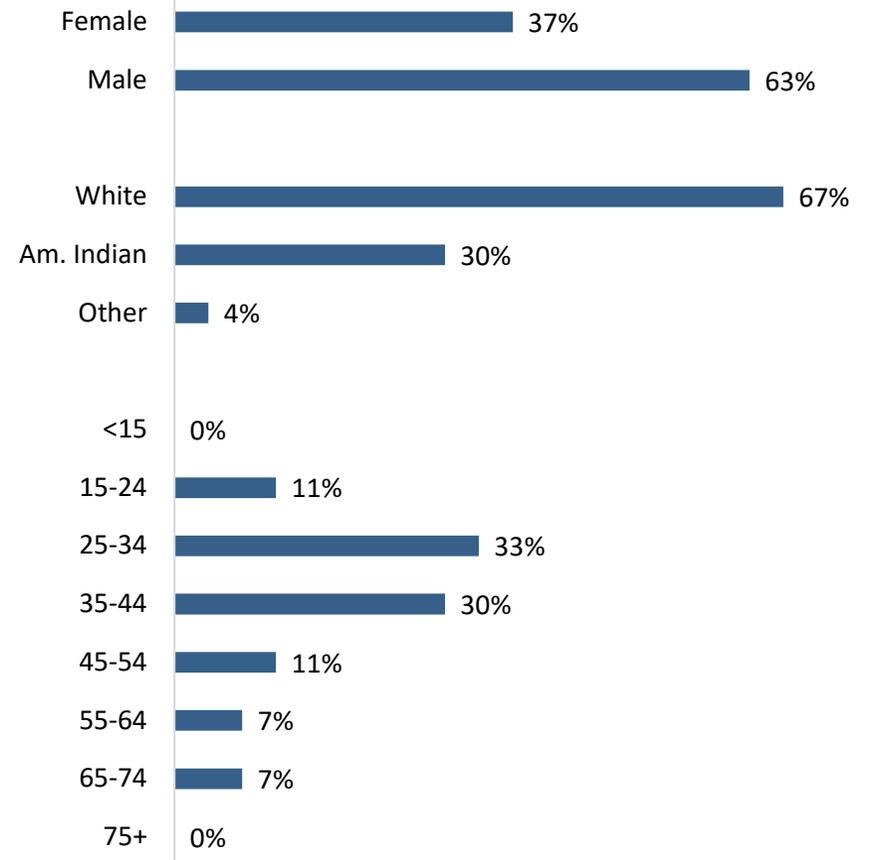
Unintentional and Undetermined Overdose Deaths



Drug Listed as Cause of Death, Jan-Jun 2025*



Demographics, Jan-Jun 2025*



Naloxone Saturation in South Dakota, Kits Distributed

Symbol Key



Priority County



No Opioid Overdoses
In Past 10 Years
(2013-2022)



Unstable Rate;
<5 Opioid Overdoses
In Past 10 Years
(2013-2022)

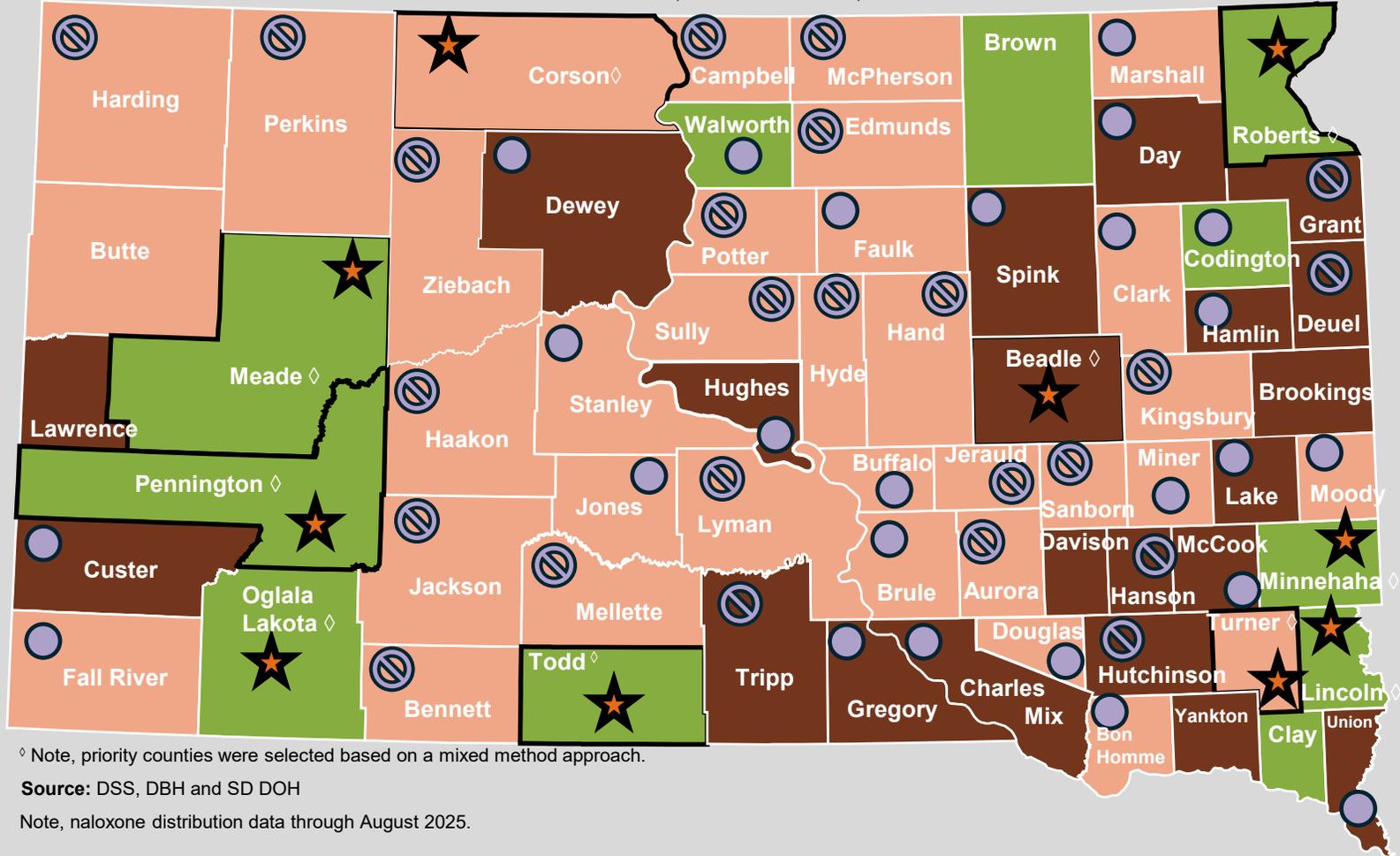
Legend

● Oversaturated
(<0 Kits Needed)

● Mildly unsaturated
(0 to 50 Kits Needed)

● Undersaturated
(More than 50 Kits Needed)

Data valid as of 9-17-2025, received to DSS, DBH



◇ Note, priority counties were selected based on a mixed method approach.

Source: DSS, DBH and SD DOH

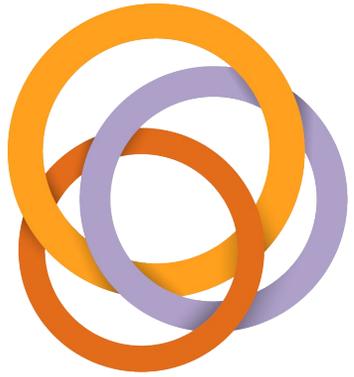
Note, naloxone distribution data through August 2025.

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



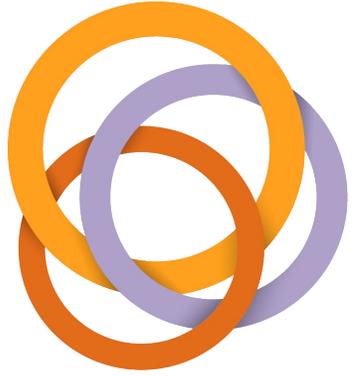
Future Funding Considerations

- Dr. Stephen Tamang – Monument Health, Director of Addiction Medicine and Community Health Service, Rapid City Council
- Joe Kippley - Sioux Falls Public Health Director, Minnehaha County Commission



Committee Updates

- Roundtable updates from Committee Members
- Updates from other partners on shared strategies

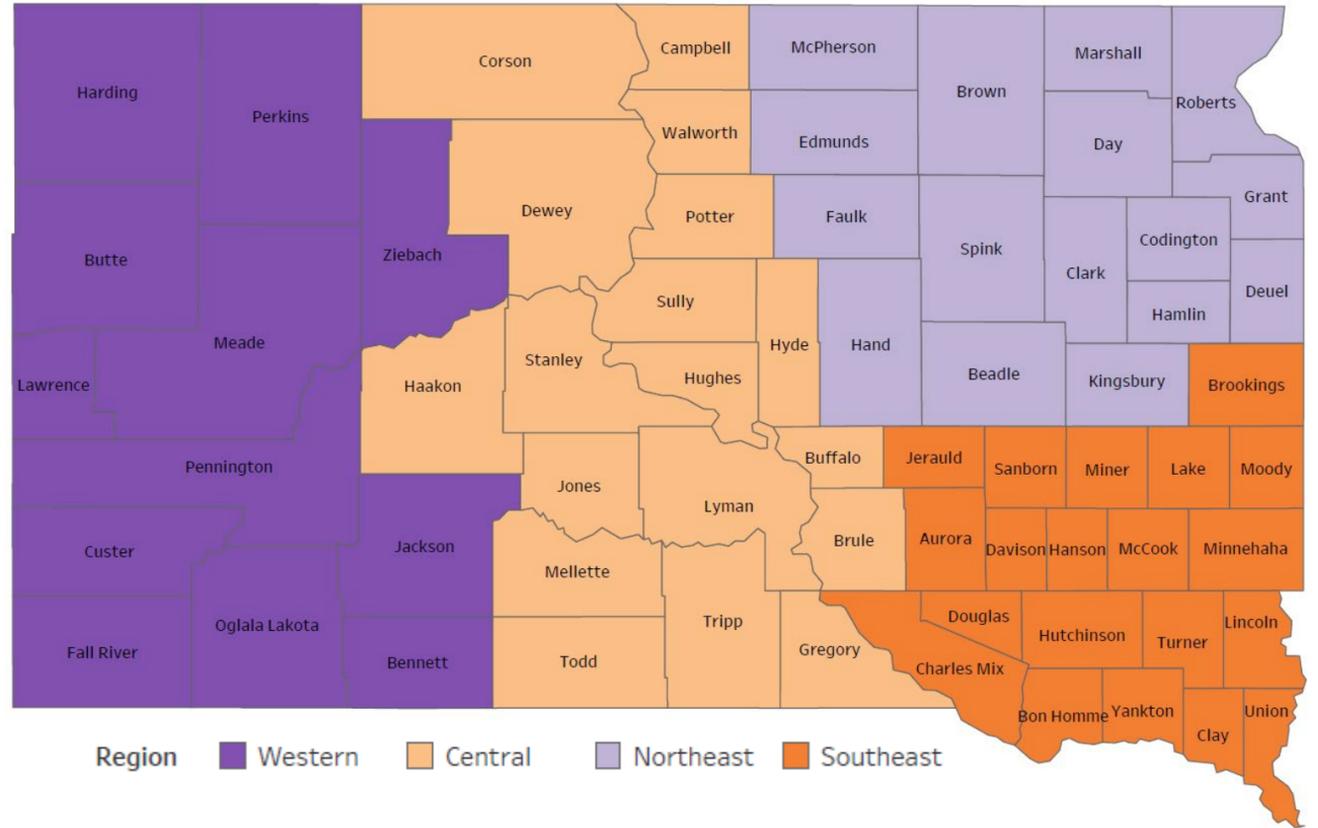


Public Input & Closing Remarks

Overdose Surveillance: Southeast Region

Counties Included:

- Aurora
- Bon Homme
- Brookings
- Charles Mix
- Clay
- Davison
- Douglas
- Hanson
- Hutchinson
- Jerauld
- Lake
- Lincoln
- McCook
- Miner
- Minnehaha
- Moody
- Sanborn
- Turner
- Union
- Yankton



Unintentional and Undetermined Overdose Deaths

- Data Source: DOH Vital Statistics
- Mortality data comes from information listed on death certificates that are filed with the Office of Vital Records
- Case Criteria
 - Deaths by county of injury - where the individual overdosed (regardless of residency or where the individual died)
 - Overdose death: unintentional (accidental) and undetermined intent only
- **2024 and 2025 data are provisional and subject to change**

Nonfatal Overdose Hospitalizations & Emergency Department Visits

- Data Source: South Dakota Association of Healthcare Organizations (SDAHO)
- SDAHO data represents hospitalizations and emergency department (ED) visits by county of residence
- SDAHO data is available bi-annually
- Case Criteria
 - Excludes deaths
 - Visits by county of patient residency
 - Unintentional and undetermined overdose visits only
 - Data year is by year date of discharge
 - Includes poisonings by drugs, medicaments, and biological substances
 - Data does not include IHS or VA medical facilities

EMS Call Data: Suspected Nonfatal Overdoses

- Data Source: EMS (NEMESIS)
- EMS data represents emergency response calls by county of incident (regardless of residency)
- EMS data is considered suspected/probable and represents cases at the time of data analysis
- Case Criteria
 - EMS calls by county of incidence
 - Includes any cases where EMS was dispatched, regardless of patient contact or treatment
 - Includes cases for reported overdose/poisoning, substance use/ingestion, paraphernalia found on scene, and naloxone administration

Overdose Surveillance: Southeast Region

Unintentional and Undetermined Overdose Deaths

Historical Death Data: 2021-2023

(data includes deaths where injury occurred in Southeast Counties)

104

Overdose Deaths (2021-2023)

Overdose Deaths by Year



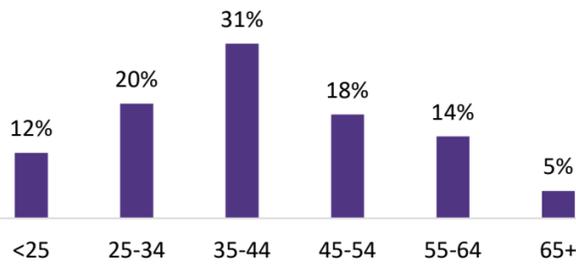
2021 2022 2023

Drug(s) Listed as Cause of Death:

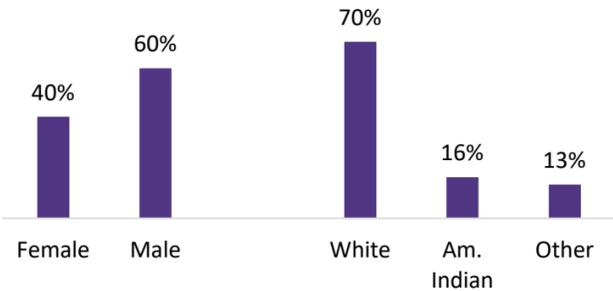
(some deaths involve multiple drugs)

- 45% Methamphetamine
- 38% Fentanyl
- 5% Cocaine
- 1% Kratom

Age Group



Sex and Race



Location of Overdose:

- 63% Residence (home, other residence)
- 6% Facility (medical, jail/prison, supervised residential)

The largest proportion of overdose deaths were among:

- Adults aged 35-44 years
- Males

45% of overdose deaths were methamphetamine-related, 38% were fentanyl-related

Current Death Data: 2024 Provisional*

*Provisional data is subject to change.

(data includes deaths where injury occurred in Southeast Counties)

37

Overdose Deaths
in 2024*

Drug Listed as Cause of Death:

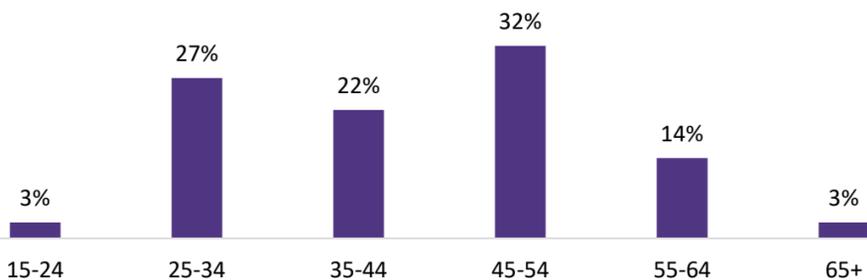
(some deaths involve multiple drugs)

- 46% Methamphetamine
- 41% Fentanyl
- 5% Cocaine
- 8% Kratom

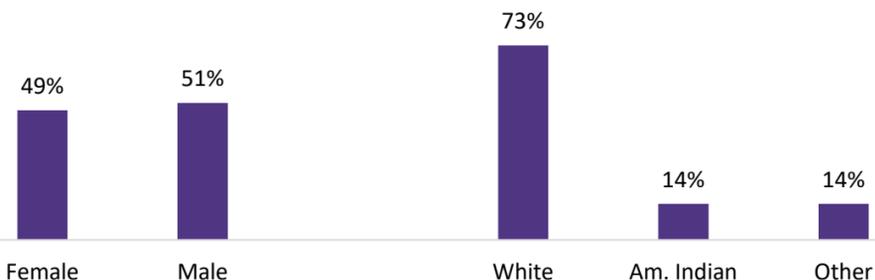
Location of Overdose:

- 86% Residence (home, other residence)

Age Group



Sex and Race



Alerts: (if applicable)

Current Death Data: January–March 2025 Provisional*

*Provisional data is subject to change.

(data includes deaths where injury occurred in Southeast Counties)

7

Overdose Deaths
in the first quarter of
2025*

Drug Listed as Cause of Death:

(some deaths involve multiple drugs)

- 86% Fentanyl

Location of Overdose:

- 57% Residence (home, other residence)
- 29% Hotel/Motel

Age Groups of Concern: 15–44-year-olds

57% of overdose deaths were females, 58% were males

Drugs of Concern: fentanyl

Due to small numbers, a high-level summary of provisional 2025 death data will be provided at this time.

Provisional 2025 data is based on death certificates that have been filed with the SD Department of Health as of 6/4/2025.

Overdose Surveillance: Southeast Region

Nonfatal Unintentional and Undetermined Overdose Hospitalizations & ED Visits

Overdose Visits: 2023

(data includes overdoses based on county of patient residence)

293

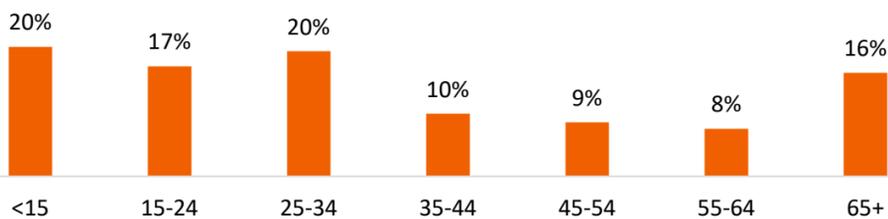
Nonfatal Overdose Hospitalizations and ED Visits
2023

Drug(s) Involved:

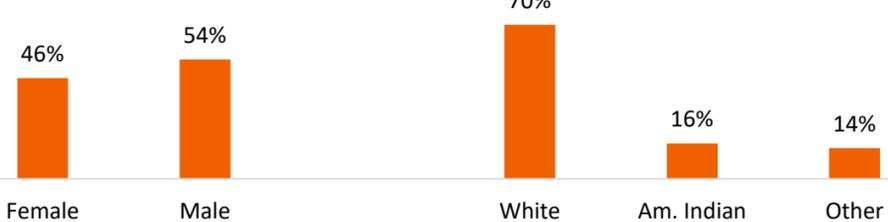
(some visits involve multiple drugs)

- 24%** Opioid
- 9%** Fentanyl
- 8%** Cannabis
- 3%** Amphetamines

Age Group



Sex and Race



Overdose Visits: 2024

(data includes overdoses based on county of patient residence)

276

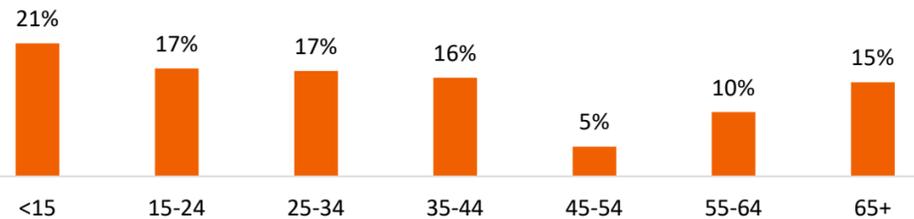
Nonfatal Overdose Hospitalizations and ED Visits
2024

Drug(s) Involved:

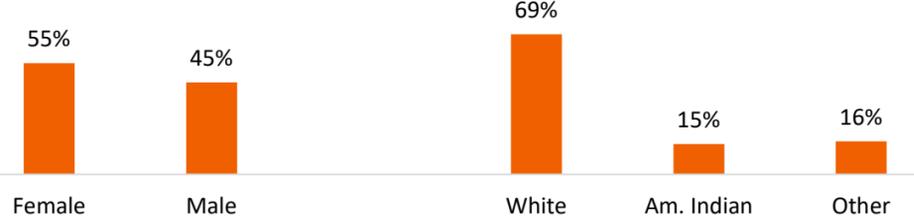
(some visits involve multiple drugs)

- 24%** Opioid
- 9%** Fentanyl
- 7%** Cannabis
- 7%** Amphetamines

Age Group



Sex and Race



EMS Call Data: Suspected Nonfatal Overdoses

EMS Calls: 2024

(data includes EMS response calls based on county of incidence)

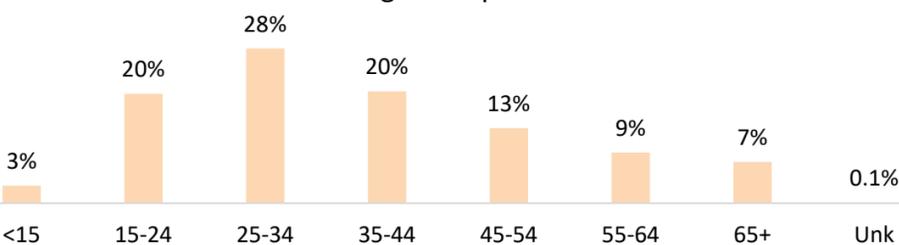
928

EMS Calls for Suspected Overdoses and Substance Use

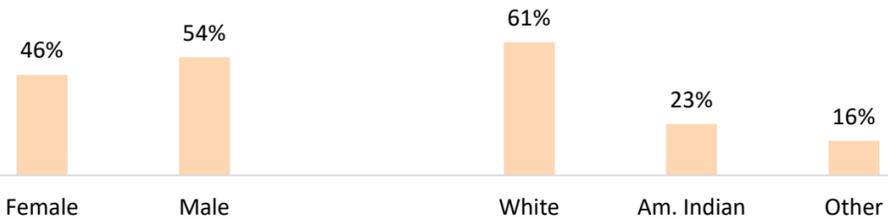
23%

of cases received Naloxone from EMS

Age Group



Sex and Race



EMS Calls: January – March 2025

(data includes EMS response calls based on county of incidence)

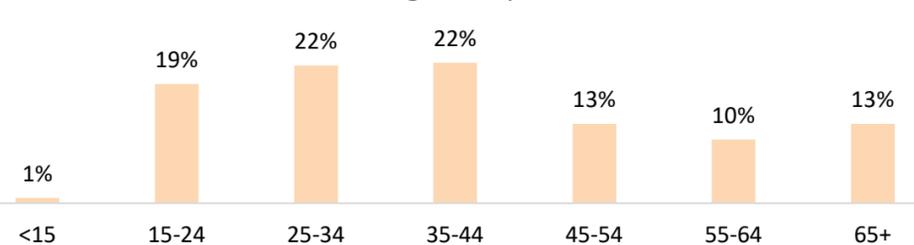
236

EMS Calls for Suspected Overdoses and Substance Use

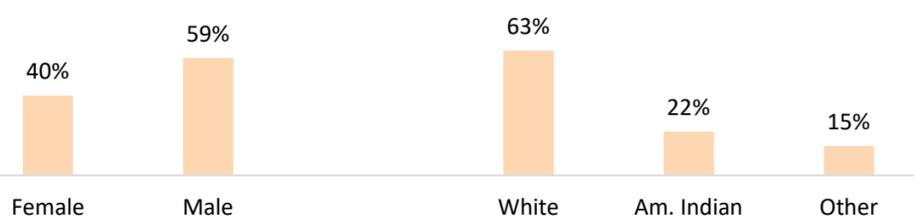
28%

of cases received Naloxone from EMS

Age Group



Sex and Race



Alerts: (if applicable)

Overdose Surveillance: South Dakota

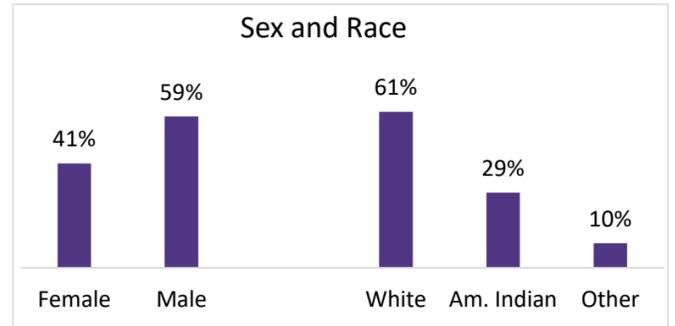
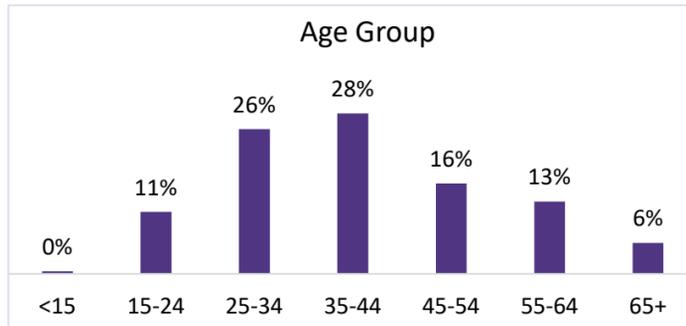
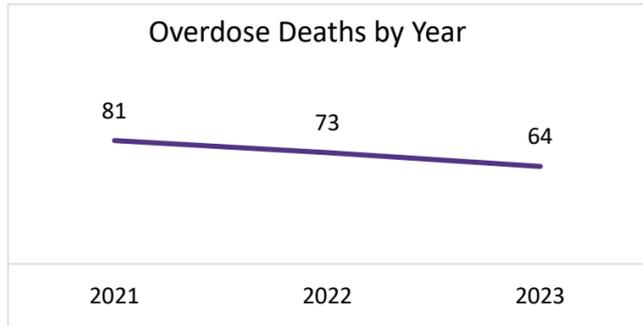
Unintentional and Undetermined Overdose Deaths

Historical Death Data: 2021-2023

(data includes deaths where injury occurred in South Dakota)

218

Overdose Deaths from 2021 to 2023



Drug(s) Listed as Cause of Death:

(some deaths involve multiple drugs)

- 47% Methamphetamine
- 36% Fentanyl
- 8% Antipsychotic/Antidepressant
- 7% Cocaine
- 1% Kratom

The largest proportion of overdose deaths, where the overdose incident occurred in South Dakota, were among:

- Adults aged 25-44 years
- Males
- Whites, followed by American Indians

47% of overdose deaths were methamphetamine-related
36% of overdose deaths were fentanyl-related

Current Death Data: 2024 Provisional*

*Provisional data is subject to change.

(data includes deaths where injury occurred in South Dakota)

72

Overdose Deaths
in 2024*

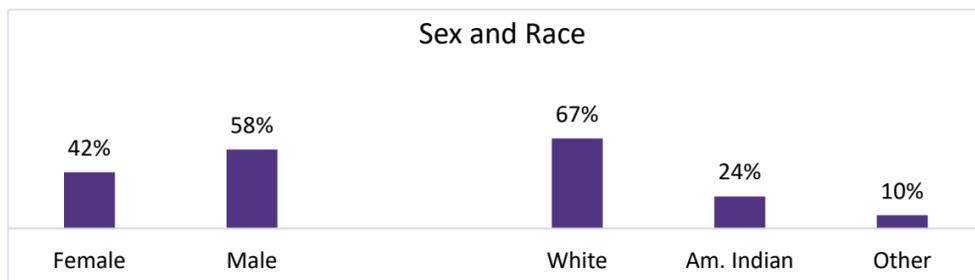
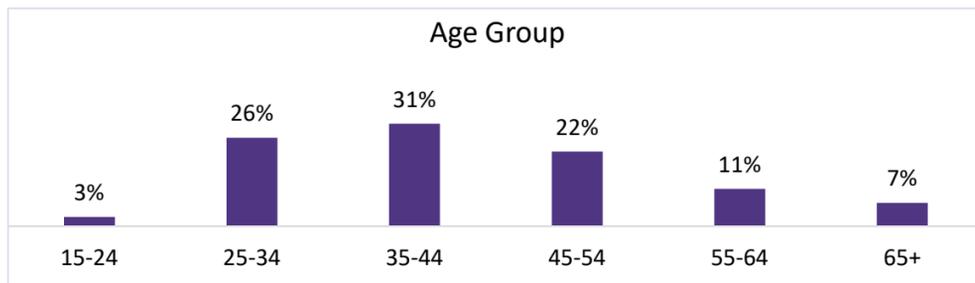
Drug Listed as Cause of Death:

(some deaths involve multiple drugs)

- 46% Methamphetamine
- 33% Fentanyl
- 7% Cocaine
- 6% Kratom

Location of Overdose:

- 83% Residence (home, other residence)
- 5% Outdoor Locations (vehicle, street, parking lot, natural area)



Current Death Data: January–March 2025 Provisional*

*Provisional data is subject to change.

(data includes deaths where injury occurred in South Dakota)

12

Overdose Deaths
in the first quarter of
2025*

Drug Listed as Cause of Death:

(some deaths involve multiple drugs)

- 75% Fentanyl
- 17% Methamphetamine
- 0% Cocaine
- 0% Kratom

Location of Overdose:

- 58% Residence (home, other residence)
- 25% Hotel/Motel

Age Groups of Concern: 25–44-year-olds and 65+ year-olds

42% of overdose deaths were females, 58% were males

Drugs of Concern: methamphetamine and fentanyl

Due to small numbers, a high-level summary of provisional 2025 death data will be provided at this time.

Alerts: (if applicable)

Overdose Surveillance: South Dakota

Nonfatal Unintentional and Undetermined Overdose Hospitalizations & ED Visits

Overdose Visits: 2023

(data includes overdoses based on county of patient residence)

591

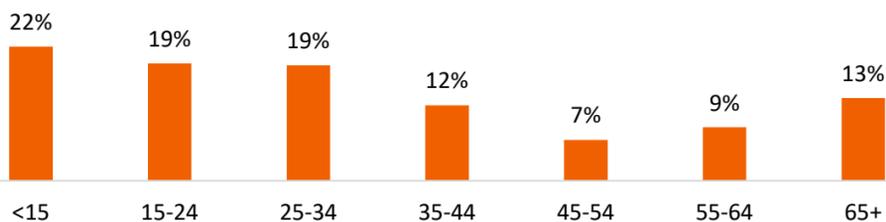
Nonfatal Overdose Hospitalizations and ED Visits 2023

Drug(s) Involved:

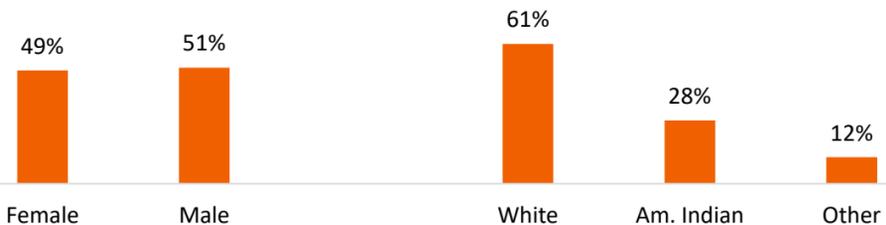
(some visits involve multiple drugs)

- 21%** Opioid
- 7%** Fentanyl
- 6%** Cannabis
- 3%** Amphetamines

Age Group



Sex and Race



Overdose Visits: 2024

(data includes overdoses based on county of patient residence)

582

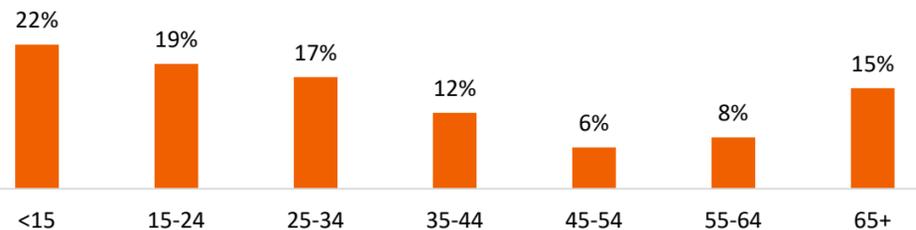
Nonfatal Overdose Hospitalizations and ED Visits 2024

Drug(s) Involved:

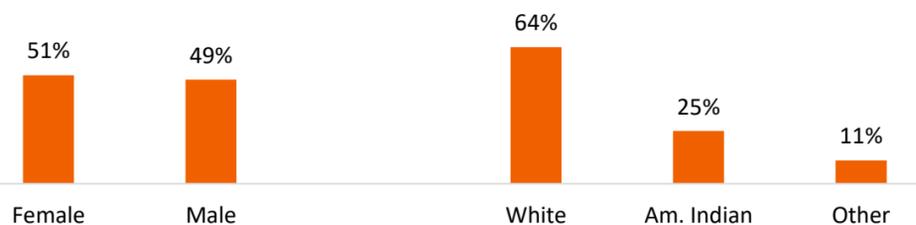
(some visits involve multiple drugs)

- 21%** Opioid
- 7%** Fentanyl
- 8%** Cannabis
- 6%** Amphetamines

Age Group



Sex and Race



EMS Call Data: Suspected Nonfatal Overdoses

EMS Calls: 2024

(data includes EMS response calls based on county of incidence)

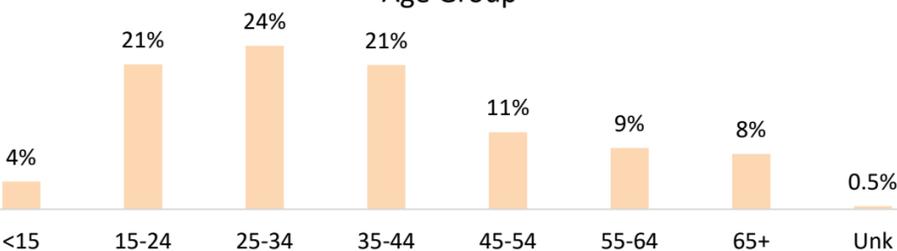
1,909

EMS Calls for Suspected Overdoses and Substance Use

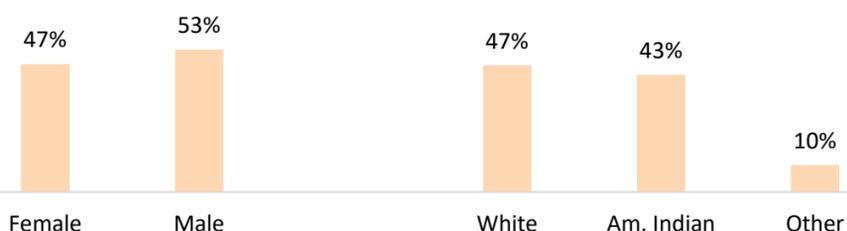
26%

of cases received Naloxone from EMS

Age Group



Sex and Race



EMS Calls: January – March 2025

(data includes EMS response calls based on county of incidence)

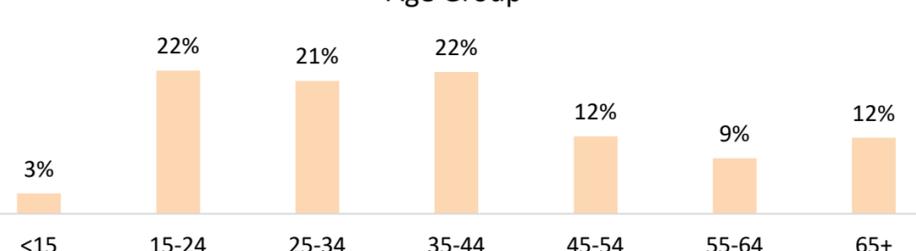
443

EMS Calls for Suspected Overdoses and Substance Use

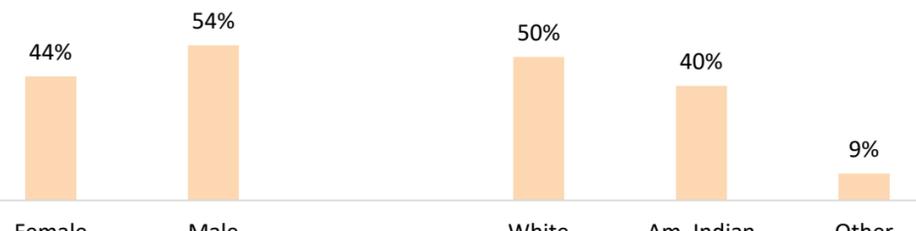
30%

of cases received Naloxone from EMS

Age Group



Sex and Race



Alerts: (if applicable)



South Dakota Appropriation of Opioid Settlement Resources

South Dakota began receiving funds from the National Opioid Settlement in 2022. These funds were placed into the Opioid Abatement and Remediation Fund to support efforts related to opioid abuse prevention, treatment, and recovery across the state. Settlement funds were divided proportionally, with 70% allocated to the state (statewide share) and 30% to participating local governments (localized share). Regardless of allocation, all expenditures must align with the approved use definitions outlined in Appendix A of the South Dakota Opioid Settlement Memorandum of Agreement. Oversight of state expenditures from the fund was assigned to the Department of Social Services (DSS).

An Opioid Advisory Committee was established to guide the use of the statewide share. This 22-member body includes six state representatives, six local government representatives, five subject matter experts, and five at-large representatives. The committee meets twice annually, gathering input from communities, provider organizations, and local governments on the impact of the opioid crisis. Based on this feedback, the committee considers proposals for abatement strategies and makes formal recommendations to the Secretary of DSS. The committee has identified comprehensive strategies to include prevention/early intervention, treatment and recovery, reducing illicit supply, and response to opioid misuse.

Since the initial distribution of settlement funds, the Advisory Committee has recommended a statewide needs assessment to identify gaps in prevention, treatment, and recovery services. While this needs assessment is currently underway, interim funding has been provided through a mini-grant process. This process has supported a range of smaller projects and pilot programs but has not been conducive to larger-scale or innovative initiatives.

In the initial years, settlement dollars were directed primarily toward addressing the immediate crisis and stabilizing urgent needs. As we move forward, it is essential to broaden our focus to the full continuum of opioid remediation, expanding prevention, strengthening treatment options, supporting long term recovery, and investing in strategies that reduce relapse and re-engagement into unhealthy practices. It is now the time to expand beyond small-scale grants to include potential capital expenditures and larger, transformational projects to create a more comprehensive and lasting impact in addressing the opioid epidemic.

A subcommittee of Opioid Advisory Committee members have collaborated and developed a vision for future funding opportunities. The following framework outlines the subcommittee's approach to ensure the Opioid Abatement and Remediation Fund is effectively utilized to support smaller level projects as well as larger statewide initiatives, advancing prevention, treatment, and recovery across all of South Dakota.

Vision

The vision is to establish three distinct funding opportunities designed to align project size and impact with the appropriate level of investment. This revised framework makes settlement dollars accessible to a broadened spectrum of project types and scopes. Each funding opportunity carries its own parameters, sustainability requirements, and data and outcome expectations, with accountability measures increasing in proportion to the level of investment.

Fidelity to Statewide Strategies

All funding proposals, regardless of size and scope, must align with the Opioid Abatement and Remediation Fund's statewide initiatives, supporting prevention, treatment, and recovery efforts across South Dakota. Proposals are also required to comply with Appendix A of the MOA and demonstrate alignment with comprehensive strategies to address OUD. In broadening South Dakota's access to its settlement dollars, funding may also support opioid remediation services beyond OUD, including co-occurring conditions, other substance use disorders, diversion programming, relapse prevention, recovery supports, and wraparound care for individuals and families. Application process will be fully available starting November 3, 2025.

Comprehensive Strategies: Summary of MOA Approved Uses

The following are the strategies defined in South Dakota's settlement agreement with opioid manufacturers and examples of types of uses of settlement dollars within those strategies.

1. PREVENTION / EARLY INTERVENTION

Programs that focus on trauma-informed care, stigma reduction, and culturally appropriate services for individuals, families, and communities. Education initiatives with a school- and youth-focus, community-based interventions, public media campaigns, and engagement of target population by non-profits and faith-based organizations. Specialized training for healthcare providers, emergency personnel, and first responders aimed at broadening South Dakota's use of evidence-based prevention, SBIRT, motivational interviewing, MAT, post-overdose planning, and/or lifesaving practices. Trainings for families, schools, and communities on naloxone use, overdose response, and Good Samaritan laws to reduce risk and improve community preparedness.

2. TREATMENT AND RECOVERY

Programs expand the full continuum of care for individuals with OUD and co-occurring SUD or mental health conditions. Services include FDA-approved MAT, counseling, peer support, case management, and wrap-around supports such as housing, transportation, childcare, education, and job training. Telehealth, hospital and emergency department-based MAT initiation, crisis stabilization centers, warm hand-offs, follow-up services, improve access, particularly in rural or underserved areas. Workforce development is supported through training, DATA 2000 waivers, fellowships, and professional development for clinicians, first responders, and recovery specialists. Designated priority population for settlement funds is given to justice-involved individuals, pregnant and postpartum women, families affected by Neonatal Abstinence Syndrome, and youth at risk.

3. REDUCING ILLICIT SUPPLY

Efforts focus on increasing electronic prescribing, expanding public education on safe drug disposal, and implementing drug take-back and destruction programs. Researched additional priorities include innovative supply-side enforcement (disrupting illegal activity targeting individuals, manufacturers, etc.), improved detection of mail-based delivery of synthetic opioids, and qualitative and quantitative studies on illicit drug markets to inform public health and lifesaving strategies.

4. RESPONSE TO OPIOID MISUSE

Lifesaving and emergency response strategies include mobile intervention, fentanyl testing, infectious disease testing, naloxone distribution, peer recovery support, and safe disposal programs. Equipping and training emergency departments, EMS, schools, and communities for response to overdoses, while mobile units, telemonitoring, and outreach ensure timely connection to treatment, recovery services, and MAT initiation. Programs to support pregnant women, infants, and families affected by OUD, providing wrap-around care, family supports, and ongoing monitoring. Infrastructure, cross-system coordination, monitoring, dashboards, and research on novel lifesaving and service delivery models that can strengthen statewide and community-level response to the epidemic.

Funding Opportunities Defined

Resource Funding Opportunity: (Up to \$5,000, requests under constant review)

Purpose: Support grassroots, community-driven, or innovative project with the anticipation of one-time expenses.

Proposals: Will need to align with advancing prevention, treatment, and recovery related to a comprehensive strategy.

Grantees Must: Demonstrate ability to implement quickly and provide end of funding report.

Funding Determination: A short application will be submitted for review.

Availability: Resource opportunities will remain open and reviewed and awarded as received.

Examples for Funding: These strategies may include engaging speakers for community and/or targeted education events, supporting local prevention initiatives, provider training opportunities, assisting providers in obtaining MAT certification, offering hiring incentives in shortage areas, and developing resources to support diversion and relapse prevention.

Organizational Project Opportunity: (Up to \$50,000, offered twice yearly)

Purpose: Support grassroots, community-driven, or innovative pilot projects.

Proposals: Will need to show clear alignment with advancing prevention, treatment, and recovery related to a comprehensive strategy.

Grantees Must: Demonstrate ability to execute project in less than one year's time from signed SOW contract.

Grantees will be required to provide three brief quarterly updates, and end of funding report.

Funding Determination: An application will be submitted for Opioid Advisory Subcommittee review.

Availability: Resource opportunities will be offered twice yearly, in November and March. Each cycle will open and close within the designated month, with awarded notification letters issued within 30 days.

Other Examples for funding: This may include alternative pain management programming, expanding support services for individuals transitioning from incarceration, strengthening prevention efforts, and enhancing peer support. Additional strategies include implementing support programs for families and individuals in recovery, increasing access to transitional housing, promoting stigma reduction and resource awareness activities, and providing resources to support diversion and relapse prevention. We also propose leveraging technology through smartphone recovery apps, developing training modules for medical professionals, integrating evidence-based screening tools, and supporting the work of treatment courts.

Transformative Projects Opportunity (Greater than \$50,000, requests under constant review)

Purpose: Invest in large-scale, transformational projects that establish new resources or serve as critical gap-fill solutions.

Proposals: Will need to demonstrate alignment with advancing prevention, treatment, and recovery related to a comprehensive strategy. As well as demonstration of long-term sustainability and commitment to providing the opioid remediation proposed project.

Grantees Must: Demonstrate strong organizational capacity, competency for administering a licensed and accredited practice, and meaningful partnerships to identify a specific problem or service gap. Proposals should clearly articulate the identified problem, outline how the proposed project will address it, and define the criteria by which success will be measured. Business plans must demonstrate a high probability of viability with reliance on multiple ongoing funding sources. Grant recipients will be subject to rigorous reporting requirements of data and outcomes. Enroll in SD Medicaid as a provider.

Funding Determination: Expression of Interest (EOI) Letter will be submitted for full review by the Opioid Advisory Committee. Following committee evaluation and recommendation for approval, applicants will be required to submit a more detailed project proposal. This proposal must include, at minimum and if applicable, a budget and cost report, a business operations plan, and, for capital expenditure projects, a detailed budget with quotes and a clear project description demonstrating compliance with applicable local, state, and federal regulations.

Availability: As funding allows, resource opportunities will remain open and reviewed and awarded as received.

Use of Funds: Capital Expenditures, Single-purchase acquisition with no ongoing operational expense

Other Examples for funding: This may include diversion programs to connect individuals with low-level charges to treatment, education and workforce training opportunities; co-responder programming, and capital projects that expand capacity and support ASAM level of care programming. In some states, opioid settlement funds have also been used to establish CCBHC. Additionally, efforts include establishing and maintaining treatment courts and other initiatives that ensure individuals receive comprehensive, holistic care that address recovery needs.

Priority considerations will Address: Extent depends on funding opportunity

- **Collaborative Development:** Partnerships and collaboration are essential to building a comprehensive community response to opioid use disorder and co-occurring response. The opioid needs assessment and the advisory committee's strategic goals already demonstrate strong evidence of partnership, but collaboration should extend more broadly with increased funding. This could include collaboration and partnership with civic leadership, city and county law enforcement, prosecution and judiciary support, as well as substance use and mental health providers. Equally important are public health agencies, schools, peer and recovery networks, housing and social service agencies, faith-based or community organizations. By engaging these partners, proposals can align resources, reduce duplication, and strengthen prevention, treatment, and recovery efforts. Additionally, exploring the use of funding opportunities such as accepting Medicaid as payment for services and leveraging other braided funding sources can enhance sustainability and ensure long-term impact.
- **Data and Outcome Assurance:** Define data and outcome measures that are appropriate and relatable, when it makes sense to do so, to the scale of the project scope of work. Ongoing monitoring ensures project effectiveness and alignment with project and opioid funding use goals and objectives. Tracking outcomes demonstrates impact, supports continuous improvement, and ensures responsible use of the Opioid Abatement and Remediation Fund. This is not meant to create red tape or bureaucracy, but rather to show how your proposal made a measurable difference in the community.
- **Statewide Impacts:** Opioid settlement funding is vital for addressing ongoing opioid crisis by supporting initiatives that deliver measurable, statewide impact. Prioritizing state funds with broad reach ensures resources are allocated to the broadest of populations, create sustainable solutions, and support coordinated prevention, treatment, and recovery efforts across all communities. Proposals demonstrating statewide impact or serving multiple communities will be given priority in the application process.
- **Funding Evaluation:** Shows willingness to complete quarterly and end of funding programmatic and financial reports to ensure accountability for the approved uses of the Opioid Abatement and Remediation Fund, monitor progress towards project goals, and demonstrate effective use of funding. For larger scale projects, regular reporting allows for timely identification of challenges, potential adjustments to the scope of work or funding, and promotes transparency related to dollars spent.

September 11, 2025

To:

The Honorable Marty J. Jackley
Attorney General, State of South Dakota
1302 E. Highway 14, Suite 1
Pierre, SD 57501

Subject: Request for \$25 Million in Opioid Settlement Funds to Establish a Regional Substance Use Treatment and Detoxification Center

Dear Attorney General Jackley,

Rapid City, like many communities across South Dakota, has borne the devastating consequences of the opioid epidemic. Families have been torn apart, neighborhoods destabilized, and lives lost. Despite limited resources, community members, municipal and county governments, and private organizations have worked tirelessly to confront this crisis. Yet the scope of the challenge far exceeds the resources currently available.

While some funding has reached our community, small grants and scattered donations are insufficient to effect true system change. Token investments cannot transform how we care for patients struggling with opioid addiction, nor can they address the broader challenges of methamphetamine, alcohol, and polysubstance use, which are deeply intertwined and realistically inseparable. Lasting change requires bold, coordinated investment across the full continuum of care.

A unified approach is essential. Health systems, local government, and law enforcement must act together as one team. At its core, this is a healthcare issue with profound public health and public safety implications. It must therefore be led by a healthcare system. We believe that moment has arrived, and we present a bold plan.

We propose a public-private partnership, anchored by a significant investment of opioid settlement funds, to establish a high-level regional detoxification and treatment center in Rapid City. This model draws inspiration from the successful Link Program in Sioux Falls, where county and city government, in partnership with Avera Health, created a coordinated system of care. Monument Health, in partnership with other healthcare systems, is prepared to operate this facility in a similar manner, ensuring comprehensive services across the full spectrum of detox needs, from social to medical detoxification. Community partners have identified this as the single greatest unmet need in our region.

Opioid addiction places extraordinary strain on our emergency rooms, law enforcement, and correctional facilities—systems never designed to provide long-term addiction care. With this investment, we can create the right care pathway, reduce unnecessary incarceration, and alleviate the revolving door of crisis response. By centralizing services,



we will also reduce the inefficiencies of transferring patients between facilities, while ensuring that patients themselves remain the priority.

In summary, we respectfully request that \$25 million in opioid settlement funds be allocated to five integrated priority areas:

Detoxification and Treatment Center

The majority of funds would support the establishment and initial operations of a new high-level detoxification and treatment facility. This includes capital costs, staffing, and program development to address the full continuum of detox needs. Monument Health, in joint venture with Avera, would operate the facility, providing long-term stability and clinical excellence.

Workforce Development and Transition Support

Resources are needed to equip our current, under-resourced workforce to deliver coordinated, sustainable care. This includes staff from the existing county residential detox program, the Police Department's Quality of Life Unit, community health workers, fire department paramedics within the integrated health unit, and addiction medicine professionals at Monument Health. Funding would support training and transition costs, ensuring readiness to deliver the comprehensive care required.

Law Enforcement and Infrastructure

Our law enforcement partners face daily challenges from opioid trafficking and its consequences. Specialized resources including forensic laboratory capacity, advanced drug analysis tools, and transportation support for the coroner's office are needed to protect the community while ensuring individuals with addiction are directed toward treatment rather than incarceration.

Data Analytics and Research

Opioid use disorder is not uniform; it varies by neighborhood, socioeconomic context, and access to care. We propose partnering with the University of South Dakota to develop a high-quality dataset and analytics program. Rigorous, real-time analysis will measure intervention effectiveness, identify patterns of use, and guide strategy, positioning Rapid City as a national leader in evidence-based addiction care.

Pass-Through Grants

Finally, we recommend reserving a portion of funds for competitive pass-through grants to local organizations working on innovative programs, pilot projects, and urgent needs. This ensures flexibility and responsiveness while aligning all efforts with the broader system-wide strategy.

We believe this comprehensive plan will create a transformative and enduring impact on



our community. With your support, South Dakota can set a national example of coordinated, evidence-driven care for substance use disorders.

Respectfully,

Dr. Stephen Tamang

Mayor Jason Salamun

Sheriff Brian Mueller

Chief of Police Don Hedrick

Fire Chief Jason Culberson





Mayor Paul TenHaken

CITY OF SIOUX FALLS

224 West Ninth Street • P.O. Box 7402 • Sioux Falls, SD • 57117-7402 • www.siouxfalls.gov
605-367-8800 • 605-367-8490 FAX • TRS Relay (7-1-1) and VRS calls accepted

September 19, 2025

The Honorable Marty Jackley, Attorney General of South Dakota

1302 S.D. Hwy 1889
Suite 1
Pierre, SD 57501-8501

Dear Attorney General Jackley:

Subject: Request for opioid settlement funds

The time is now to help South Dakotans across the state battling addiction. We are requesting available opioid settlement funding of \$25 million to support and expand existing services and bring new services to our market in Sioux Falls. The opportunity for Sioux Falls and Rapid City to receive \$25 million each would be life-changing not only for our communities but the entire state that will benefit from these investments.

Our communities are the right place for this funding as we have the appropriate resources to ensure the approach to spending the funds is a unified process with public-private partnerships in our communities. Although our distribution processes may be slightly different from each other, we share the same overall sentiment- **Lasting change requires bold, coordinated investment across the full continuum of care.**

In Sioux Falls, we simply need to keep the momentum and support existing programming and services providers and government-based services while also supporting new initiatives in the market that together, will make a large impact.

Here's our plan to keep the momentum in Sioux Falls:

- Once final direction is given from the state, an Advisory Committee will quickly be established to promptly guide funding decisions, promote transparency, and deliver measurable long-term outcomes.
 - This committee will solicit ideas for a set number of days to identify impactful community projects while ensuring alignment with state and national opioid settlement guidance.
 - The minimum project request to the advisory committee must be \$500,000 to ensure that large-scale impact.
 - The intention is that funds would be disbursed per advisory committee project selection within 90-days of confirmation of state funds.

- Areas of potential priorities of investments:
 - Existing programming and service providers
 - Existing government-based services
 - New providers in the market
 - Education



Mayor Paul TenHaken

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- We know our areas of need that exist today include the following:
 - The Link Triage Center
 - Homelessness/Addiction Responses
 - Emergency Communication Nurse System
 - Outpatient Treatment
 - Public education
 - Workforce development

To give you a bit more context on one of our areas of need that exists today, The Link is a no-wrong-door community triage center that serves not only Sioux Falls, but the region. This facility provides immediate access to medical care, withdrawal management, substance use treatment, and behavioral health services regardless of an individual's ability to pay. It opened in 2021 with financial support from the City of Sioux Falls, Minnehaha County, Avera Health, Sanford Health, and private donors. Since opening, the staff has seen over 15,000 triages, 2,135 of those so far in 2025. Our goal has always been to increase the level of services to link people to more long-term wraparound services for overall sustainability and positive outcomes. We are able to do this on a smaller scale today, but this funding could give us an opportunity to provide individuals even more of a chance to find success and sustainability as they battle addiction.

With this potential level of investment, we would be able to double down on existing services we know are working while supporting more wraparound services for individuals across the city with public-private partnerships. We appreciate the consideration to disburse these funds to Sioux Falls and Rapid City to make a lasting impact.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul TenHaken", with a stylized, overlapping flourish at the end.

Paul TenHaken

Mayor of Sioux Falls