Access to Services Survey Instruction Guide and FAQ

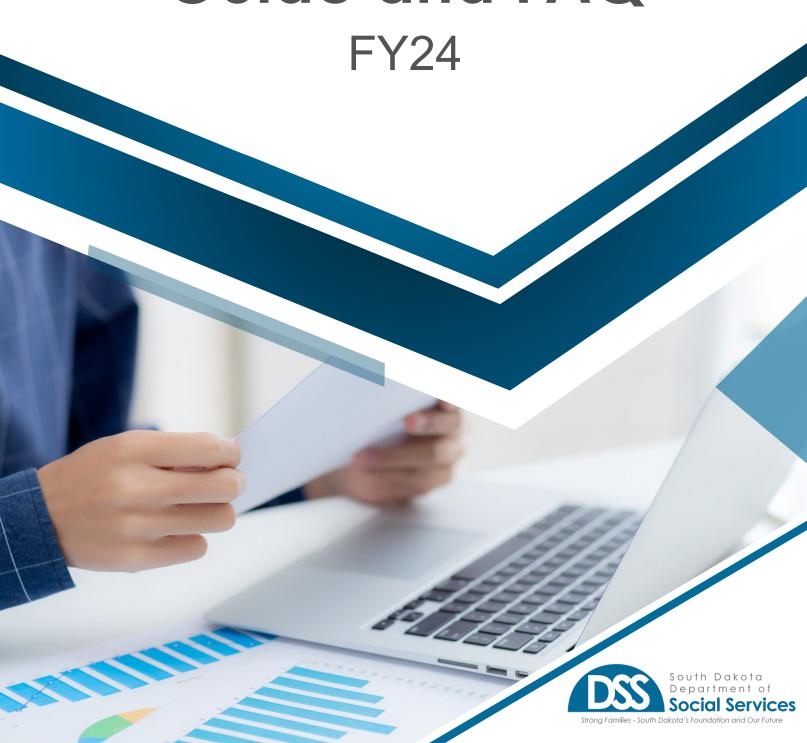




Table of Contents:

Changes from FY23 to FY24

Mental Health Services Tab Changes

SUD Services Tab Changes

Frequently Asked Questions (FAQs)

Access to Services Survey FAQs

Staffing Mental Health Services Tab FAQs

Mental Health Services Tab FAQs

Staffing SUD Services Tab FAQs

SUD Services Tab FAQs

Walk-In Assessments Tab FAQs

Instructions

Navigating Tabs

Navigating Tab Layout

Staffing Mental Health Services Tab Instructions

Mental Health Services Tab Instructions

Staffing SUD Services Tab Instructions

SUD Services Tab Instructions

Walk-in Assessment Tab Instructions

Changes from FY23 to FY24 Access to Services Survey

Mental Health Services Tab Changes
SUD Services Tab Changes



Mental Health Services Tab Changes

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

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

FY23

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

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

The Mental Health Services tab Introduces a new section:

• The total number of JJRI referrals received during the designated quarter.

FY23

15 Psychiatric Services (Youth)*				
CYF: Case Management and Therapy (Youth)*				
*	Quarter 1:	Quarter 2:	Quarter 3:	Quarter 4:
18	June 1 - August 31, 2022	September 1 - November 30, 2022	December 1 - February 28, 2023	March 1 - May 31, 202
Does your Agency offer mental health telehealth services?	June 1 - August 31, 2022	September 1 - November 30, 2022	December 1 - February 28, 2023	March 1 - May 31, 202

sychiatric services (routh)				
YF:				
Case Management and Therapy (Youth)*				
ntensive Family Services (IFS)				
Appropriate Regional Facilities (ARF)				
Functional Family Therapy (FFT) Justice nvolved Youth (JJRI Funded)*				
Substance Use Disorder (SUD) Justice nvolved Youth (JJRI Funded)*				
ustice Involved Youth (JJRI Funded), MH				
Outpatient EBP Services (ART, MRT, Other				
Approved EBP's)*				
	Justice	Involved Youth (JJRI) Re	ferrals	
	Quarter 1: June 1 - August 31, 2023	Quarter 2: September 1 - November 30, 2023	Quarter 3: December 1 - February 28, 2024	Quarter 4: March 1 - May 31, 2024
lumber of JJRI referrals received for JJRI				
unded services				

SUD Services Tab Changes

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

Does your Agency coordinate for Medication Assisted
Treatment (MAT)?

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

Does your Agency coordinate for Medications for Opioid

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

Use Disorder (MOUD)?

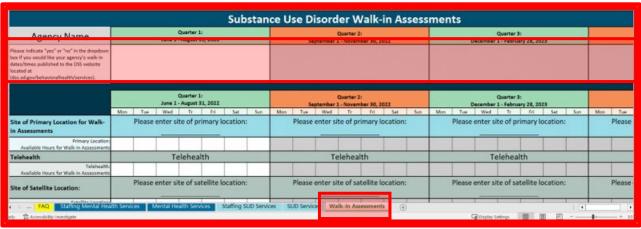
The SUD Services tab Introduces two new sections:

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

	Quar June 1 - Aug		Quar September 1 - No	ter 2: ovember 30, 2023	Quar December 1 - Fe		Quar March 1 - M	
, gency	Number of Clients Who Started Services During This Quarter	Average Number of Days from Initial Contact to Delivery of First Service	Number of Clients Who Started Services During This Quarter	Average Number of Days from Initial Contact to Delivery of First Service	Number of Clients Who Started Services During This Quarter	Average Number of Days from Initial Contact to Delivery of First Service	Number of Clients Who Started Services During This Quarter	Average Number of Days from Initial Contact to Delivery of First Service
Initial Assessment (Adul)*								
Initial Assessment (Yout) Under Age 18*								
Outpatient Treatment S <mark>r</mark> vices (Adult)*								
Outpatient Treatment Syrvices (Youth)*								
Medications for Opioid Use Disorder (MOUD)								
lustice Involved Adults (CJI Funded), SUD Outpatient EBP Services (CBISA, MRT, Other Approved EBP's)*								
Sul	bstance Use I	Disorder (SU	D) - Justice	Involved Ad	ults (CJI) Rel	ierrals		
				ter 2:	Ougr	ter 3:	Quar	ter 4:
	Quar June 1 - Aug		Quar September 1 - No		December 1 - Fe	ebruary 28, 2024	March 1 - N	lay 31, 2024
						ebruary 28, 2024	March 1 - M	lay 31, 2024
Number of CBISA Referrals (CJI Funded)						ebruary 28, 2024	March 1 - N	May 31, 2024
Number of CBISA Referrals (CJI Funded) Number of MRT Referrals (CJI Funded)						ebruary 28, 2024	March 1 - N	tay 31, 2024
Number of CBISA Referrals (CJI Funded) Number of MRT Referrals (CJI Funded)	June 1 - Aug	gust 31, 2023		ovember 30, 2023	December 1 - Fo	ebruary 28, 2024	March 1 - N	lay 31, 2024
Number of CBISA Referrals (CJI Funded) Number of MRT Referrals (CJI Funded) Number of Other Approved EBP Referrals (CJI Funded)	June 1 - Aug	tions for Op	September 1 - No	order (MOUD	December 1 - Fe	ter 3:	March 1 - N Quar March 1 - N	ter 4:

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

FY23







Frequently Asked Questions (FAQs)

Access to Services Survey FAQs

Staffing Mental Health Services Tab FAQs

Mental Health Services Tab FAQs

Staffing SUD Services Tab FAQs

SUD Services Tab FAQs

Walk-In Assessments Tab FAQs



Access to Services Survey FAQs:

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

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

Q: What is this data used for?

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

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

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

Staffing Mental Health Services Tab FAQs:

- Q: Do I enter all staff trained as Qualified Mental Health Professionals (QMHP's) in row 21, or just those actively utilizing their QMHP status?
- A: Enter all staff trained in QMHP irregardless if they are currently utilizing their QMHP status.
- My agency's FTE positions for budget year (Column B) changed after quarter 1, how do I report this data?
- Report any changes in budgeted FTE positions in line 24.
- Q: Do the number of additional FTE positions needed to serve the demand (column F) include FTE vacancies (column C)?
- The number of additional FTE positions does not include vacancies for currently budgeted FTE's. Rather, it captures the number of additional FTE's needed to meet the needs of the community, if any.

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

Mental Health Services Tab FAQs:

- Q: Do I count clients that have contacted our agency for services but did not show for their scheduled appointment?
- A: No, only count clients that started service within the designated quarter.
- Which clients should I include in the number of clients who made initial contact for services (Column B rows 8-18)?
- A: For number of clients who made initial contact for services, indicate the number of clients that have made initial contact and started services. If a client has made initial contact, but did not start services, please include this client in the quarter the client starts the service.
- Q: What is considered "initial contact?"
- A: Initial contact can include, but is not limited to: client walking into agency to schedule services, client calling to set up an appointment, etc.
- At my agency, clients are seen for their initial assessment and case management and/or therapy services begin that day. How do I document the number of days for initial services for this client?
- A: The average number of days for the initial assessment would be counted from the initial call, or when the client schedules the appointment, to the initial assessment. Since the services start the same day as the assessment, the average number of days for case management and/or therapy would be the same as the average number of days for the initial assessment.
- All clients who made initial contact were provided with services the same day; do I enter "0" or "NA" for "Average Number of Days from Initial Contact to Delivery of First Service?"
- A: If all clients who made initial contact were provided with services the same day, enter "0" for "Average Number of Days from Initial Contact to Delivery of First Service."
- Q: Is the information entered in lines 8-18 duplicated or unduplicated?
- A: Lines 8-18 can include duplicated information. Please include each client in each service. Per administrative rule, clients should start services within 30 days of initial contact.

Staffing SUD Services Tab FAQs:

- Q: Do the number of additional FTE positions needed to serve the demand (column F) include FTE vacancies (column C)?
- A: The number of additional FTE positions does not include vacancies for currently budgeted FTE's. Rather, it captures the number of additional FTE's needed to meet the needs of the community, if any.

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

- My agency's FTE positions for budget year (Column B) changed after quarter 1, how do I report this data?
- Report any changes in budgeted FTE positions in line 20.

SUD Services Tab FAQs:

- Do I count clients that have contacted our agency for services but did not show for their scheduled appointment?
- Only count clients that attended their first service within the designated quarter.
- Which clients should I include in the number of clients who made initial contact for services (Column B rows 8-14)?
- A: For number of clients who made initial contact for services, indicate the number of clients that have made initial contact and started services. If a client has made initial contact, but has not started services, please include this client in the quarter the client starts the service.
- Q: What is considered "initial contact?"
- A: Initial contact can include, but is not limited to: client walking into agency to schedule services, client calling to set up an appointment, etc.
- All clients who made initial contact were provided with services the same day; do I enter "0" or "NA" for "Average Number of Days from Initial Contact to Delivery of First Service?"
- A: If all clients who made initial contact were provided with services the same day, enter "0" for "Average Number of Days from Initial Contact to Delivery of First Service."
- How do I know if my agency receives Criminal Justice Initiative (CJI) referrals?
- A: Agencies that receive CJI referrals have a contract with the Division of Behavioral Health to provide CJI services.
- Q: Do I include all referral sources when entering the number of CBISA, MRT, and/or other approved EBP referrals (CJI Funded)?
- A: Include all referral sources for clients funded through CJI.

Walk-In Assessments Tab FAQs:

- What is considered a walk-in Substance Use Disorder (SUD) assessment?
- Walk-in SUD assessment hours include specific days/times that a client can walk into an agency and receive a same-day SUD assessment, as well as open access telehealth assessments. This does not include emergency/crisis services.
- Q: Should I include days and times staff are available for emergency/crisis services?
- A: No, please do not include emergency/crisis services when reporting walk-in SUD assessment dates and times.
- **Q:** Are agencies required to offer walk-in SUD assessments for non-emergency/crisis clients?
- A: No, walk-in SUD assessments for non-emergency/crisis clients are not required by the Division.
- On days my agency offers walk-in SUD assessments, we have five open spots available on a first come first serve basis. Should I include this information?
- A: Yes, please include the days and times walk-in SUD assessments are available as well as any specific information related to the identified hours.
- Q: My agency does not have a satellite location, do I need to enter information in lines 12-17?
- No, please enter "NA" on lines 12, 14, and 16.

Instructions

Navigating Tabs

Navigating Tab Layout

Staffing Mental Health Services Tab Instructions

Mental Health Services Tab Instructions

Staffing SUD Services Tab Instructions

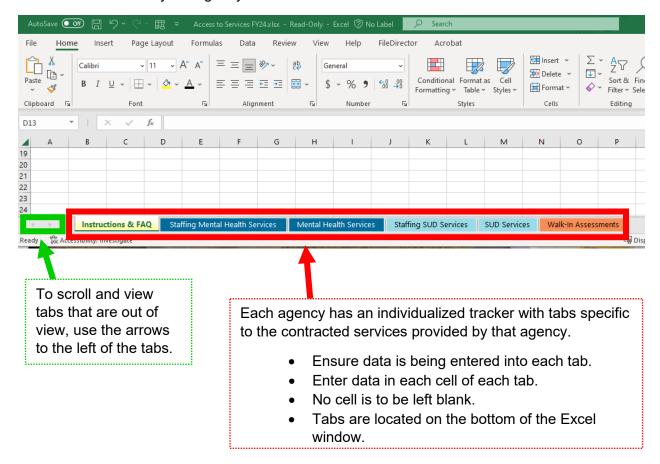
SUD Services Tab Instructions

Walk-in Assessment Tab Instructions



Navigating Tabs

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



Navigating Tab Layout

Do not leave any cell blank. If the response is zero or not applicable, please indicate by responding with "0" or "NA."

Purpose:

Provides an overview of why the data is being collected

Instructions:

Specific instructions to assist in completing the cells in each tab.

Quarters:

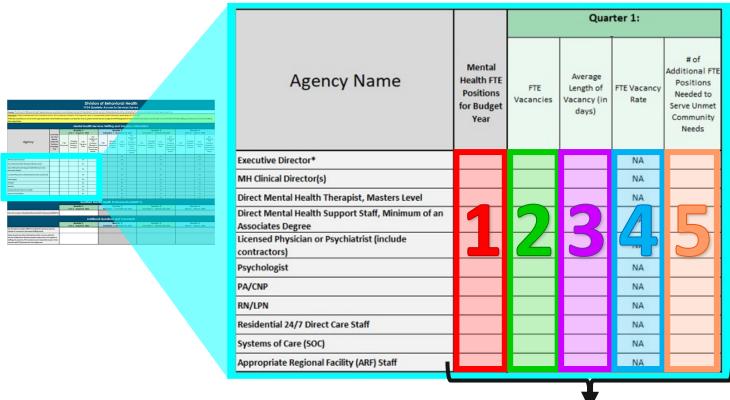
Data is broken into 4 quarters.

Data from the completed previous quarters will be displayed to use as a reference.

Data from only the current quarter will be available for update.

Division of Behavioral Health FY24 Quarterly Access to Services Survey Purpose: The Division of Behavioral Health appreciates your assistance in providing accurate and timely data to monitor services. Statewide results will be compiled by the Division and reported to each agency quarterly. *If the Executive Director serves in this capacity for both mental health and substance use disorder services isorder Staffing tabs, respectively. Mental Health Services Staffing and Vacancy Information Quarter 4: December 1 - February 28, 2024 March 1 - May 31, 2024 June 1 - August 31, 2023 24: Total Mental Agency lealth FTE Average TE Positio TE Position FTE Positions FTE Positio FTE FTE Length of TE Vacan Length of FTE Vacan FTE Length of E Vacan Length of FTE Vacan Positions Rate acancy (in Rate /acancy (i /acancy (i for Budget Serve Unm Serve Unme Serve Unmi Serve Unmet days) days) NA NΔ NΔ NΔ NA NA NA MH C" ..cal Director(s) NA NA irect Mental Health Therapist, Masters Level Direct Mental Health Support Staff, Minimum of ar NA NA NA NA Associates Degree Licensed Physician or Psychiatrist (include NA NA NA NA contractors) NA NA NA NA PA/CN. NA NA NA NA NA NA NA NA Resident, 124/7 Direct re Staff NA NA NA NA Systems of Cai (SOC) NA NA NA NA Appropriate Regiona, Facility (ARF) Sta NA Qualified Mental Health Professionals (QMHP's) Quarter 1: Quarter 2: Quarter 3: Quarter 4: June 1 - August 31, 2023 December 1 - February 28, 2024 March 1 - May 31, 2024 Enter the number of Qualified Mental Health ofessionals (QMHP's). **Additional Questions and Comments** Quarter 1: Quarter 3: Use this space to explain differences between previous quarters related to increased or decreased staffing needs. Please provide any other information and/or concerns that the Division of Behavioral Health should be made aware of in regard to staffing and vacancies. This includes any increases/decrease in total mental health FTE positions for the budget year.





For each of the positions listed, please identify:

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

					ivisior 24 Quart												
Purpose: The Division of Behavioral Health appreciate:	your assista	nce in provid	ing accurate a	and timely d	ata to monito	services. St	atewide resu	its will be co	empiled by the	Division and	reported to	each agency	quarterly.				
nstructions: Please complete each cell in the below se	ction. Do not	leave any ce	II blank. If the	response is	zero or not ap	plicable, ple	ase indicate	by respondi	ng with "0" or	"NA."							
If the Executive Director serves in this capacity for both	mental healt	h and substan	ce use disord	er services,	please indicate	the percent	age of the FTI	E designated	to mental hea	elth and subst	ance use disc	orders in both	the Mental H	ealth Staffing	and Substan	e Use Disor	der Staffing
tabs, respectively.																	
			Mer	ntal He	alth Serv	ices Sta	affing ar	nd Vac	ancy Inf	formatic	n						
				ter 1:				rter 2:				rter 3:				rter 4:	
	Fiscal Year		June 1 - Au	gust 31, 20	23	Septe	ember 1 - N	ovember 3		Dec	ember 1 - I	ebruary 28	. 2024		March 1 - I	May 31, 20	24
Agency	24: Total Mental Health FTE Positions for Budget Year	FTE Vacancies	Average Length of Vacancy (in days)	FTE Vacancy Rate	# of Additional FTE Positions Needed to Serve Unmet Community Needs	FTE Vacancies	Average Length of Vacancy (In days)	FTE Vacancy Rane	# of Additional FTE Positions Needed to Serve Unmet Community Needs	FTE Vacancies	Average Length of Vacancy (in days)	FTE Vacancy Rate	# of Additional FTE Positions Needed to Serve Unmer Community Needs	FTE Vacancies	Average Length of Vacancy (in days)	FTE Vacancy Rate	ol Addition FTE Position Needed Serve Uni Commun Needs
Executive Director*				NA				NA				NA				NA	
MH Clinical Director(s)				NA				NA				NA				NA	
Direct Mental Health Therapist, Masters Level				NA				NA.				NA				NA	
Direct Mental Health Support Staff, Minimum of an Associates Degree				NA				NA				NA				NA	
Licensed Physician or Psychiatrist (include contractors)				NA.				NA				NA				NA	
Psychologist				NA				NA				NA				NA	
PA/CNP				NA				NA				NA				NA	
RN/LPN				NA				NA				NA				NA	
Residential 24/7 Direct Care Staff				NA				NA				NA				NA	
Systems of Care (SOC)				NA				NA				NA				NA	
Appropriate Regional Facility (ARF) Staff				NA				NA				NA				NA	
			-			Hec	ılth Prof	ession	als (QMF	IP's)							
			Quai June 1 - Au	ter 1: gust 31, 20	23	Septe	Qua ember 1 - N	rter 2: ovember 3	0, 2023	Dec	Qua ember 1 - I	rter 3: February 28	, 2024		Qua March 1 - /	rter 4: May 31, 20	24
Enter the number of Qualified Mental Health Profession	ials (QMHP's).																
					Addition	Ques	stions ar		nments								
			Quai June 1 - Au	fer 1: gust 31, 20	23	Septe	Quai ember 1 - N	rter 2: ovember 3	0, 2023	Dec	Qua ember 1 - I	rter 3: ebruary 28	, 2024		Qua March 1 - /	rter 4: May 31, 20	24
Use this space to explain differences between previous related to increased or decreased staffing needs.																	
Please provide any other information and/or concerns t Division of Behavioral Health should be made aware of it staffing and vacancies. This includes any increases/decre mental health FTE positions for the budget year.	regards to																

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

Enter the number of trained QMHP staff.

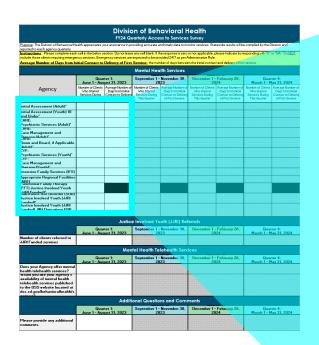
If staffing needs changed from previous quarter(s), please use this space to explain. If no changes, please enter "NA."

Explain any:

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

Mental Health Services Tab







For <u>each</u> of the services listed, please identify:

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

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

This average number of days should not exceed the number of days in the quarter. For example, Quarter 1 has 92 days. A number of 92 days or less must be entered.

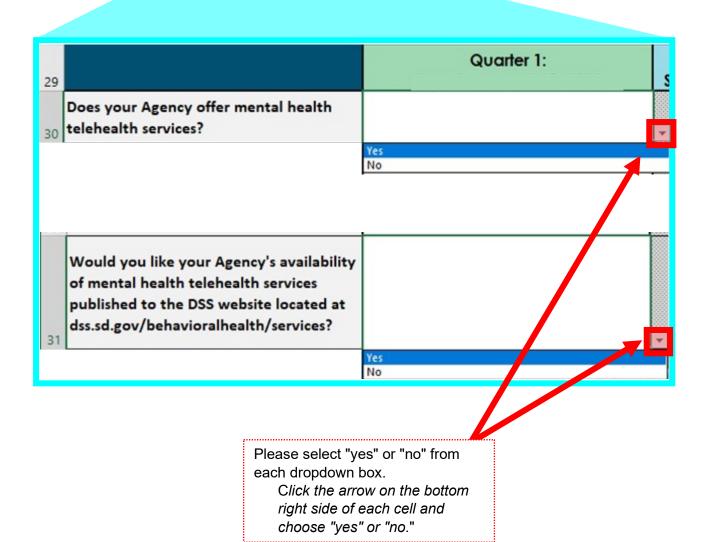
				avioral h				
Purpose: The Division of Behavioral Hi reported to each agency quarterly.								
Instructions: Please complete each	ncel in the below s	ection. Do not leave	any cell blank. If t	he response is zero	or not applicable, p	olease indicate by r	esponding vith "0"	or "NA." Do <u>NDT</u>
include those clients requiring emerge Average Number of Days from Ir							rentes.	
Average Humber of Days from I	and Consuct to	Demeny or 1 mar.		ılth Services	an inter plane contact	and delivery of the	. Januar	
	Quar June 1 - Auc	iter 1: just 31, 2023	September 1-	November 30, 123	December 1 -	February 28,	March 1 - M	ter 4: lay 31, 2024
Agency	Number of Clients Vho Started Services During This Quarter	Average Number of Days from Initial Contact to Delivery of First Service	Number of Clients Who Started Services During This Quarter	Average Number of Days from Initial Contact to Delivery of First Service	Number of Clients Who Started Services During This Quarter	Average Number of Days from Initial Contact to Delivery of First Service	Number of Clients Who Started Services During This Quarter	Average Number Dags from Initia Contact to Delive of First Service
Initial Assessment (Adult)*								
Initial Assessment (Youth) 18 and Under* CARF-								
Psychiatric Services (Adult)*								
Case Management and Therapu (Adult)*								
Room and Board, if Applicable (Adult)* CYF:								
Psychiatric Services (Youth)*								
Case Management and Thoranu (Youth)*								
Intensive Family Services (IFS)								
Appropriate Regional Facilities								
(ARF) Functional Family Therapy (FFT) Justice Involved Youth								
(LIRI Fundad) Substance Use Disorder (SUU) Justice Involved Youth (JJRI Fundad)								
Justice Involved Youth (JJRI Funded), MH Outpatient EBP Services (ART, MRT, Other								
		Justice	e Involved Yo	outh (JJRI) Rel				
			September 1-	November 30,	December 1-	February 28,	Quai March 1 - M	ter 4: lay 31, 2024
lumber of clients referred to JRI Funded services	V							
			ıl Health Te					
	Quar June 1 - Aur	iter 1: just 31, 2023	September 1-	November 30, 123		February 28, 124		ter 4: lav 31, 2024
Does your Agency offer mental health telehealth services? would you like your Agency s			,		,			
wauta you like your Agency s availability of mental health telehealth services published to the DSS website located at dss.sd.gov/behavioralhealth/s								
		Additi	onal Questic	ns and Com	ments			
	Qua June 1 - Auc	iter 1: just 31, 2023	September 1 -	November 30, 123	December 1-	February 28, 124	Quar March 1 - M	ter 4: lay 31, 2024
Please provide any additional comments.								

Quarter 1:

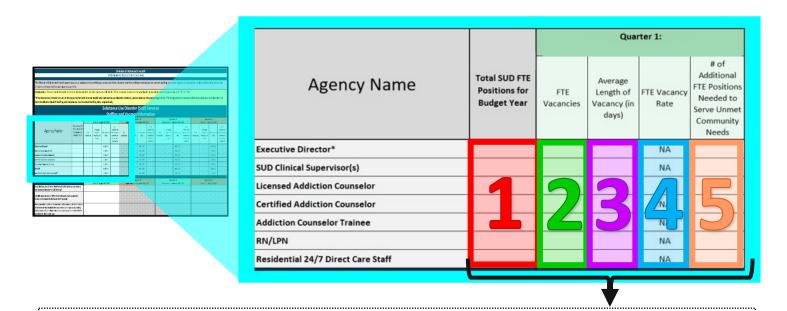
Number of clients referred to JJRI Funded services

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

				ss to Service:				
Aurpose: The Division of Behavioral Hi eported to each agency quarterly.	ealth appreciates y	our assistance in pr	oviding accurate a	nd timely data to m	onitor services. Sta	tewide results will be	e compiled by the D	Swision and
nstructions: Please complete each	h cell in the below s	ection. Do not leave	any cell blank. If ti	ne response is zero	or not applicable, p	lease indicate by r	esponding vith "0"	or "NA." Do <u>NDT</u>
nclude those clients requiring emerge Average Number of Days from Ir								
werage number or pays from it	ntial Contact to	Delivery of First	Mental Hea		an trie i stal contac	rand delivery or its	k service.	
	Qua	rter 1: gust 31, 2023	September 1-	November 30,	December 1 -	February 28, 24		rter 4: fay 31, 2024
Agency	Number of Clients Who Started Services During This Quarter	Average Number of Days from Initial Contact to Delivery of First Service	Number of Clients Who Started Services During This Guarter	Average Number of Days from Initial Contact to Delivery of First Service		Average Number of Days from Initial Contact to Delivery of First Service	Number of Clients Who Started Services During This Quarter	Average Number Dags from Initia Contact to Delive of First Service
nitial Assessment (Adult)*								
nitial Assessment (Youth) 18								
ind Under* CARE: Psychiatric Services (Adult)*								
ARE: ase Management and								
Agent (Adult)* Room and Board, if Applicable								
Adulti* :YF: Psychiatric Services (Youth)*								
YF: ase Management and								
heranu (Youth)*								
Appropriate Regional Facilities								
ARF) Unctional Family Therapy								
FFT) Justice Involved Youth								
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ustice Involved Youth (JJRI unded), MH Outpatient EBP Services (ART, MRT, Other								
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o the DSS website located at								
ss.sd.gov/behavioralhealth/s								
- Manadi			al Questio	ns and Com	ments			
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	June 1 - Au	gust 31, 2023	20	23	20	29	Plarch 1 - P	lay 31, 2024



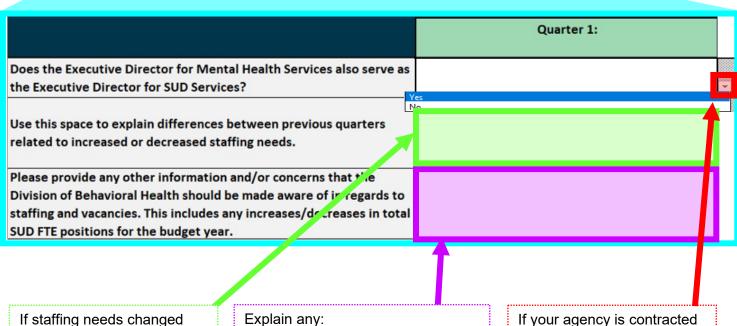




For each of the positions listed, please identify:

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

					Div	ision of E	ehaviora	al Health									
ii.				F)	22 Quarte	rly Access	to Service	s Survey									
The Division of Behavioral Health appro Division and reported to each agency of		tance in p	roviding a	ccurate ar	id timely d	ata to mor	nitor staffi	ing needs I	based on ci	urrent stat	ting levels	and vacar	ncies. State	wide resu	its will be	compiled t	y the
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Instructions: Please complete each ce	II in the below se	ction. Do	not leave a	any cell bla	ink. If the i	esponse is	zero or n	ot applica	ble, please	indicate b	y respond	ing with "()" or "NA."				
If the Executive Director serves in thi	is capacity for bo	th mental	health an	d substan	ce use dis	order servi	ces, pleas	e indicate	the percei	ntage of th	ne FTE des	ignated to	mental he	ealth and	substance	use disord	lers in
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				Subst	tance l	Jse Di	sorder	(SUD) Servi	es							
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	Fiscal Year 22:	0	June 1 - Aug	ust 31, 2021	_	Sep	tember 1 - N	ovember 30,		De	combor 1 - F	abruary 28, 2			March 1 - N	fay 31, 2022	
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ertified Addiction Counselor				#CIV/01				#00//01				MOIV/01				RDH/01	
Midiction Courselor Trainee				ADIV/01				FDIV/01				NO:17/31				101/01	
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								#DIV/01				NDIV/01				PDH/01	
			June 1 - Aug	ter 1: rust 31, 2021		Sep		rter 2: ovember 30.	2021	De		rter 3: ebruary 28, 2	122			ter 4: fay 31, 2022	
Does the Executive Director for Mental Health Sen the Executive Director for SUD Services?	vices also serve as																
se this space to explain differences between pre- clated to increased or decreased staffing needs.	vious quarters																
lease provide any other information and/or cond f Behavioral Health should be made aware of in r																	



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

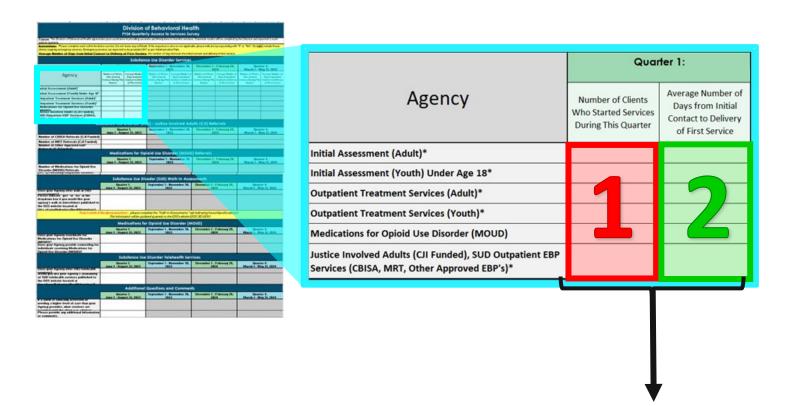
- Additional information or concerns regarding SUD staffing and vacancies
- Increases/decreases in mental health FTE positions during the fiscal year
- If no additional information, please enter "NA."

If your agency is contracted for SUD and mental health services and the Executive Director serves in that capacity for both, use the dropdown box to answer yes or no.

> Click the arrow on the bottom right side of each cell and choose "yes" or "no."

SUD Services Tab





For each of the services listed, please identify:

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

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

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

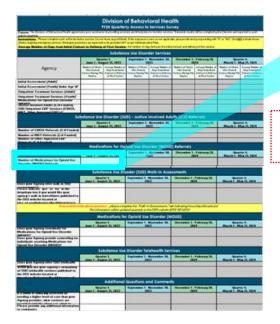
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For each of the CJI funded services listed, please identify the total number of referrals received from all referral sources within the reporting quarter.

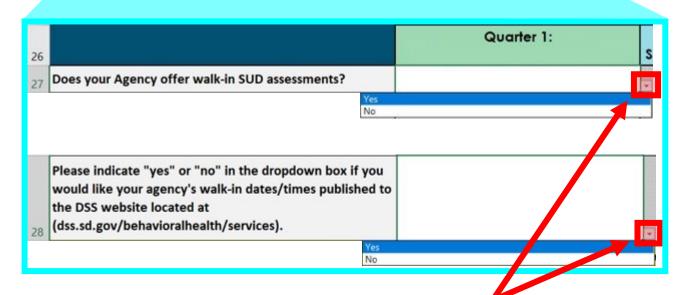


Number of Medications for Opioid Use Disorder (MOUD)
Referrals Received



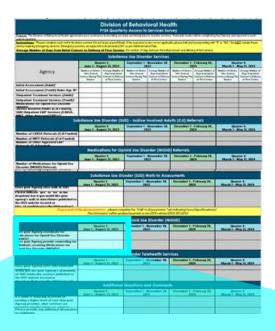
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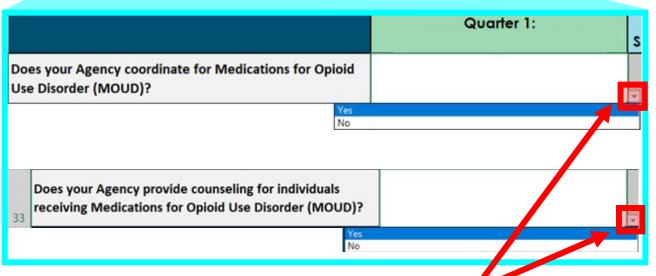
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Please select "yes" or "no" from each dropdown box.

Click the arrow on the bottom right side of each cell and choose "yes" or "no."





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

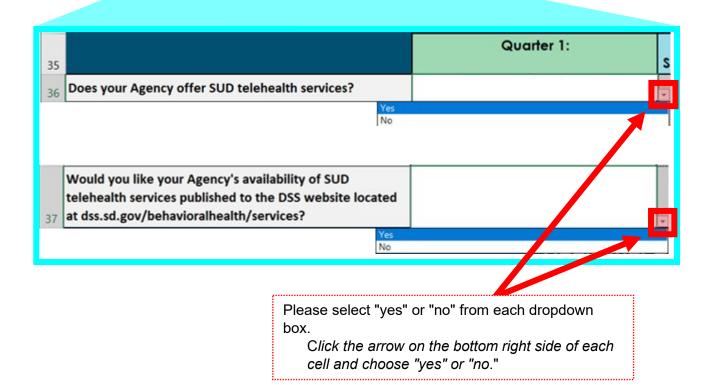
If a client is clinically assessed as appropriate for MOUD services and your agency is not a contracted MOUD provider and/or does not offer MOUD services, you will be asked the following questions:

Does your agency make referrals and/or coordinate services to a MOUD provider (Line 32)? For line 32, please indicate in the drop-down box by selecting "yes" or "no" if your agency assists client clinically assessed for MOUD services by making a referral or coordinating services with a MOUD provider.

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

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

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If a client is clinically assessed as needing a higher level of care than your Agency provides, what services are provided until the client can admit to those services?

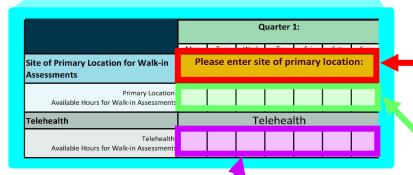
Please provide any additional information or comments.

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

Walk-In Assessments Tab



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Instructions: Please enter the ho including telehealth. Do not lear														ets for	all sites	offering	walk-is	assess	uments.	Provide	the site	of but	h the pi	imary a	nd sate	lite loca	tion(s).		
*Substance Use Disorder assess	nants c	an be p	rovided	through	h multip	ple aver	nues inc	hoding :	emerge	ency/cri	uls linter	vention	(where	availab	ole), sch	eduled	appoint	ments,	or wall	k-in asse	sument	s (whe	e avalt	able).					
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Satisfies Location Available found for Walk in Assessments																												Ī	



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

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

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

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

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

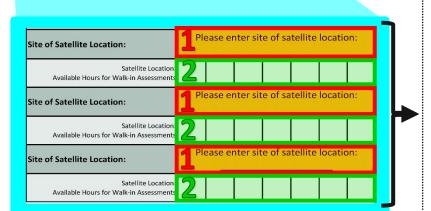
Division of Behavioral Health FY24 Quarterly Access to Services Survey

Eggog. The Division of Behavioral Health aggreciates your assistance in sharing the availability of walk in assessment hours for SUD services. Statewide walk in assessment hours will be compiled by the Division and reported to each agency as well as availablest notice available. A DISS SU DOS

populations: Please enter the hours/days of walk in accomments (non-emergency/crisin, open access availability) for SOD assessments for all sites offering walk in assessments. Provide the site of both the primary and safetilite location(s), no fundors between the character of the continues is not approximate and the character of the continues in soft approximate and the character of the continues of the character of the continues of the character of the charact

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

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Agency		Gerater I: June 1 - August 51, 2025								Guarter 2: September 1 - November 30, 2023								Quarter 3: December 1 - February 26, 2024								Quarter & March 1 - May 21, 2004						
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Site of Primary Location for Walk-in Assessments	Please enter site of primary location:							Please enter site of primary location:								25	nase enter s	te of p	dean	locatio	PC.		Hease enter site of primary location:									
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Satisfità Location Available Rouro for Work or Assessments																																



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