

QUALIFIED MENTAL HEALTH PROFESSIONAL

TRAINING WORKBOOK



South Dakota
Department of
Social Services

ROLE OF QMHP

MODULE 1



South Dakota
Department of
Social Services

Involuntary Commitment Criteria for Adults

Two criteria need to be met for an adult to be involuntarily committed.

A person is subject to involuntary commitment if:

- The person is an imminent danger to self or others or will become one due to a chronic disability as a result of their serious mental illness.
- The person needs and is likely to benefit from treatment.

SDCL 27A-1-2

DEFINE: SERIOUS MENTAL ILLNESS

“Serious Mental Illness” is a substantial organic or psychiatric disorder of thought, mood, perception, orientation or memory which significantly impairs judgment, behavior or ability to cope with the basic demands of life.

SDCL 27A-1-1(24)



DEFINE: SERIOUS EMOTIONAL DISTURBANCE

For the purposes of this chapter, an individual with a serious emotional disturbance is an individual who:

1. Is under eighteen years of age;
2. Exhibits behavior resulting in functional impairment which substantially interferes with, or limits the individual's role or functioning in the community, school, family, or peer group;
3. Has a mental disorder diagnosed under the Diagnostic and Statistical Manual of Mental Disorders, fifth edition, 2013, or coding found in the International Classification of Diseases, 10th revision, Clinical Modification, 2015;
4. Has demonstrated a need for one or more special care services, in addition to mental health services; and
5. Has problems with a demonstrated or expected longevity of at least one year or has an impairment of short duration and high severity.

SDCL 27A-15.1.1

Note: Intellectual disabilities, epilepsy, other developmental disabilities, alcohol or substance abuse, brief periods of intoxication or criminal behavior do not, alone, constitute a serious mental illness or serious emotional disturbance. Statute still states “severe” mental illness - updated language is “Serious” mental illness.

DANGER TO SELF & OTHERS

DEFINE: DANGER TO SELF & OTHERS

“Danger to self” is a reasonable expectation that a person will inflict serious physical injury upon him or herself in the near future either due to an acute crisis situation or a severe mental illness, as evidenced by:

- The person’s treatment history and recent acts or omissions which constitute a danger of suicide or self-inflicted serious physical injury; (i.e. physical harm to self)
 - Such acts may include a recently expressed threat if the threat is such that, if considered in the light of its context or in light of the person’s recent previous acts or omissions, it is substantially supportive of an expectation that the threat will be carried out.
- A reasonable expectation of danger of serious personal harm in the near future, due to a severe mental illness, as evidenced by the person’s treatment history and the person’s recent acts or omissions which demonstrate an inability to provide for some basic human needs such as food, clothing, shelter, essential medical care or personal safety, or by arrests for criminal behavior which occur as a result of the worsening of the person’s severe mental illness.

SDCL 27A-1-1(7)



“Danger to others” is a reasonable expectation that a person will inflict serious physical injury upon another person in the near future either due to an acute crisis situation or a severe mental illness, as evidenced by:

- The person’s treatment history and recent acts or omissions which constitute a danger of serious physical injury for another individual.
- Such acts may include a recently expressed threat if the threat is such that, if considered in light of its context or in light of the person’s recent previous acts or omissions, it is substantially supportive of an expectation that the threat will be carried out.

SDCL 27A-1-1(6)



MODULE 1: NOTES

UNDERSTANDING CLIENTS' RIGHTS

MODULE 2



South Dakota
Department of
Social Services

Examination & Notice

An individual, whether an adult or adolescent, placed on a mental illness hold must be notified of their rights orally and in writing. In addition, a QMHP must complete an examination of the individual. This can be done in person or through a real-time audio or video call.

Notification of rights upon custody, detention, or filing of petition- Notice to county board where person apprehended.

Immediately after a person is taken into custody pursuant to § 27A-10-2 or 27A-10-3, a hold is initiated pursuant to § 27A-8-10.1 or 27A-10-19, or a petition is filed pursuant to § 27A-8-11.2, the person shall be notified both orally and in writing of the following:

1. The right to immediately contact someone of the person's choosing;
2. The right to immediately contact and be represented by counsel;
3. That the person will be examined by a qualified mental health professional, designated by the chair of the county board of mental illness, within twenty-four hours after being taken into custody to determine whether custody should continue; and
4. The right, if custody is continued, to an independent examination and to a hearing within five days after being taken into custody, within six days if there is a Saturday, Sunday, or holiday within that time period, or within seven days if there is a Saturday, Sunday, and holiday within that time period.

The person shall be further notified that the costs of any post-commitment treatment, medication, compensation for the attorney appointed to represent the person in any appeals proceedings, an additional examination requested by the person pursuant to § 27A-11A-9, and a certified transcript or tape of proceedings requested by the person pursuant to § 27A-11A-2 are that person's responsibility and that a lien for the amount of these costs may be filed upon the person's real and personal property to ensure payment. The notice shall also be given forthwith to the county board serving the county where the person was apprehended.

SDCL 27A-10-5

ADULT HOLD NOTICE EXAMPLE

NOTICE TO AN ADULT HELD OR IN CUSTODY UNDER THE INVOLUNTARY EMERGENCY COMMITMENT PROCEDURES

PLEASE TAKE NOTICE:

You have been placed on a 24 hour mental illness hold.

You are hereby notified that you have the right to immediately contact a person of your choosing and to immediately contact and be represented by counsel;

You are further notified that you will be examined by a qualified mental health professional, designated by the chair of the county board of mental illness, within twenty-four hours after being taken into custody to determine whether custody should continue; and

The right, if custody is continued, to an independent examination and to a hearing within five days after being taken into custody, within six days if there is a Saturday, Sunday, or holiday within that time period, or within seven days if there is a Saturday, Sunday, and holiday within that time period.

You are further notified that the costs of any post-commitment treatment, medication, compensation for the attorney appointed to represent the person in any appeals proceedings, an additional examination requested by the person pursuant to § 27A-11A-9, and a certified transcript or tape of proceedings requested by the person pursuant to § 27A-11A-2 are that person's responsibility and that a lien for the amount of these costs may be filed upon the person's real and personal property to ensure payment.

I hereby acknowledge that the above Notice was read to me and that I received a copy of this Notice on the _____ day of _____, 20____ at _____ AM / PM.

Signature of person placed on hold

OR

I hereby certify that I read the above Notice to and that a copy of this was given to the above named person placed on a hold on the _____ day of _____, 20____ at _____ AM / PM.

Signature and Title of person placing the hold

Original: Patient
Copy: Chair of County Board Mental Illness
Inpatient Facility

**View These
Notices Online**



MINOR HOLD NOTICE EXAMPLE

NOTICE TO A MINOR HELD OR IN CUSTODY UNDER THE INVOLUNTARY EMERGENCY COMMITMENT PROCEDURES

PLEASE TAKE NOTICE:

You have been placed on a 24 hour mental illness hold.

You are hereby notified that you have the right to immediately contact his parent, guardian, legal custodian, or other persons of his choosing and to immediately contact and be represented by counsel;

You are further notified that you will be examined by a qualified mental health professional, designated by the chair of the county board of mental illness, within twenty-four hours after being taken into custody to determine whether custody should continue; and

The right, if custody is continued, to an independent examination and to a hearing within five days after being taken into custody, within six days if there is a Saturday, Sunday, or holiday within that time period, or within seven days if there is a Saturday, Sunday, and holiday within that time period.

You are further notified that the costs of any post-commitment treatment, medication, compensation for the attorney appointed to represent the person in any appeals proceedings, an additional examination requested by the person pursuant to § 27A-11A-9, and a certified transcript or tape of proceedings requested by the person pursuant to § 27A-11A-2 are that person's responsibility and that a lien for the amount of these costs may be filed upon the person's real and personal property to ensure payment.

I hereby acknowledge that the above Notice was read to me and that I received a copy of this Notice on the _____ day of _____, 20____ at _____ AM / PM.

Signature of person placed on hold

OR

I hereby certify that I read the above Notice to and that a copy of this was given to the above named person placed on a hold on the _____ day of _____, 20____ at _____ AM / PM.

Signature and Title of person placing the hold

Original: Patient
Copy: Parent/Guardian
Chair of County Board Mental Illness
Inpatient Facility

**View These
Notices Online**





**BEFORE THE EXAMINATION,
THE EXAMINER MUST:**

- Identify yourself as a QMHP.
- Explain the nature and purpose of the examination.
- Explain that the purpose of the examination is to determine whether the person should continue to be detained and that the examination may be used as evidence in an involuntary commitment hearing.

MODULE 2: NOTES

MODULE 2: NOTES

[illegible]

PETITIONS FOR EMERGENCY COMMITMENT

MODULE 3



South Dakota
Department of
Social Services

Petition asserting need for immediate intervention of mentally ill person--Contents.

If any person is alleged to be severely mentally ill and in such condition that immediate intervention is necessary for the protection from physical harm to self or others, any person, eighteen years of age or older, may complete a petition stating the factual basis for concluding that such person is severely mentally ill and in immediate need of intervention.

The petition shall be upon a form and be verified by affidavit. The petition shall include the following:

1. A statement by the petitioner that the petitioner believes, on the basis of personal knowledge, that such person is, as a result of severe mental illness, a danger to self or others;
2. The specific nature of the danger;
3. A summary of the information upon which the statement of danger is based;
4. A statement of facts which caused the person to come to the petitioner's attention;
5. The address and signature of the petitioner and a statement of the petitioner's interest in the case; and
6. The name of the person to be evaluated; the address, age, marital status, and occupation of the person and the name and address of the person's nearest relative.

The state's attorney or other person designated by the board of county commissioners shall assist the petitioner in completing the petition. No designee may be a member of the county board of mental illness. Upon completion of the petition, the petition shall be forthwith submitted to the chair of the county board of mental illness where such severely mentally ill person is found. The term, forthwith, means that the petition shall be completed and submitted to the chair at the earliest possible time during normal waking hours. If a petition is not filed with the chair within twenty-four hours of the apprehension of the person, the person shall be released. If the person is released, the referring county shall provide the person with transportation to the county where the person was taken into custody if the person so chooses. If the county where the person was apprehended is served by a board other than the board serving the county where the facility to which the person is transported is located, a copy of the petition shall also be forthwith filed with the chair of such board.

SDCL 27A-10-1



ADULT PETITION FOR EMERGENCY COMMITMENT EXAMPLE

STATE OF SOUTH DAKOTA)
 :SS
COUNTY OF _____)

THE _____ COUNTY
BOARD OF MENTAL ILLNESS

IN THE MATTER OF

**PETITION FOR
EMERGENCY COMMITMENT**

I, _____ (please print clearly), under penalty of perjury, state the following:

1. I believe, on the basis of personal knowledge, that _____ is, as a result of a severe mental illness, a danger to self or others or has a chronic disability and in such condition that immediate intervention is necessary.
2. The specific nature of the danger is

3. In summary, I believe such danger exists based on the following information:

4. The above person came to my attention based on these facts:

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Document
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5. Petitioner's interest in this case is as a [select one]

- ☐ Police officer
- ☐ Doctor
- ☐ Counselor
- ☐ Witness
- ☐ Family member
- ☐ Other [please describe specific relationship]:

6. Information as to the above person to be evaluated is as follows:

Address: _____

County of residence: _____ Age/DOB: _____

Marital status: _____ Occupation: _____ Veteran: [☐ Yes ☐ No]

Name of nearest relative(s) (or guardian): _____

Address of nearest relative(s) (or guardian): _____

Phone contact number for nearest relative(s) (or guardian): _____

7. Supplemental information as to the above person to be evaluated:

(a) Do you have any information that the above person has a "chronic disability," as defined in the Chronic Disability Information **Exhibit A**? [☐ Yes ☐ No]

If "Yes," please submit Chronic Disability Information Exhibit A, which shall be incorporated into this Petition by this reference.

(b) Are there any persons not listed above, with knowledge of the above person, whose information could be helpful in an evaluation of this person? [☐ Yes ☐ No]

If "Yes," please submit that **supplemental information** with this Petition.

8. I have read the foregoing Petition and know the contents of it. **I swear or affirm, under penalty of perjury, under the laws of the state of South Dakota that the foregoing is true and correct.**

WHEREFORE, Petitioner asks that this matter be brought on for hearing pursuant to the terms of SDCL 27A-10 and the South Dakota emergency commitment procedures.

Executed on this ____ day of _____, 20____, in the county of _____, in the state of South Dakota.

Petitioner's signature (required)



https://dss.sd.gov/docs/behavioralhealth/board_of_mental_illness/Petition_for_a_Minor_Emergency_Commitment.pdf

View the Minor Petition for Emergency Commitment Example

Best Practices

- Contact petitioner to clarify or ask questions regarding contents.
- Contact any collateral sources that are provided.
- Talk to Parent or Guardian of adolescent to collect information about other factors that may be playing a role in situation.

DEFINE: CHRONIC DISABILITY

“Chronic disability,” a condition evidenced by a reasonable expectation, based on the person’s psychiatric history, that the person is incapable of making an informed medical decision because of a severe mental illness, is unlikely to comply with treatment as shown by a failure to comply with a prescribed course of treatment outside of an inpatient setting on two or more occasions within any continuous twelve month period, and, as a consequence, the person’s current condition is likely to deteriorate until it is probable that the person will be a danger to self or others;
SDCL 27A-1-1 (4)

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Chronic Disability Information Exhibit A

“**Chronic disability**” is defined as “a condition evidenced by a reasonable expectation, based on the person’s psychiatric history, that the person is incapable of making an informed medical decision because of a severe mental illness, is unlikely to comply with treatment as shown by a failure to comply with a prescribed course of treatment outside of an inpatient setting on two or more occasions within any continuous twelve month period, and, as a consequence, the person’s current condition is likely to deteriorate until it is probable that the person will be a danger to self or others.” SDCL 27A-1-1(4).

1. I, _____ (please print clearly), believe that _____ has a chronic disability, as defined above.
2. Specifically, this person’s psychiatric history shows that this person is incapable of making an informed medical decision because of a severe mental illness and is unlikely to comply with treatment as shown by a failure to comply with a course of treatment prescribed by _____ (a doctor, board or court), on _____ (date(s) prescribed or ordered), outside of an inpatient setting on two or more occasions within the continuous twelve month period beginning _____ and ending _____, namely on these two or more dates: (1) _____ and (2) _____, + _____ (specify all dates of failure to comply) and, as a consequence, this person’s current condition is likely to deteriorate until it is probable that the person will be a danger to self or others.
3. A summary of the person’s psychiatric history, s mental illness, lack of capacity to make an informed medical decision, previous decompensation or deterioration and probability of dangerousness is as follows:
4. I have read the foregoing Chronic Disability Information Exhibit A and know the contents of it. **I swear or affirm, under penalty of perjury, under the laws of the state of South Dakota that the foregoing is true and correct.**

Executed on this ____ day of _____ (month), _____ (year), in the county of _____ (county name), in the state of South Dakota.

Telephone # (required)
[Please use best contact number]

Signature (required)

(06-28-12)

Address (required)

MODULE 3: NOTES

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QMHP FORM

MODULE 4



South Dakota
Department of
Social Services

QMHP FORM: HISTORY[View Full Form](#)**1. HISTORY:**

(a) Petitioner/Informant: (1) Name _____
 (2) Address _____
 (3) Relationship _____

(b) Patient (1) Full Name _____
 (2) Birthplace & Date _____
 (3) Sex, Race & Education _____
 (4) Occupation _____
 (5) Social Security # _____
 (6) How long in South Dakota _____ ☐ Homeless
 (7) County of Residence & Address _____
 (8) Marital Status _____

(c) Spouse (1) Name _____
 (2) Address _____

(d) Next of Kin (1) Full Name _____
 (2) Address _____
 (3) Relationship _____

(e) Legally responsible (1) Full Name _____
 Relative/guardian (2) Address _____
 Attorney in Fact (3) Relationship _____

(f) Military Service _____ Yes _____ No

(g) Previous Treatment for Mental Illness – dates, places of treatment, hospitalizations, etc.

☐ Outpatient mental health involvement in past year _____

☐ Hospitalization for mental health in past year _____

☐ SMI ☐ No history

Does this patient have a Chronic Disability? ☐ Yes ☐ No. If yes, attach data, Exhibit A.

(h) A review of previous behavior or acts which led to involuntary commitment or treatment which are similar or related to the person's present psychiatric condition or status

☐ Suicidal Ideation ☐ Suicidal Gesture ☐ Suicide Threat ☐ Suicide Attempt ☐
 Homicidal Threats ☐ Depression ☐ Unable to Care for Self ☐ SMI ☐ Other:

IF A MINOR:

(i) Father (1) Full Name _____
 (2) Address _____

(j) Mother (1) Full Name _____
 (2) Address _____

QMHP FORM: EXAMINATION FINDINGS

Sometimes medical problems can masquerade as psychiatric illnesses,so if you are evaluating someone who doesn't have a previous treatment history or has a sudden onset of psychiatric symptoms, it may be necessary to rule out medical issues as the source through a medical clearance process.

EXAMPLES:

Urinary tract infection present in an elderly patient;

an individual who is acutely intoxicated and/or passed out;

or any recent hospitalization for a medical condition that may be contributing.

(1) EXAMINATION FINDINGS

(a) Physical condition, including any special test results: _____

(b) Present Mental Condition: _____

(c) Is this patient considered to be a danger to self? If so _____

(d) Is this patient considered to be a danger to others? If _____

(e) Diagnostic Impression: _____

EXAMPLES:

- Delirium caused by medication
- Electrolyte imbalance
- Thyroid problems
- Seizure aftermath
- Liver or kidney failure
- Head trauma or stroke
- Dehydration
- Side effects of new medications

(f) Is the person taking any medication or drugs? List them if known. In your opinion, do these have an effect on the person's current behaviors? If so, explain: _____

(g) In your opinion, could this person benefit from treatment? ☐ Yes ☐ No
If yes, please list the least restrictive alternatives: _____

- Level of cooperation
- Rate of Speech
- Orientation
- Memory, Mood, Affect
- Thought Content & Process
- Presence of Delusions
- Responding to Internal Stimuli
- Insight
- Judgement

- Were they cooperative in answering questions?
- Did they display pressured or rapid rate of speech?
- Could they attend to your questions, or were they distracted by things you couldn't see or hear?
- Do they know the date, place, and time?
- Is there evidence of paranoia present?

Was the person:

- Irritable
- Crying
- Screaming
- Cooperative
- Guarded
- Suspicious

(1) EXAMINATION FINDINGS

(a) Physical condition, including any special test results: _____

(b) **Present Mental Condition:** _____

- Did you notice any fluctuations in their mood?

(c) Is this patient considered to be a danger to self? If so, explain: _____

(d) Is this patient considered to be a danger to others? If so, explain: _____

(e) Diagnostic Impression: _____

(f) Is the person taking any medication or drugs? List them if known. In your opinion, do these have an effect on the person's current behaviors? If so, explain: _____

(g) In your opinion, could this person benefit from treatment? ☐ Yes ☐ No

If yes, please list the least restrictive alternatives: _____

QMHP FORM: EXAMINATION FINDINGS

EXAMPLES:

Suicide attempt, threat, or gesture?

Are they displaying symptoms of psychosis interfering with their ability to take care of themselves - such as not eating, drinking, completing ADLs, or taking medication?

(1) EXAMINATION FINDINGS

(a) Physical condition, including any special test results: _____

(b) Present Mental Condition: _____

(c) Is this patient considered to be a danger to self? If so, explain: _____

Are they manic and putting themselves in dangerous situations?

(e) Diagnostic Impression: _____

(f) Is the person taking any medication or drugs? List them if known. In your opinion, do these have an effect on the person's current behaviors? If so, explain: _____

(g) In your opinion, could this person benefit from treatment? ☐ Yes ☐ No
If yes, please list the least restrictive alternatives: _____

EXAMPLES:

Has the individual made any threats to harm a specific person?

Have they carried out any acts of aggression in the community?

Are they having delusions or false beliefs that could cause harm to another person?

(1) EXAMINATION FINDINGS

(a) Physical condition, including any special test results: _____

(b) Present Mental Condition: _____

(c) Is this patient considered to be a danger to self? If so, explain: _____

(d) Is this patient considered to be a danger to others? If so, explain: _____

(e) Diagnostic Impression: _____

Note any previous diagnosis that you may have discovered while you were gathering their information.

You may also include the current diagnosis or problems that exist.

_____ them if known. In your opinion, do these _____
if so, explain: _____

_____ treatment? ☐ Yes ☐ No

QMHP FORM: EXAMINATION FINDINGS

(e) Diagnostic Impression: _____

Do they have a medication list?

Are they prescribed medications that they are not taking?

Have they been using illegal drugs or alcohol?

(f) Is the person taking any medication or drugs? List them if known. In your opinion, do these have an effect on the person's current behaviors? If so, explain: _____

(g) In your opinion, could this person benefit from treatment? ☐ Yes ☐ No
 If yes, please list the least restrictive alternatives: _____

Be specific in your recommendation.

If the recommendation is for an inpatient psychiatric hospitalization or crisis services, include the name of the facility where that should occur.

OTHER CONSIDERATIONS:

You should not examine an individual while they are acutely intoxicated by alcohol or drugs. However, the person does not have to be free of substances prior to the evaluation.

Once the QMHP believes the individual is reasonably sober for evaluation, they may proceed. This will often come down to using your best clinical judgment.

View Full Form



A Note on Civil Liability

Any person serving as the QMHP as designated by the chair of the county board of Mental illness, whose examinations and testimony are conducted in good faith, are immune from any civil liability. This immunity doesn't apply if injury results from gross negligence or willful or wanton misconduct.

MODULE 4: NOTES

[illegible]

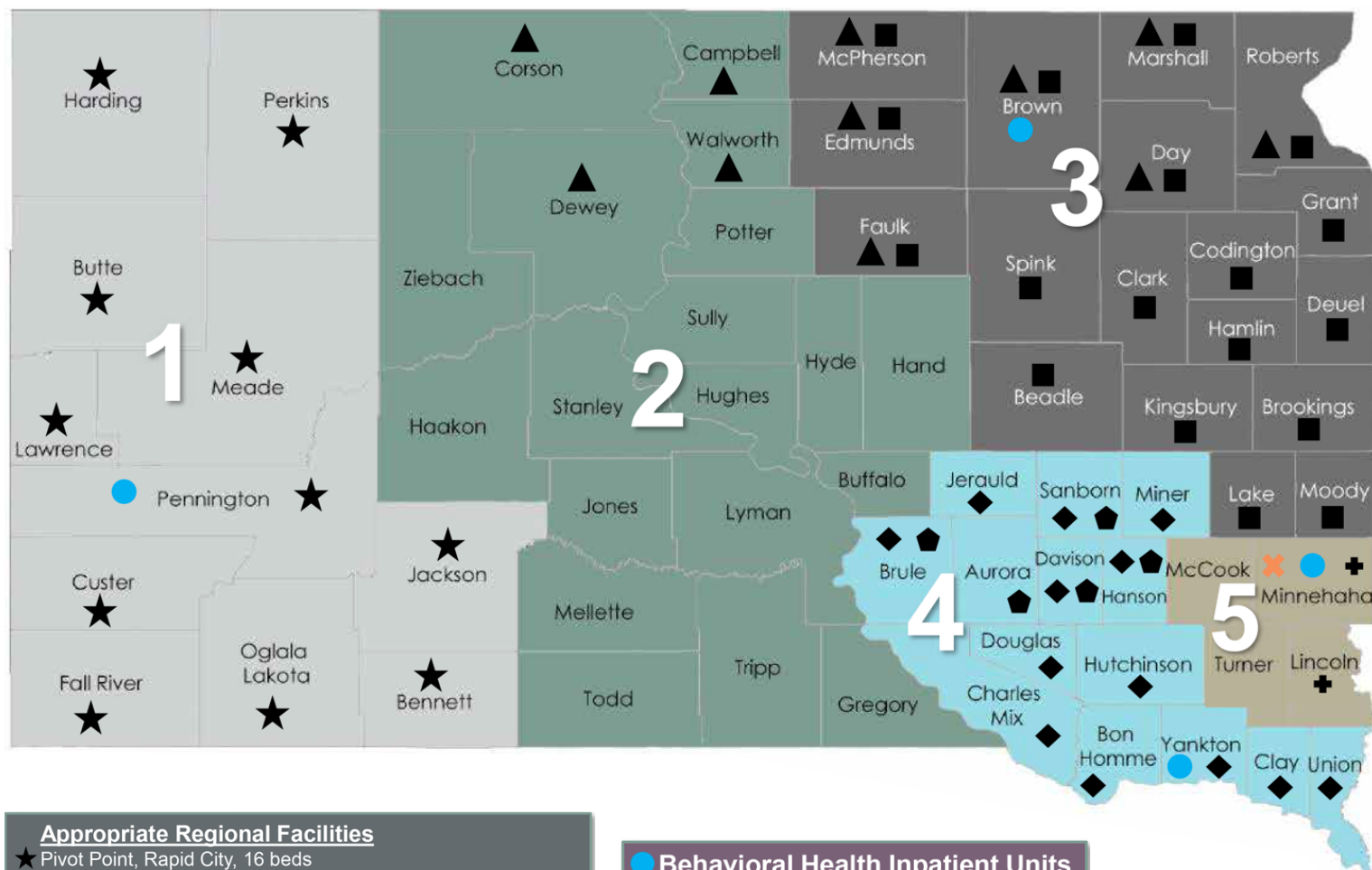
WHAT OPTIONS DO I HAVE?

MODULE 5



South Dakota
Department of
Social Services

Short-Term Crisis Centers



Appropriate Regional Facilities

- ★ Pivot Point, Rapid City, 16 beds
- ▲ Avera St. Luke's, Aberdeen, 5 beds (Fall 2024)
- Human Service Agency, Watertown, 4 beds
- ◆ C.O.R.E. Center, Yankton, 8 beds (up to 14 beds in 2025)
- ◆ Dakota Counseling Institute, Mitchell, 4 Beds (Opening 2025)
- ✚ Avera Behavioral Health, Sioux Falls, 16 Beds (Opening 2025)

Behavioral Health Inpatient Units

- Avera Behavioral Health, Sioux Falls
- Monument Health, Rapid City
- Human Services Center, Yankton
- Avera St. Luke's, Aberdeen

- ✚ **24-Hour or Less Crisis Stabilization Center**
The Link, Sioux Falls

LOCATIONS FOR VOLUNTARY INPATIENT HOSPITALIZATION IN SOUTH DAKOTA:

Avera Behavioral Health Hospital	4400 W 69th St. Sioux Falls, SD 57108
Monument Behavioral Health	915 Mountain View Rd. Rapid City, SD 57702
Avera St. Luke's Hospital	305 S State St. Aberdeen, SD 57401

SAFETY PLANNING RESOURCES

Safety Plans Work

988 | SUICIDE & CRISIS
LIFELINE



1

Write 3 warning signs that a crisis may be developing.

2

Write 3 internal coping strategies that can take your mind off your problems.

3

Who / What are 3 people or places that provide distraction? (Write name / place and phone numbers)

_____	Phone: _____
_____	Phone: _____
_____	Phone: _____

4

Who can you ask for help? (Write names and phone numbers)

_____	Phone: _____
_____	Phone: _____
_____	Phone: _____

5

Professionals or agencies you can contact during a crisis:

Clinician: _____ Phone: _____

Local Urgent Care or Emergency Department: _____

Address: _____ Phone: _____



Get Help ▾ Identifying Risk ▾ Take Action ▾ Survivors ▾ Resource Library 🔍

Safety Plan

Take Action ▸ Safety Plan

What is a Safety Plan?

A safety plan is a proactive, written list of steps you can take when you're having thoughts of suicide. By making one in advance, you'll have a clear guide to follow in moments of distress or crisis—helping you feel safer and more in control. Usually, a safety plan includes strategies to manage stress and emotions, a list of people to reach out to for support and resources that can help you through a crisis.

When Should You Make a Safety Plan?

It's best to create your safety plan during a time you can think clearly and thoughtfully. Many people make one after experiencing a mental health crisis or surviving a suicide attempt, but it's also a good idea to make one if you have a history of mental health challenges or thoughts of suicide.

How to Use a Safety Plan

If you're experiencing a crisis or thoughts of suicide, use your safety plan as a step-by-step guide. The plan will remind you of things



988
Call • Text • Chat



South Dakota
Suicide Prevention
Safety Planning

1 Write 3 warning signs that a crisis may be developing.

2 Write 3 internal coping strategies that can take your mind off your problems.

3 Who / What are 3 people or places that provide distraction? (Write name / place and phone numbers)

_____	Phone: _____
_____	Phone: _____
_____	Phone: _____

4 Who can you ask for help? (Write names and phone numbers)

_____	Phone: _____
_____	Phone: _____
_____	Phone: _____

5 Professionals or agencies you can contact during a crisis:

Clinician: _____ Phone: _____

Local Urgent Care or Emergency Department:

Address: _____ Phone: _____

Call • Text • Chat 988

6 Write out a plan to make your environment safer. (Write 2 things)



988
Call • Text • Chat

MODULE 5: NOTES

MODULE 5: NOTES

WHAT HAPPENS NEXT

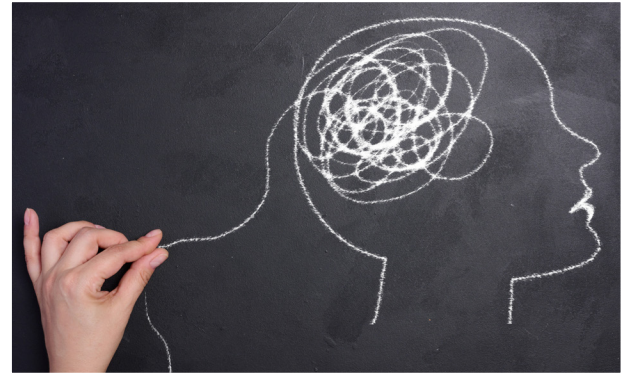
MODULE 6



South Dakota
Department of
Social Services

AVAILABLE OPTIONS WITHOUT INVOLUNTARY COMMITMENT

There are options available for those who don't meet the criteria for an involuntary commitment.



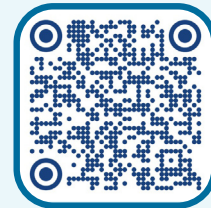
Make Referrals for Any or All of the Following

- Case management
- Medication management
- Mental health therapy

These services are all available through the local community mental health center (CMHC), while therapy and medication management are also available through other community providers.

If Substance Use Disorder (SUD) treatment services are needed, you should make a referral for those services as well.

Explore Who Provides These Services

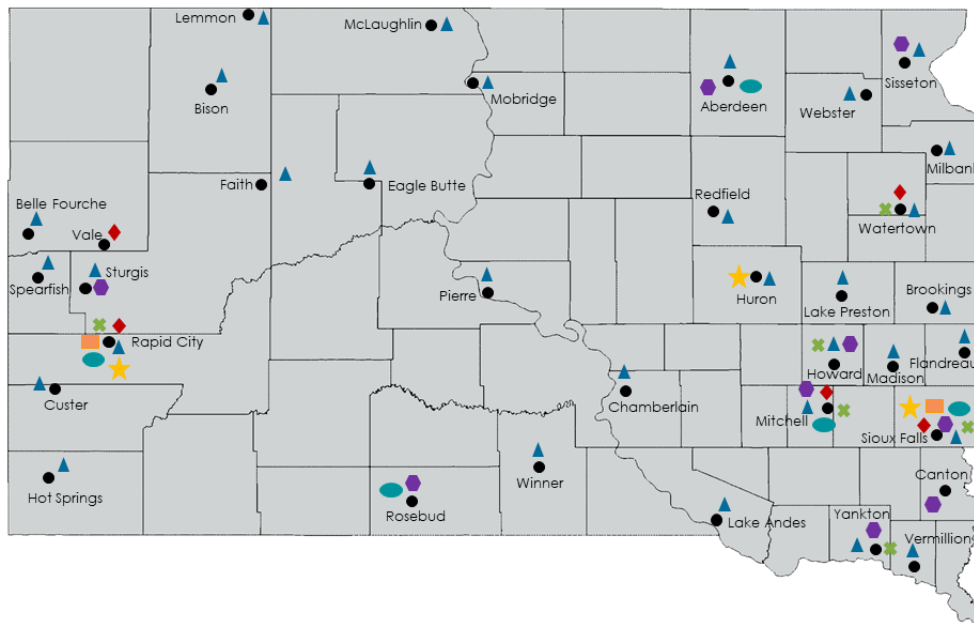


<https://dss.sd.gov/behavioralhealth/agencycounty.aspx>








As a reminder, the individual may receive crisis services (also referred to as an appropriate regional facility) on a voluntary basis at a local crisis stabilization center. Refer back to Module 5 to review this information, if needed.



Substance Use Disorder Treatment Services in South Dakota



South Dakota Substance Use Services

-  Pregnant Women and Women with Dependent Children Treatment Services
 -  Outpatient Treatment Services
 -  Low Intensity Residential Treatment Services
 -  Adult Inpatient Treatment Services
 -  Youth Inpatient Treatment Services
 -  Detoxification Treatment Services
 -  Intensive Methamphetamine Treatment Services
- Note: Communities are represented by black dots*

This map is accurate as of the date it was printed. There may be multiple substance use disorder agencies providing services in your community. To find an agency in your area, please visit one of the websites or scan the QR code below.

- SAMHSA Treatment Locator - <https://findtreatment.gov/>
- DSS - <https://dss.sd.gov/behavioralhealth/agencycounty.aspx>



Division of Behavioral Health
605.367.5236
855.878.6057
dssbh@state.sd.us
dss.sd.gov/behavioralhealth

Substance Use Disorder Treatment Services

The Division of Behavioral Health contracts with substance use disorder agencies across the state to provide quality services for both adults and youth. These services include screenings and assessments, early interventions, withdrawal management, outpatient, and inpatient treatment. Financial assistance is available for these services.

Outpatient Treatment Services

Outpatient treatment services offer counseling to individuals diagnosed with substance use disorders. Additionally, early intervention services are available on an outpatient basis for those who have concerns about their substance use but do not have a diagnosed disorder. These services can also be delivered via telehealth.

Low Intensity Residential Treatment Services

Low-intensity residential treatment services provide peer-oriented programs for individuals with substance use disorders whose living situation or recovery environment is not conducive to recovery. The program

offers substance use disorder counseling along with case management services to prepare clients for successful community living.

Inpatient Treatment Services

Inpatient treatment services provide residential care with medically monitored intensive treatment for individuals with severe substance use disorders.

Withdrawal Management Services

Withdrawal management services are residential programs with trained staff providing 24-hour supervision, observation, and support for individuals who are intoxicated or experiencing withdrawal symptoms. The staff aims to engage individuals in further treatment services after stabilizing withdrawal symptoms.

Specialized Treatment Services

Specialized treatment services are available for pregnant women, women with dependent children, and individuals in need of intensive methamphetamine treatment.

How do I find help?

1

Contact a local treatment provider

2

A professional completes an assessment

3

Recommendations for services and/or support will be provided

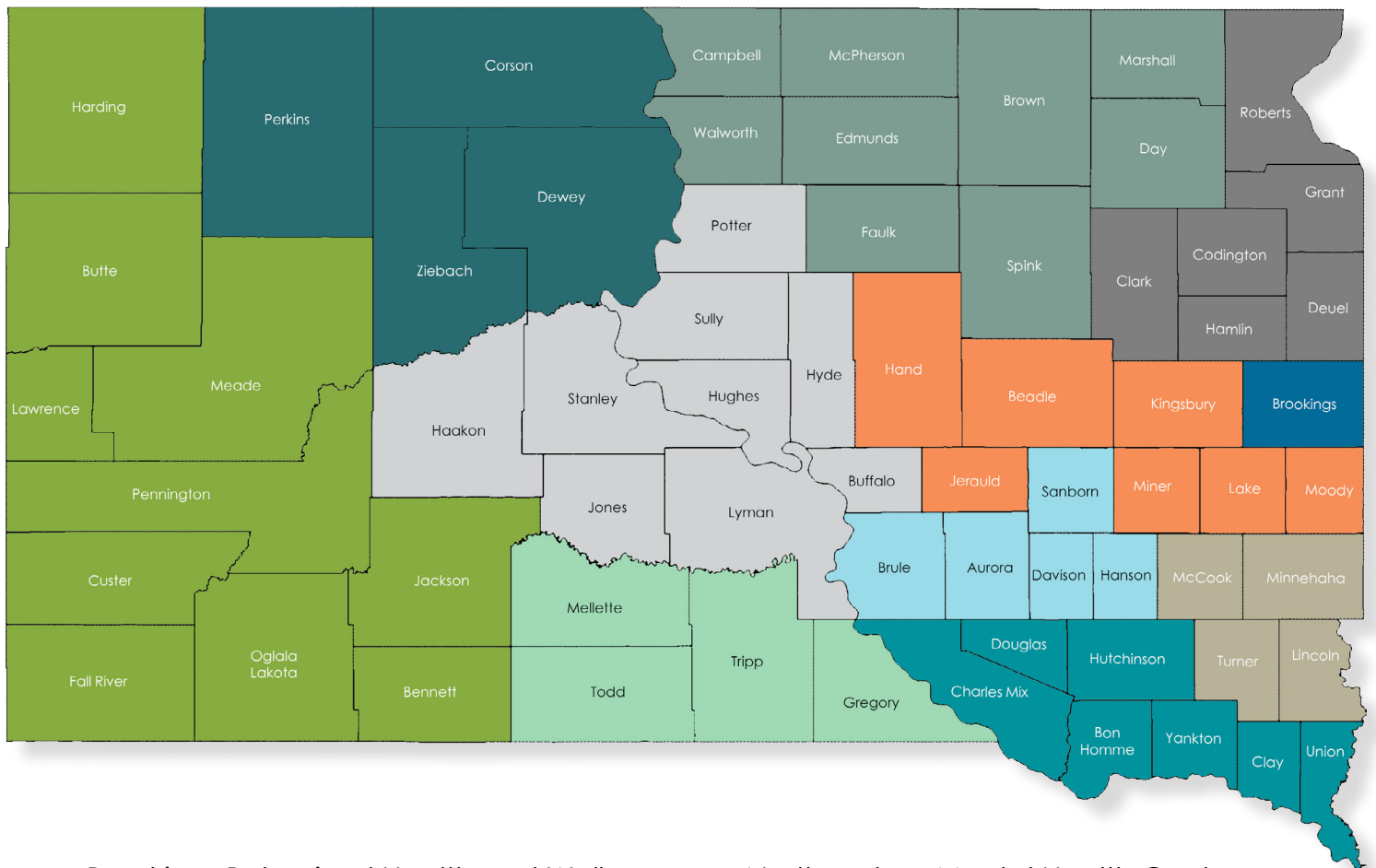
Financial assistance is available. Contact a treatment provider in your area for more information.

The Department of Social Services does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of actual or perceived race, color, religion, national origin, sex, age, gender identity, sexual orientation or disability in admission or access to, or treatment or employment in its programs, activities, or services. For more information about this policy or to file a Discrimination Complaint you may contact: Discrimination Coordinator, Director of DSS Division of Legal Services, 700 Governor's Drive, Pierre, SD 57501, 605.773.3305.

Español (Spanish) - ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800.305.9673 (TTY: 711).

Deutsch (German) - ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800.305.9673 (TTY: 711).

South Dakota Community Mental Health Centers



- | | |
|--|---|
| ■ Brookings Behavioral Health and Wellness | ■ Northeastern Mental Health Center |
| ■ Capital Area Counseling | ■ Southeastern Behavioral Healthcare |
| ■ Community Counseling Services | ■ Southern Plains Behavioral Health Services |
| ■ Dakota Counseling Institute | ■ Three Rivers Mental Health and Chemical Dependency Center |
| ■ Human Service Agency | ■ West River Mental Health |
| ■ Lewis & Clark Behavioral Health Services | |

Financial assistance is available. Contact a Community Mental Health Center in your area for more information.



To locate treatment services
in your area, scan below



Division of Behavioral Health

605.367.5236

855.878.6057

dssbh@state.sd.us

dss.sd.gov/behavioralhealth

Agency Contact Information

Brookings Behavioral Health and Wellness

211 Fourth St
Brookings, SD 57006
605.697.2850

www.brookingsivycenter.org

Capital Area Counseling Service

2001 Eastgate Ave
Pierre, SD 57501
605.224.5811

www.cacsnet.org

Community Counseling Services

357 Kansas Ave SE
Huron, SD 57350
605.352.8596

www.ccs-sd.org

Dakota Counseling Institute

910 W. Havens Ave
Mitchell, SD 57301
605.996.9686

www.dakotacounseling.net

Human Service Agency

123 19th St NE
Watertown, SD 57201
605.886.0123

www.humanserviceagency.org

Lewis & Clark Behavioral Health Services

1028 Walnut St
Yankton, SD 57078
605.665.4606

www.lcbhs.com

Northeastern Mental Health Center

14 S Main St, Suite 1E
Aberdeen, SD 57401
605.225.1010

www.nemhc.org

Southeastern Behavioral HealthCare

2000 S Summit Ave
Sioux Falls, SD 57105
605.336.0510

www.southeasternbh.org

Southern Plains Behavioral Health Services

500 E Ninth St
Winner, SD 57580
605.842.1465

www.spbhs.net

Three Rivers Mental Health and Chemical Dependency Center

11 E Fourth St
Lemmon, SD 57638
605.374.3862

www.threeriverscounseling.com

West River Mental Health

350 Elk St
Rapid City, SD 57701
605.343.7262

www.wrmentalhealth.org/

Mental Health Services

Community mental health centers in South Dakota provide quality services to both adults and youth. Services provided may include screenings and assessments, case management, individual therapy, group therapy, crisis intervention, psychiatric evaluation, and medication management. Financial assistance for services is available.

Outpatient Services

Outpatient mental health counseling services are provided to individuals of all ages. Group or family therapy and psychiatric services may also be offered.

Children, Youth and Family (CYF) Services

CYF services are specialized outpatient services provided to youth with serious emotional disturbance (SED). Family counseling may include a strength-based model for building skills to help improve family relationships, reduce behavioral issues, and improve school performance.

Comprehensive Assistance with Recovery and Empowerment (CARE) Services

The CARE Program provides comprehensive outpatient services to adults with serious mental illness (SMI) within an integrated system helping individuals to live successfully in the community and experience the hope of recovery.

Individualized and Mobile Program of Assertive Community Treatment (IMPACT)

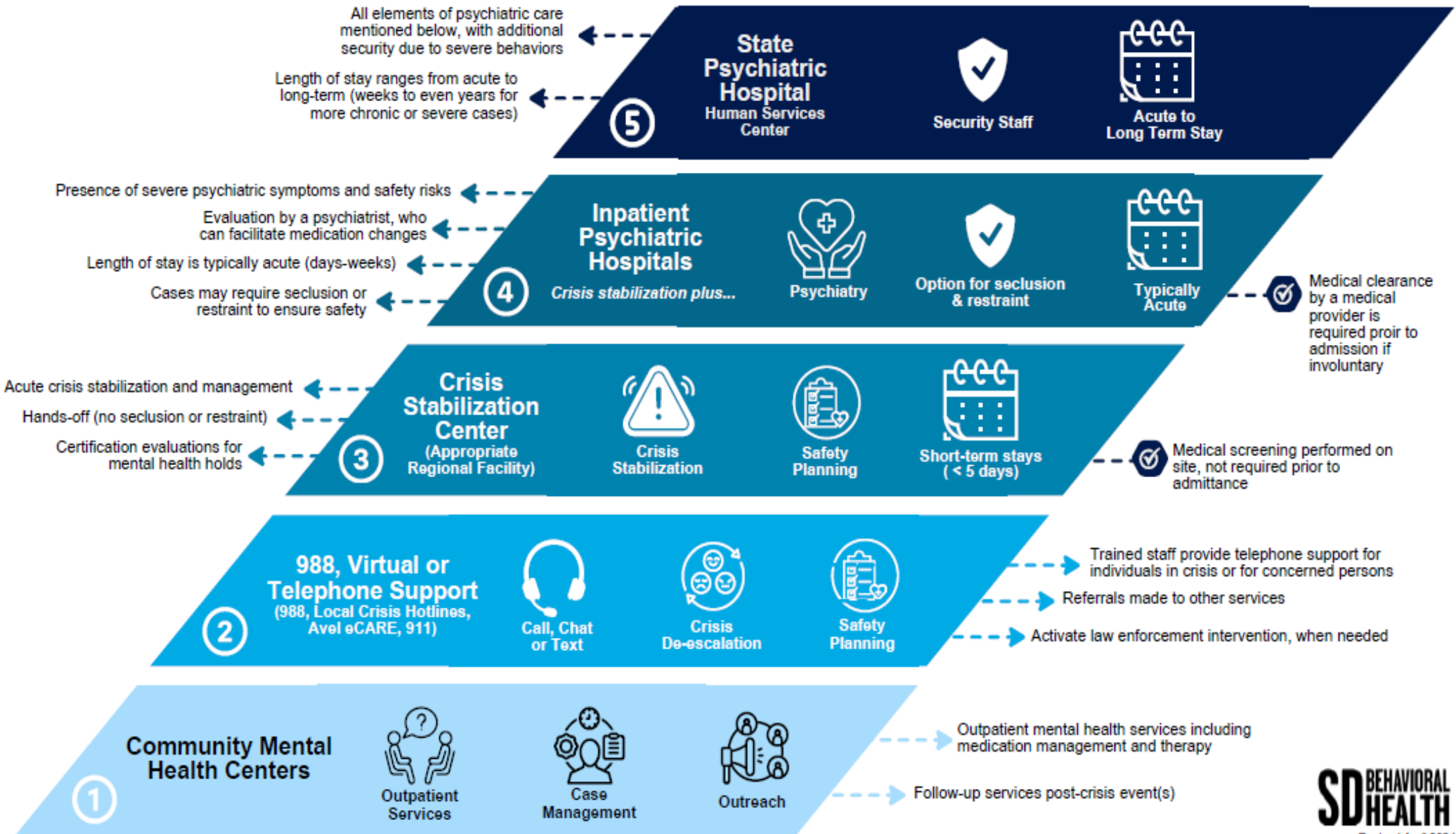
IMPACT provides intensive services to adults whose serious mental illness (SMI) significantly impacts their lives.

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What are the levels of care for behavioral health?



MODULE 6: NOTES

[illegible]

COMMITMENT ROADMAP

MODULE 7



South Dakota
Department of
Social Services

Someone to Call



Someone to Respond



Somewhere to Go



Behavioral Health Crisis Response for ADULTS

Process Flow & Resource Guide

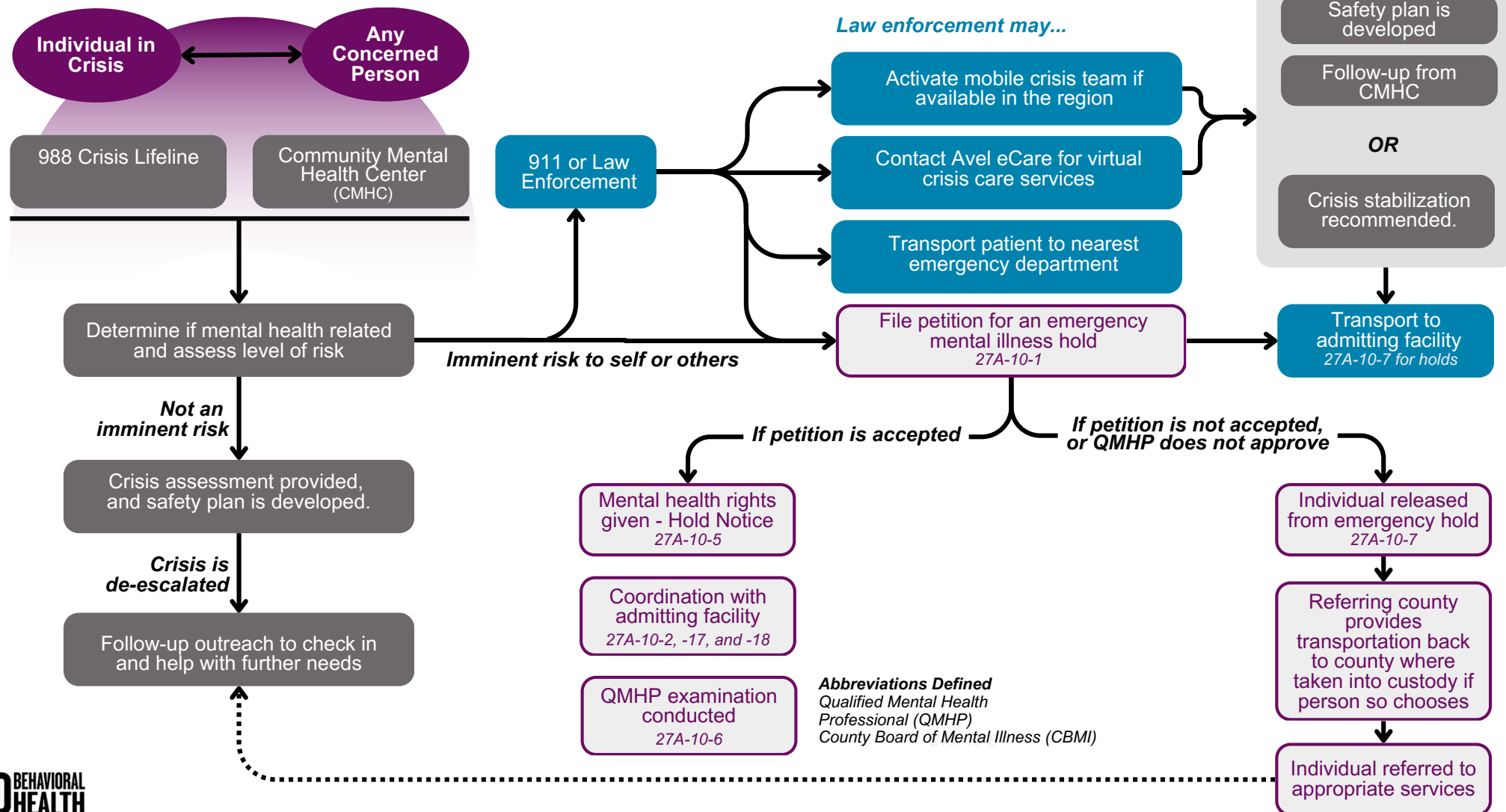
South Dakota's crisis response services are an integral component in addressing mental health and substance use disorders. South Dakota's implementation and expansion of behavioral health crisis care is rooted in the Crisis Now model, led by the National Association of State Mental Health Program Directors. Crisis Now and supporting toolkits from SAMHSA provide a best practice approach for design, development, implementation, and continuous quality improvement of crisis systems.

Someone to Call
988 Crisis Lifeline
911 Emergency Services
Local Crisis Lines

Someone to Respond
Mobile Crisis Responders
Local Law Enforcement

Somewhere to Go
Crisis Stabilization
Outpatient Treatment
Inpatient Hospital

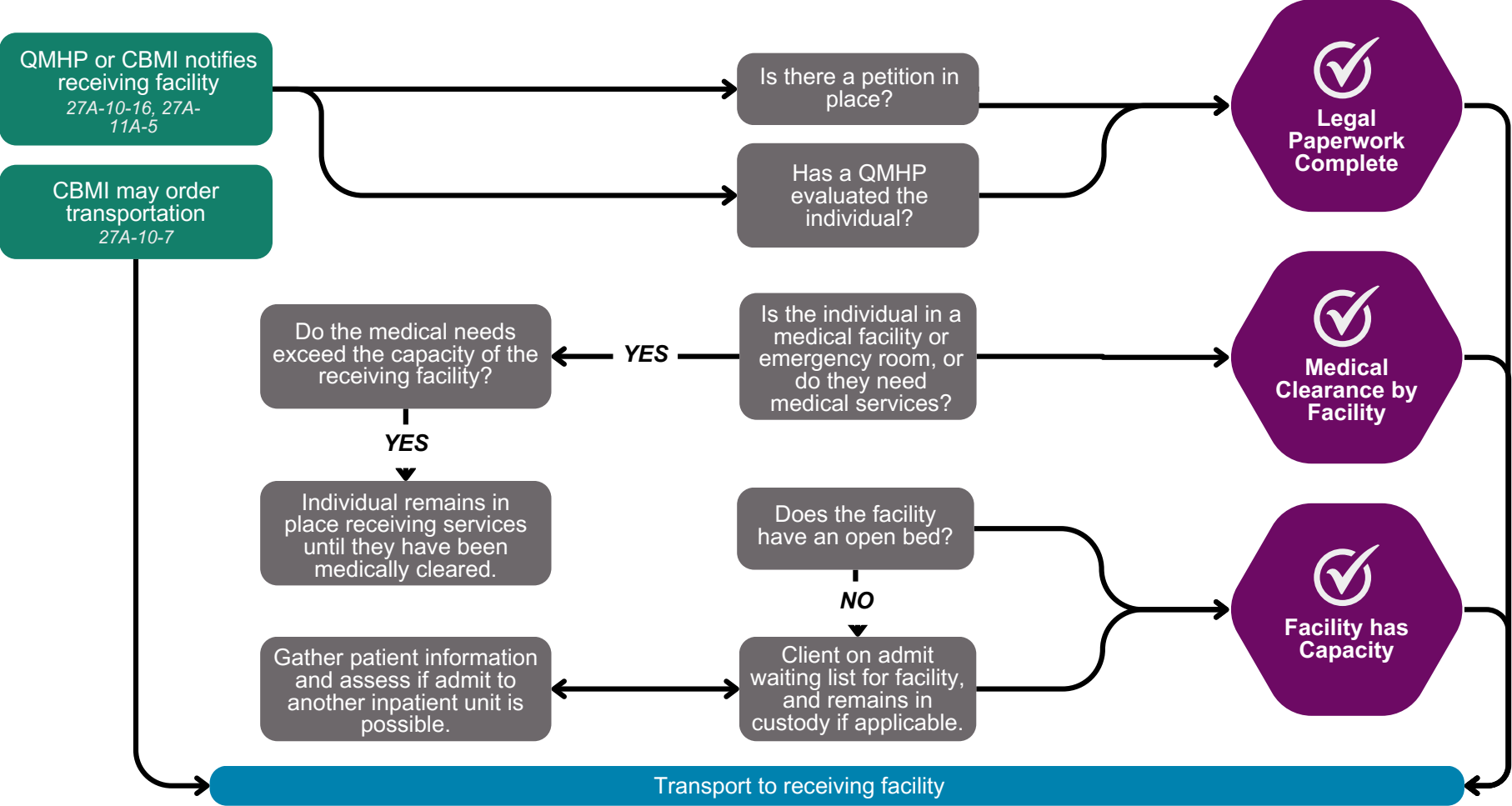
Someone to Call Someone to Respond





Somewhere to Go

Referral to Appropriate Services



Crisis Stabilization Facilities

Call 24/7 and speak to a trained crisis intervention staff member who will assess the situation and offer aid or refer to other community resources.

The CORE Center
Yankton 800-765-3382
1000 West 4th Street - Yankton, SD 57078

Pivot Point
Rapid City 605-391-4863
308 Quincy Street - Rapid City, SD 57701

Human Service Agency
Watertown 605-886-0123
119 19th Street NE - Watertown, SD 57201

Dakota Counseling Institute
Mitchell 605-996-9686
910 W Havens Ave - Mitchell, SD 57301

Inpatient Psychiatric Hospitals

Human Services Center
Yankton 605-668-3138
3515 Broadway Ave - Yankton, SD 57078

Monument Health
Rapid City 605-755-7200
Emergency Department
353 Fairmont Blvd - Rapid City, SD 57701

Avera Behavioral Health Center & Urgent Care
Sioux Falls 605-322-4065
4400 West 69th Street - Sioux Falls, SD 57108

Avera St. Luke's Hospital
Aberdeen 605-229-1000
305 South State Street - Aberdeen, SD 57401

MODULE 7: NOTES

MODULE 7: NOTES

STRONG FAMILIES - South Dakota's Foundation and Our Future



South Dakota
Department of
Social Services

605.773.3165 | dss.sd.gov
700 Governors Drive, Pierre, SD 57501