

State Profile Executive Summary FY24

South Dakota
Publicly Funded
Behavioral
Health
Treatment
Services

Table of Contents

82	Glossary
64	Appendix A: Supplemental Tables for Behavioral Health Services
58	Telehealth Services
52	Justice-Involved and At-Risk Youth Functional Family Therapy (FFT) Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth
46	Justice-Involved Treatment Services (Adult) Evidence-Based SUD Treatment for Justice Involved Adults Moral Reconation Therapy for Justice-Involved Adults
42	Systems of Care (SOC) Services
38	Youth Mental Health Services: Children or Youth and Family (CYF) Services
34	Emergency Services
28	Adult Mental Health Services Comprehensive Assistance for Recovery and Empowerment (CARE) Services Individualized and Mobile Program of Assertive Community Treatment (IMPACT) Services
24	Youth Substance Use Disorder Services
20	Pregnant Women and Women with Dependent Children Services
16	Intensive Methamphetamine Services
12	Adult Substance Use Disorder Services
80	Stakeholder Survey
05	Data Collection Methodology
04	Executive Summary
01	Foreword by Data and Outcomes Team



Foreword by Data and Outcome Team

The Division of Behavioral Health is dedicated to maintaining data quality and implementing best practices for data collection and monitoring to provide the public and stakeholders with meaningful information on publicly funded behavioral health treatment services in the state of South Dakota. We do this to be transparent with the public and stakeholders regarding areas of accomplishment as well as areas that may require further improvement. To this end, the profiles the Division of Behavioral Health publishes every year highlighting annual outcomes and treatment data have undergone significant updates. These updates reflect advances made in technology and data science to produce more meaningful comparisons on how behavioral health treatment services impact the client. Given these changes, we address what we anticipate will be some frequently asked questions below.

Can I compare this data to previous years?

The Division of Behavioral Health's Data and Outcomes team is currently refining the data extraction process to ensure its accuracy. In previous years, our data included clients who had assessments entered into STARS without formally being admitted into an SUD service. Many of these clients were categorized under outpatient services for reporting purposes. This year, however, we have adjusted our methodology to exclude clients who only received assessments and did not proceed to actual services.

Because of the changes and advancements in data processing, we do not recommend comparing data in this document to previous years' profiles. This recommendation is provided for many reasons; the chief among them is that data in this document are paired on a client basis, meaning that a client's admission data are paired up with their update and discharge data to create what is known as matched or paired datasets. Data were not matched previously, which means a direct comparison would produce inaccurate conclusions.

Does this mean that previous data are inaccurate?

Previous years' data are not inaccurate. Data analysis is a field that, like many areas, advances over time, especially as technology advances. Data presented in previous versions of the profiles were compiled and presented using valid and accurate data analysis techniques, and this new document also uses valid and accurate data analysis techniques. However, this document takes a step forward in using different data analysis techniques to align with best practices, and emerging and validated theories on data analysis and to utilize the leaps in technological advancements that have occurred within recent years.

What do these changes accomplish?

These changes allow us to make more definitive conclusions on the effects that behavioral health treatment services have on the clients receiving services. With paired data, we can directly analyze the changes in client responses from treatment admission to update to discharge.

Previously, such conclusions could not be definitively drawn, as the clients who were counted at admission, update, and discharge were not matched and therefore potentially different. Previous editions of profiles compared those who were admitted in a given contract year to those who provided updates or were successfully discharged from services that same year. Each of those groups may have included some of the same clients, but someone may admit in one fiscal year



and discharge in another. With the new method, we look at those who received services in a given fiscal year regardless of when they were admitted or discharged.

Does a client who receives services only receive one type of treatment service?

A client receives services as the trained professionals determine appropriate recommendations based on initial and ongoing assessment. A treatment episode (admission to services through discharge from services) for a client is as varied and unique to the client themselves. As an example, a client may initially be admitted to inpatient residential services, but as they progress in treatment, they may transition to outpatient services in their community. In such a case, a client's outcomes and data are counted once in both inpatient and outpatient services each, and once in the total services. This means that the data are unduplicated within service types as well as the overall data. If a client starts in outpatient, transitions to inpatient, and then transitions back into outpatient, that client is still only counted once in each service type. This is also why adult and youth services cannot be added to get the overall number of clients served. A client may turn 18 during their treatment episode and therefore, may be counted once in each adult and youth sections while being counted once in the overall number of clients served as well.

Why do I see "NaN" and "Infinity" in the percent change column?

"NaN" stands for "Not a Number." NaN and Infinity both occur when the initial score or value at time of admission is 0. Because percent change is calculated by taking the difference divided by admission (multiplied by 100), if the initial score is 0, then this formula attempts to divide by 0, which results in either an error, NaN, when the difference is 0 also (0/0) or an infinite increase if the difference is anything but 0 (such as 1/0).

Why does the table show an increase in percent change, but the graph shows a decrease, or vice versa?

Generally, the tables show data pertaining to the average change on an individual basis. The graphs tend to show changes as percentages of the population of clients. This can sometimes result in what appears to be inconsistent data. It is possible for the average individual to experience an increase in symptoms while the majority of the client population had fewer symptoms. For example, if 3 clients reported their symptoms as a 2 at admission but a 0 at discharge and 1 client reported their symptoms as a 2 at admission but a 10 at discharge, 75% of clients (3/4) reported a decrease in symptoms but the average change for the average individual is an increase from 2 (8/4) at admission to 2.5 (10/4) at discharge, a 25% ((2.5-2)/2) increase in symptoms. Both ways of looking at the data are valid and convey different aspects of the clients served through public funding.

How do I find the state profile or an individual agency profile?

The Executive Summary, State Profile, and Agency Profiles can be found at: https://dss.sd.gov/behavioralhealth/reportsanddata.aspx.

I am interested in similar data for other states or for the United States of America overall, where should I look?

The Division of Behavioral Health reports data in this document per the guidelines and categories as required by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). We report data in this document per the guidelines and categories SAMHSA identifies in various treatment databases, including the Treatment Episode Database Set (TEDS) and the Uniform Reporting System (URS). Because of this close working relationship, we recommend visiting SAMHSA's website if you



are looking for national behavioral health treatment information, data, and initiatives (https://www.samhsa.gov/).

Where can I find more information on state and national data related to behavioral health and substance use/misuse?

The Division of Behavioral Health encourages those who want to learn more to visit our epidemiology website located at https://www.sdseow.org/. The reports available from this website provide insight into how South Dakota trends historically against substance use and mental health as compared to our nation for both youth and adult.

Where can I find more information on DBH and publicly funded treatment services? Information about the Division of Behavioral Health and publicly funded behavioral health services can be found on our newest website, https://sdbehavioralhealth.gov or the state of South Dakota's Department of Social Services website https://dss.sd.gov/behavioralhealth/, the Division of Behavioral Health can be contacted at 605.367.5236, or via email at DSSBH@state.sd.us.

Thank you for your interest in the data and outcomes of clients who receive publicly funded behavioral health treatment services in the state of South Dakota.

- Data and Outcomes Team, Department of Social Services, Division of Behavioral Health

Executive Summary

The Department of Social Services, Division of Behavioral Health is pleased to publish the Fiscal Year 2024 (FY24) State Profile Executive Summary. State Profiles began in Fiscal Year 2018 (FY18) as a joint commitment by the Division of Behavioral Health (referred to here forth as the Division) as well as publicly funded mental health and substance use disorder treatment agencies to accurately and consistently report the data and outcomes of publicly funded treatment services.

This executive summary introduces key statewide behavioral health outcomes as reported by South Dakota's publicly funded behavioral health providers. Some of the outcomes highlighted in this report include:

- Successful discharge rates for clients receiving substance use disorder treatment services
- Ability to control use and motivation to change current behaviors, such as substance use, for clients receiving substance use disorder services
- History of arrests and nights in a correctional facility for clients receiving substance use disorder treatment services
- Satisfaction and access to services for all behavioral health clients
- Employment rates for all adult behavioral health clients
- · Levels of mental health and social well-being for clients receiving mental health services
- Reduction in emergency room and hospital visits for clients receiving mental health services
- · Reductions in attempts to die by suicide for clients receiving mental health services

Additionally, the executive summary includes results from the annual stakeholder survey, which is provided to referral sources and other stakeholders for each Department of Social Services, Office of Licensure and Accreditation accredited behavioral health provider in the state.

The subsequent pages summarize statewide performance measures and outcomes for the following service areas:

- Adult and youth substance use disorder treatment services, including Intensive Methamphetamine Treatment (IMT) services and Pregnant Women and Women with Dependent Children (PWWDC) services
- Adult and youth mental health treatment services, including Comprehensive Assistance with Recovery and Empowerment (CARE), Individualized and Mobile Assertive Community Treatment (IMPACT), and Child or Youth and Family (CYF) services
- Emergency Services
- Systems of Care (SOC) services
- Targeted services for justice-involved adults and youth
- Telehealth and audio-only utilization

The Division is pleased to see the many positive outcomes experienced by individuals receiving publicly funded behavioral health treatment services, such as successful discharge rates that exceed the national averages in many areas, high ratings of client satisfaction, and improvements in key areas such as ability to control drug use and motivation to change current behaviors and reductions in hospitalizations and attempts to die by suicide. The Division looks forward to working with providers over the coming year to improve in other key areas, such as increasing successful discharge rates and improving access to services in some areas.

The full state and agency profiles are available to all stakeholders online at https://dss.sd.gov/. It is our hope these profiles will serve as a resource to anyone seeking information about the effectiveness of publicly funded behavioral health treatment services in South Dakota.

Data Collection Methodology

Since 2015, the Division of Behavioral Health has collaborated closely with members of the Data and Outcomes Work Group (DOWG) to identify the information found in the state profile and agency profiles. This work group, comprised of representatives from Community Mental Health Centers and substance use disorder agencies as well as the Division of Behavioral Health, meets on a regular basis to review and revise data and data collection methods for publicly funded behavioral health services in South Dakota.

Contracted providers collect data from client questionnaires. The surveyed population includes adults and youth receiving publicly funded behavioral health services as well as parents and guardians of youth receiving services. Publicly funded behavioral health services are funded through state general funds, block grant funding, and Medicaid funding.

Data in this Contract Year 2024 executive summary as well as the Contract Year 2024 state and agency profiles were collected between June 1st, 2023, and May 31st, 2024.

Data Collection Process

Stakeholder Survey

The Division of Behavioral Health (DBH) collects Stakeholder Survey data once a year for all accredited mental health and substance use disorder agencies. As part of the survey process, accredited agencies are asked to share the survey with stakeholders in their community. In addition, the DBH surveys the Department of Corrections (DOC), Unified Judicial System (UJS), and Child Protection Services (CPS).

Substance Use Disorder Services

Contracted agencies collect substance use disorder outcome data at admission and at successful discharge from services. Clients completing the surveys do have the option to skip or refuse to answer questions. The Division of Behavioral Health's Data and Outcomes team is currently refining the data extraction process to ensure its accuracy. In previous years, our data included clients who had assessments entered in the system without formally being admitted into an SUD service. Many of these clients were categorized under outpatient services for reporting purposes. This year, however, we have adjusted our methodology to exclude clients who only received assessments and did not proceed to actual services.

Mental Health Services

Contracted agencies collect mental health outcome data at admission, every six months, and at successful discharge from services. Outcomes for mental health clients are reported as per their most recent update, as it is common for those receiving mental health services to remain in services for an extended period. Clients completing the surveys do have the option to skip or refuse to answer questions. As a result, total data points collected may change between questions.

Additional Data Collection Tools

The Texas Christian University Criminal Thinking Scales (TCU) and Global Appraisal of Individual Needs-Short Screener (GAINS-SS) are secondary tools utilized to measure the impact of applicable treatment services.

Appendix A includes the data tables used to build this report.

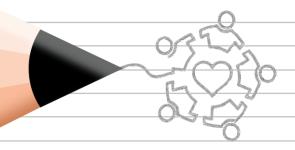




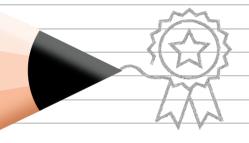
accredited mental health and substance use disorder providers. As part of the survey process, accredited providers are asked to share the survey with at least three stakeholders in their community. In addition, the DBH surveys the Department of Corrections, Unified Judicial System, and Child Protection Services regarding the accredited agencies.

stakeholder

85% Community Needs



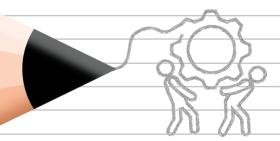
86% Quality of Services



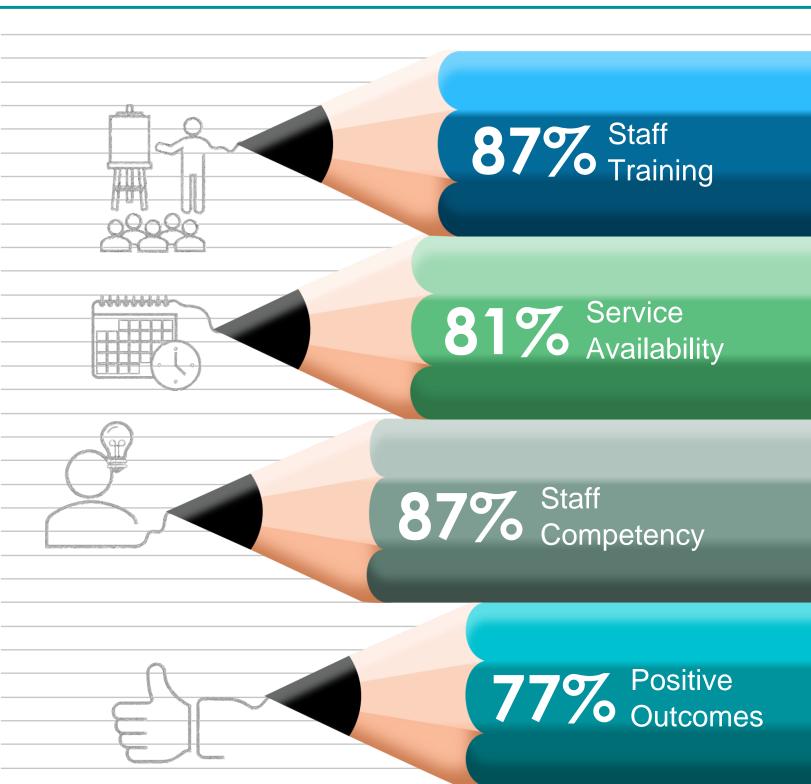
84% Location Convenience



90% Client Support



Survey





Adult Substance Use Disorder Services

Adult Substance Use Disorder Services

4.62 out of 5 General Satisfaction 9.21
out of 10
Motivation to
Change Current
Behaviors

What Are
Clients Saying
About Adult
Substance Use
Disorder
Services?

4.45
out of 5
Access to
Services*

33% Employed at Discharge

↓ 88%

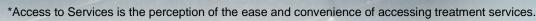
Nights in a

Correctional

Facility

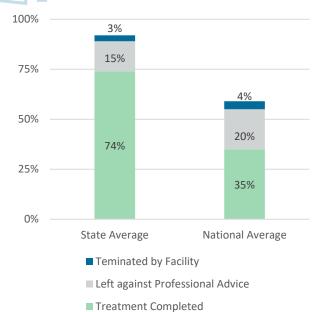
1 82%
Ability to
Control
Drug Use

Note: These rates do not include discharge rates for clients who received targeted services for justice-involved individuals. Please refer to subsequent sections for discharge rates for targeted services for justice-involved individuals.



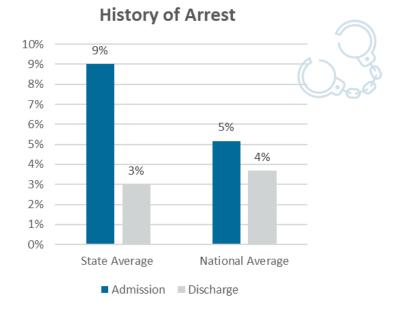
Clients Discharged from Treatment

Success Story





A gentleman in an aftercare group was thankful for the services he received for his severe methamphetamine substance use disorder. After completing Intensive **Outpatient Treatment** and Aftercare while receiving medication management services, he has remained abstinent for a year. He shared this is the longest time he has been sober since he was a teenager. He continues to stop by the agency to let them know he is doing great in his recovery.









Intensive Methamphetamine Treatment Services

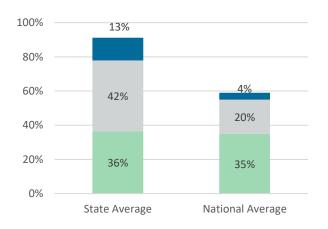
Intensive Methamphetamine Treatment Services

Success Story



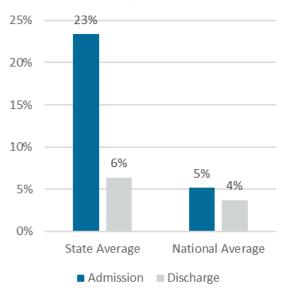
Client started treatment in the Intensive Meth program. He has a family and worked hard at staying sober. He is currently on parole for a 25+ year sentence. Since completing the program, he worked for an accredited SUD agency as a meth mentor for over a year before obtaining a really good job working on the pipelines. He resigned from his mentor job only due to being out of town so much and not being able to meet the needs of the mentees. The client is a family man who has turned his life around by changing his way of thinking. He speaks regularly at the facility and chairs NA meetings when he is in SF. He is a good referral source for others seeking recovery as he has brought many to us and other treatment centers helping those obtain help. He has spoken at Parole Board meetings about his life and what he is doing to stay sober. He is a model client.

Clients Discharged from Treatment



Teminated by FacilityLeft against Professional AdviceTreatment Completed

History of Arrest









4.21 out of 5

General Satisfaction

4.09
out of 5
Access to Services



35%
Employed at Discharge
Compared to the national
average of 22% for
substance use

↓ 88%

Nights in a
Correctional Facility

8.60 out of 10

Motivation to Change Current Behaviors

What Are Clients
Saying About Intensive
Methamphetamine
Treatment Services?



Pregnant Women and Women with Dependent Children Services

What Are Clients Saying About Services for Pregnant Women and Women with Dependent Children?

4.29
out of 5
General
Satisfaction

8.92 out of 10

Motivation to Change Current Behaviors

4.12 out of 5

Access to Services **118%**

Ability to Control

Drug Use

34%

Employed at Discharge

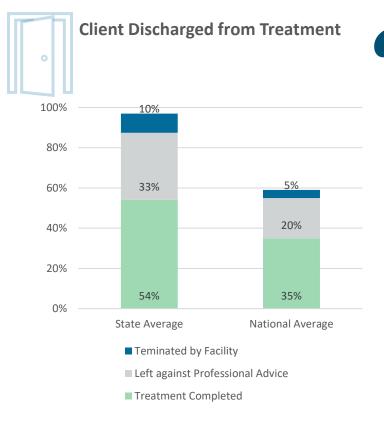
Compared to the national average of 22% for substance use

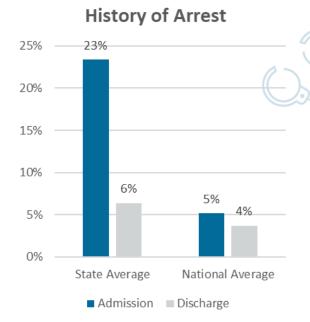
↓ 98.6%

Nights in a Correctional Facility

Pregnant Women and Women with Dependent Children Services







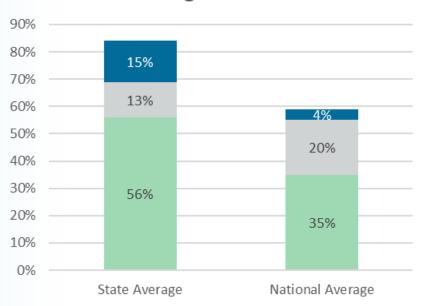
A client participated and completed both inpatient treatment and lowintensity residential services for approximately 4 ½ months. She entered the program for assistance with methamphetamine dependence. She was homeless and facing criminal charges due to her drug use. She is the mother of two children, both of whom had emotional and behavioral concerns and her husband was in prison. While attending the program, she received support for her addiction, childhood trauma, grief and loss, and survivor's guilt surrounding a home explosion that nearly took her and her children's lives and resulted in her uncle's death. Her children received support from the local community mental health center to address the emotional and behavioral needs of the children and the family as a whole. The client completed treatment and resolved her legal issues. She is currently successfully complying with her probation. She maintains employment and lives independently with her husband and children. She and her husband have continued in counseling services for on-going support.



Youth Substance Use Disorder Services

Youth Substance Use Disorder Services

Client Discharged from Treatment

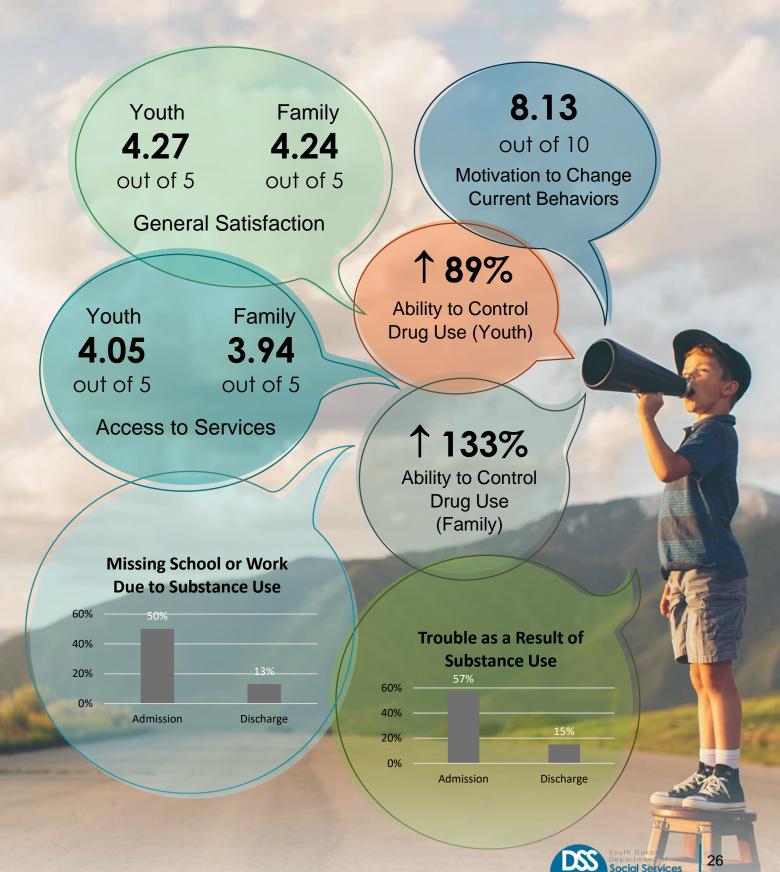


- Teminated by Facility
- Left against Professional Advice
- Treatment Completed

Success Story

A teen came into services several years ago for help with her mental health and methamphetamine use. She began services and has been able to achieve long-term sobriety. When she began services, she was frequently having mental health crises and would relapse regularly. Soon she was able to maintain her sobriety. Since she has gained sobriety, she has graduated high school, no longer has mental health crises, and will be going to college this fall.

What Are Clients Saying About Youth Substance Use Disorder Services?





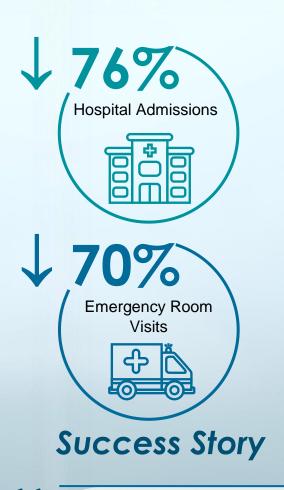
Adult Mental Health Services

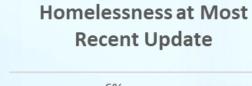
What Are Clients Saying About Comprehensive Assistance for Recovery and Empowerment (CARE) Services?



Adult Mental Health Services

Comprehensive Assistance for Recovery and Empowerment (CARE) Services



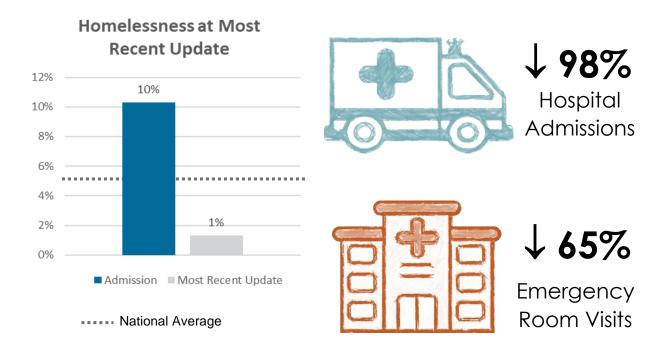




A client referred themselves to services due to experiencing anxiety, depressive symptoms, and interpersonal/intrapersonal conflicts. A Cognitive Behavioral Therapy and Dialectical Behavior Therapy based model with integration of additional modalities were included within his treatment. Homework assignments to address his communication/emotional regulation and conflict resolution skills were provided, and he experienced a significant reduction in anxiety and depression. He gained an improved concept of self and re-established a healthy relationship with adult daughter. All of his treatment goals were accomplished, and he successfully terminated services.

Adult Mental Health Services

Individualized and Mobile Program of Assertive Community Treatment (IMPACT) Services



Success Story

Client has been receiving IMPACT services for two years due to Bipolar 1 and PTSD diagnosis and a significant history of illicit drug use. Prior to transitioning to IMPACT, the client received CARE services and was hospitalized with 16 emergency room visits related to self-medication with narcotics, insomnia, hypomania, and anxiety. Since transitioning to IMPACT services, he is medication compliant, drug free, improved his diabetic blood sugars, healthy weight, and increased his mobility. He has been involved with treatment and individual therapy for the past five months. He has had no psychiatric admissions since starting IMPACT.



What Are Clients Saying About IMPACT Services?



3.99
out of 5
General
Satisfaction



4.00
out of 5
Access to
Services



1 3.2% Improved Functioning







Emergency Services

-Emergency Services

Average Number of Emergency
Services Contacts

49
per center,
per month

Hours of
Emergency
Services Provided



Total
Emergency
Services Provided



Note: CMHCs provide 24/7 services to those experiencing an emergency or crisis, which may include liaison services, collateral contacts, telephone crisis contacts, and on-call staff time. CMHCs report the number of contacts and time spent on emergency services each month.

Success Story

A 20-year-old female client came in for follow-up after an inpatient hospitalization due to suicidal ideation. Client had been in a "toxic" relationship before her hospitalization. During her initial call, the client indicated she left her relationship and was back home living with her mother. She had utilized her social supports of her family and friends since discharge and had a counseling appointment scheduled. Client indicated that her medications were going well and throughout her time in the program, she improved her negative thoughts. Client stated she relapsed recently with a multitude of substances and alcohol. Staff and client spoke about safe use of substances and the consequence of mixing substances with her current medication. Client indicated that she would speak with her counselor and go into her doctor. Later in the program, client showed signs of improvement indicating no thoughts of suicide, no use of substances, successful counseling appointments, moving in with some friends, and getting all medication side effects checked out as well as a wellness check with her doctor. Client mentioned towards the end of the program that she was thankful for getting a call every week and that the program reminded her of the coping skills she needed to continue and to think about things differently. Client left the program feeling supported by staff, her counselor, and her support system of family and friends.



Youth Mental Health Services

Children or Youth and Family (CYF) Services

What Are Clients Saying About CYF Services?



Success Story

A client was referred for services upon discharge from inpatient treatment due to aggressive thoughts about harming others and themself. The client had a significant trauma history and had no interest in school, making friends, or engaging in activities. Client often thought that therapy would not help, but eventually realized that letting their emotions out in session was helping and that they had someone on their side. Through therapy, the client was able to learn coping skills, process their trauma, and have hard conversations about what was going on without becoming aggressive or having negative thoughts. Towards the end of treatment, I got to watch them thrive at school, make friends, set long term goals, and know how to advocate for themselves. The client was able to be successfully discharged after meeting all of their treatment goals.



Systems of Care (SOC) Services

Systems of Care(SOC) Services

76%

Families

reported their emotional needs had been met

1255
Families
Served

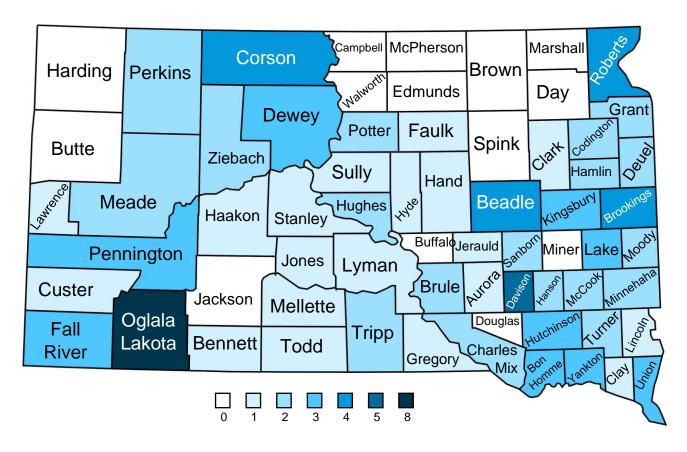
3398
Total Youth
Served

70%

Families reported satisfaction with their family life

52.5 SOC Care Coordinators Across the State

Number of Schools/Districts with SOC Services



Success Story

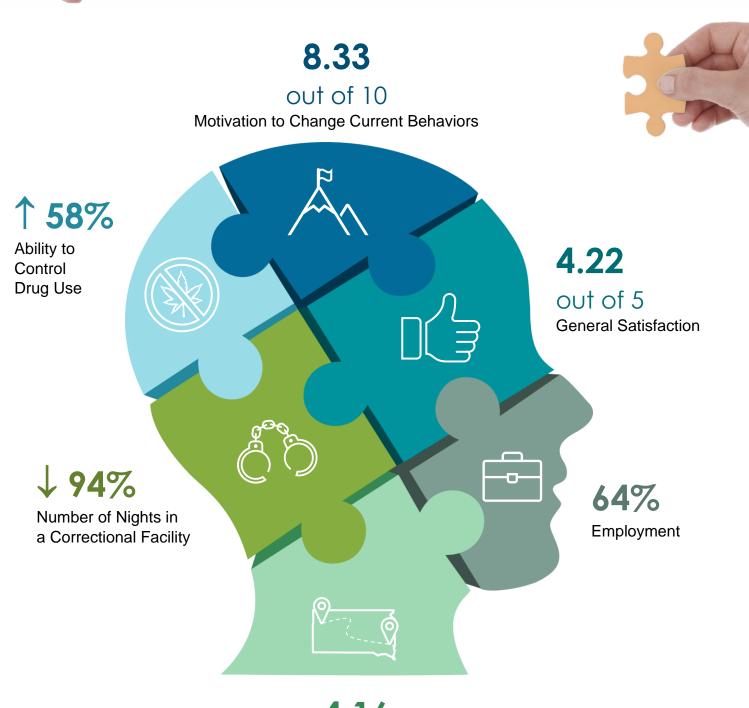
A woman was given custody of her nephew after his biological mother was unable to care for him. Through parental education, learning tools to improve their daily routines and communication, and assistance in setting up her home with a bed and activities, the woman and her nephew have bonded and are doing well as a team. She has a stable job and is able to meet his needs confidently, which she is very proud of as this was her biggest concern when taking in a young child.





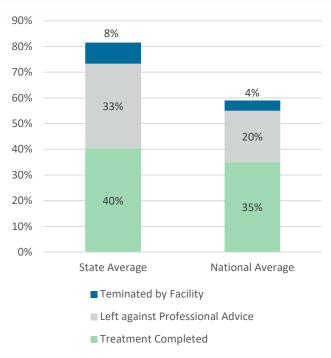
Justice-Involved Treatment (Adults)

Evidence-Based SUD Treatment for Justice Involved Adults

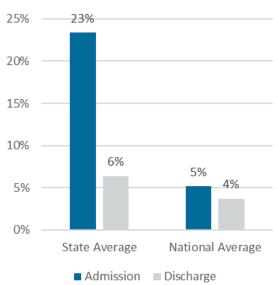


4.16
Out of 5
Access to Services

Clients Discharged from Treatment



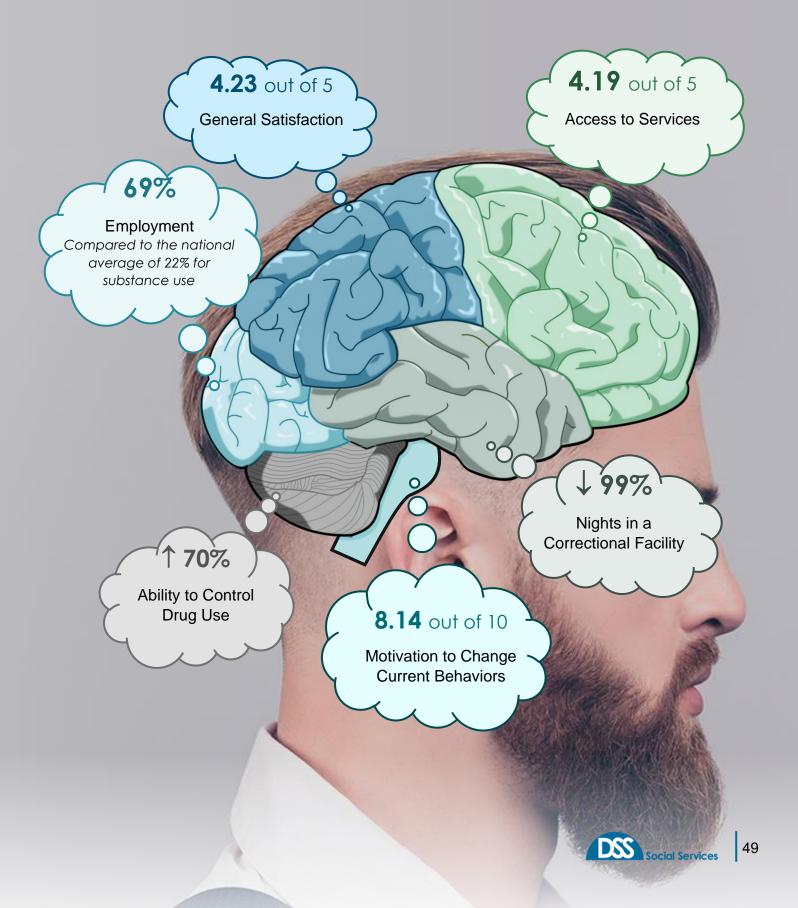
History of Arrest



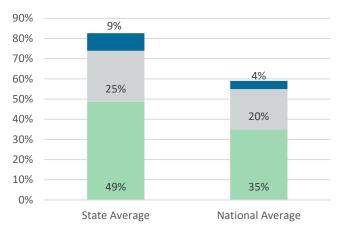
Success Story

A young lady came in on her own to get help on stopping her marijuana use. She had begun to struggle with her schooling and was concerned on whether she would be able to graduate because of the negative influence her marijuana use had on her education. She was able to attend Adolescent Moral Reconation Therapy (MRT) under the Juvenile Justice Reinvestment Initiative (JJRI) funding (as she could not afford it on her own). She graduated MRT almost two years ago, has been sober since and graduated high school this May!

Moral Reconation Therapy for Justice-Involved Adults



Clients Discharge from Treatment

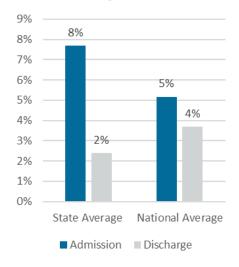


■ Teminated by Facility

■ Left against Professional Advice

■ Treatment Completed

History of Arrest



Success Story

One client came to Moral Reconation Therapy (MRT) with low self-esteem. The client was not working or trying to find a place to live. The provider connected the client with a homeless shelter. By the time the client graduated MRT, they had a job and a place to live and had increased their self-esteem.

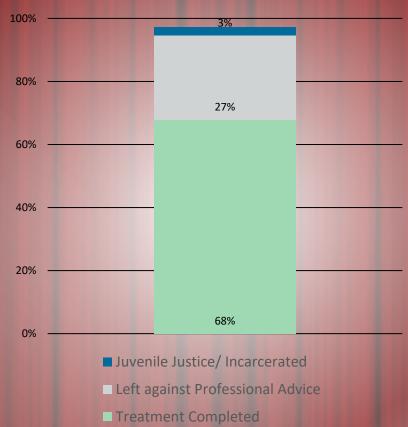






Justice Involved and At-Risk Youth Functional Family Therapy (FFT)

Clients Discharged from Treatment



What Are Clients Saying About FFT Services?

Family

0 4.40 5 out of 5

Access to Services

Youth

0
3.81

out of 5



General Satisfaction



Success Story

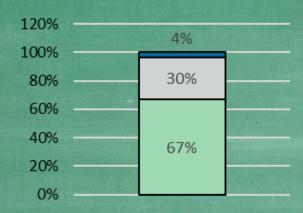
I worked with a family that was referred to the program after the youth was seen at the reception center. Mom was very concerned about the youth's substance use, decision making, and negative peer group. There was a lot of conflict in the home as well. Throughout the course of FFT the family gained insight into their patterns and learned communication and coping skills to better manage these patterns. They were able to better discuss and manage the challenges impacting their family. At discharge the family reported a significant improvement in their communication, decrease in family conflict, and feeling that they had a stronger relationship. Moreover, the youth had remained sober and the family did not report any new crises.

Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth

Success Story

I had an adolescent successfully complete the ART program. She came into the program apprehensive about "anger management" but actively participated. As treatment progressed, she reported using the anger control chain outside of group on multiple occasions. She explained how her past experiences could have had a different outcome if she knew and applied the anger control steps. She attended every group and stated she enjoyed attending, not just because she was mandated to attend for probation. At the end of treatment, I received positive feedback from the adolescent's parent who reported they witnessed a drastic change in how she handled her anger at home. She thanked me at the conclusion of ART and explained how she was looking forward to not making the same choices she did in the past when she becomes angry and upset.

Clients Discharged from Treament



- Juvenile Justice/Incarcerated
- ☐ Left against Professional Advice
- □ Treatment Completed

What Are Youth and Parents/Guardians Saying About EBP Services?

General Satisfaction







 G_{eneral} Satisfaction



Access to Services



Success Story

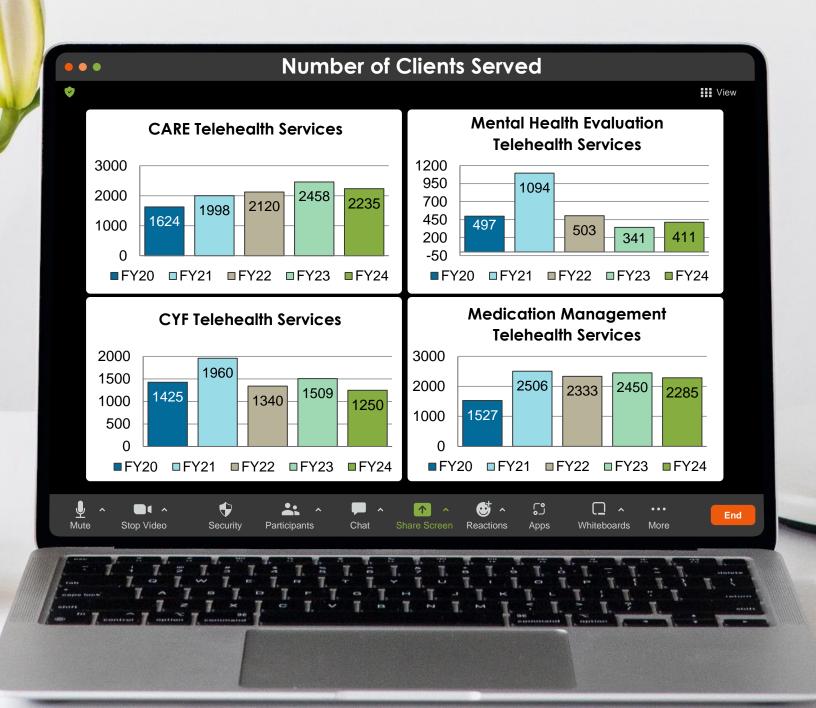
An adolescent was referred for MRT as a probation requirement due to defiant behaviors at home and sexting peers. Initially, the client was held back from passing steps, for not following rules/directions and for argumentative and oppositional behaviors. However, during goal setting steps, the client successfully gained employment and mended damaged relationships. Towards the latter half of group, the client became a positive peer and was always willing to help others and accepted positive criticism. During MRT, the client was successfully discharged from probation because of engaging in ongoing positive behaviors and positive change. The client successfully graduated from MRT, continues individual therapy, and is maintaining positive relationships with both family and peers.



Telehealth Services

Telehealth Services

Mental Health



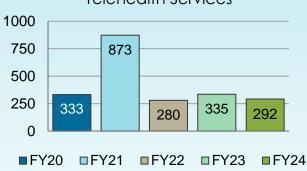


Telehealth Services Substance Use Disorder



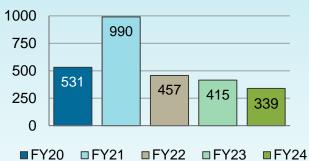
Number of Clients Served

Individual Counseling Telehealth Services



Number of Clients Served

Group Counseling Telehealth Services



476

460

Number of Clients Served

Telehealth Assessments

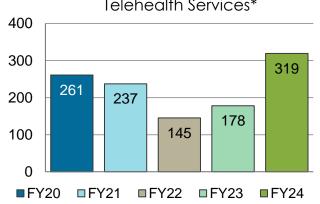




Justice Involved

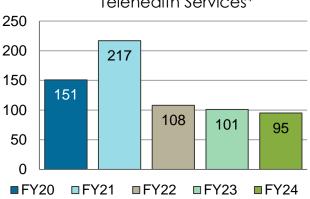
Number of Clients Served

Justice Involved Adults
Telehealth Services*



Number of Clients Served

Justice Involved Youth
Telehealth Services*



*May include partial duplication due to multiple services represented within this category.

Review View Help FileDirector Acrobat

Success Story

"A mother of a child currently in counseling services came into the office after she recognized she had a dilemma. She had been drinking, learned her son was sick and needed be picked up from school. She recognized she was unable to safely drive him from school to home and reached out to us for help. At which point, our administrative staff assisted the mother in creating a method to help the family. Staff provided transportation to assist the mother. On the drive, the mother broke down and acknowledged that she had not known what to do, reached out to us knowing that we would not judge but would work together to help her and thanked the agency repeatedly for being the caring people we are. She mentioned that being a good person is about how we help others without expecting others to ever learn of it which is what the agency is to her."

Telehealth ServicesAudio-Only

Audio-Only Substance Use Disorder Services

2.8
Average number of sessions per client

Clients received at least one substance use disorder session via audio-only

Audio-Only Mental Health Services

2,891

Clients received at least one mental health session via audio-only

4.4

Average number of sessions per client





Appendix A: Supplemental Tables for Behavioral Health Services

Stakeholders Survey Results

Community Needs

Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	4. Disagree	5. Strongly Disagree	Total
Court Staff- State and Federal	29.9%	52.7%	10.9%	3.5%	3.0%	100.0%
Law Enforcement	72.7%	27.3%				100.0%
Medical Providers	41.2%	47.1%	11.8%			100.0%
Schools	59.0%	27.0%	8.0%	4.0%	2.0%	100.0%
State and Tribal	48.8%	37.2%	7.0%	2.3%	4.7%	100.0%
Treatment Agencies	62.9%	25.7%	8.6%		2.9%	100.0%
Total	44.3%	41.1%	9.1%	2.9%	2.6%	100.0%

Quality of Services

Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	4. Disagree	5. Strongly Disagree	Total
Court Staff- State and Federal	30.2%	53.3%	10.1%	3.5%	3.0%	100.0%
Law Enforcement	65.2%	30.4%		4.3%		100.0%
Medical Providers	40.0%	53.3%	6.7%			100.0%
Schools	53.1%	35.7%	4.1%	6.1%	1.0%	100.0%
State and Tribal	45.2%	40.5%	9.5%		4.8%	100.0%
Treatment Agencies	61.1%	25.0%	11.1%		2.8%	100.0%
Total	42.1%	44.1%	8.0%	3.4%	2.4%	100.0%

Location Convenience

Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	4. Disagree	5. Strongly Disagree	Total
Court Staff- State and Federal	24.4%	58.2%	11.9%	4.5%	1.0%	100.0%
Law Enforcement	52.2%	39.1%	8.7%			100.0%
Medical Providers	43.8%	50.0%		6.3%		100.0%
Schools	52.1%	31.3%	10.4%	5.2%	1.0%	100.0%
State and Tribal	53.5%	30.2%	9.3%	2.3%	4.7%	100.0%
Treatment Agencies	52.8%	36.1%	8.3%		2.8%	100.0%
Total	38.6%	45.8%	10.4%	3.9%	1.4%	100.0%

Client Support

Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	4. Disagree	5. Strongly Disagree	Total
Court Staff- State and Federal	33.0%	54.5%	6.5%	3.5%	2.5%	100.0%
Law Enforcement	78.3%	17.4%	4.3%			100.0%
Medical Providers	35.3%	58.8%	5.9%			100.0%
Schools	56.0%	35.0%	6.0%	2.0%	1.0%	100.0%
State and Tribal	48.8%	41.9%	4.7%		4.7%	100.0%
Treatment Agencies	66.7%	22.2%	8.3%		2.8%	100.0%
Total	45.6%	43.9%	6.2%	2.1%	2.1%	100.0%

Staff Training

Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	4. Disagree	5. Strongly Disagree	Total
Court Staff- State and Federal	33.0%	49.5%	14.0%	1.5%	2.0%	100.0%
Law Enforcement	60.9%	39.1%				100.0%
Medical Providers	41.2%	52.9%	5.9%			100.0%
Schools	59.2%	30.6%	6.1%	1.0%	3.1%	100.0%
State and Tribal	42.9%	47.6%	4.8%		4.8%	100.0%
Treatment Agencies	60.0%	25.7%	11.4%		2.9%	100.0%
Total	44.3%	42.4%	9.9%	1.0%	2.4%	100.0%

Services Availability

Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	4. Disagree	5. Strongly Disagree	Total
Court Staff- State and Federal	20.9%	59.2%	12.9%	4.5%	2.5%	100.0%
Law Enforcement	52.2%	43.5%	4.3%			100.0%
Medical Providers	35.3%	41.2%	17.6%	5.9%		100.0%
Schools	43.3%	41.2%	7.2%	7.2%	1.0%	100.0%
State and Tribal	41.5%	31.7%	14.6%	7.3%	4.9%	100.0%
Treatment Agencies	50.0%	33.3%	11.1%		5.6%	100.0%
Total	33.0%	48.4%	11.3%	4.8%	2.4%	100.0%

Staff Competency

Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	4. Disagree	5. Strongly Disagree	Total
Court Staff- State and Federal	34.2%	50.8%	11.6%	1.5%	2.0%	100.0%
Law Enforcement	65.2%	30.4%	4.3%			100.0%
Medical Providers	47.1%	41.2%	11.8%			100.0%
Schools	58.2%	31.6%	5.1%	2.0%	3.1%	100.0%
State and Tribal	50.0%	35.7%	9.5%		4.8%	100.0%
Treatment Agencies	60.0%	22.9%	14.3%		2.9%	100.0%
Total	45.9%	40.8%	9.7%	1.2%	2.4%	100.0%

Positive Outcomes

Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	4. Disagree	5. Strongly Disagree	Total
Court Staff- State and Federal	20.5%	54.0%	15.0%	7.5%	3.0%	100.0%
Law Enforcement	31.8%	63.6%	4.5%			100.0%
Medical Providers	40.0%	33.3%	26.7%			100.0%
Schools	37.2%	44.2%	10.5%	7.0%	1.2%	100.0%
State and Tribal	20.5%	53.8%	17.9%	2.6%	5.1%	100.0%
Treatment Agencies	41.7%	36.1%	16.7%	2.8%	2.8%	100.0%
Total	27.4%	50.0%	14.3%	5.8%	2.5%	100.0%

Adult Substance Use Disorder Services

(Includes IMT, PWWDC, Evidence-Based SUD Treatment for Justice-Involved Adults, and MRT for Justice-Involved Adults)

Discharge Rates

	Incar	cerated	Left Ag Profess Advice	sional	Othe	r		inated acility	Trans	sferred	Treatm Comple		Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Clinically Managed Low Intensity Residential Services (3.1)	32	5.0%	247	38.4%	13	2.0%	96	14.9%	17	2.6%	239	37.1%	644	100.0%
Detoxification & Medically Monitored Detoxification Services	74	3.5%	164	7.7%	36	1.7%	14	0.7%	93	4.4%	1,740	82.0%	2,121	100.0%
Evidence-Based SUD Treatment for Justice- Involved & At-Risk Youth			4	44.4%	1	11.1%			1	11.1%	3	33.3%	9	100.0%
Evidence-Based SUD Treatment for Justice- Involved Adults	77	4.7%	539	32.9%	170	10.4%	134	8.2%	57	3.5%	661	40.4%	1,638	100.0%
Gambling Services			11	16.2%	3	4.4%	4	5.9%	1	1.5%	49	72.1%	68	100.0%
Intensive Inpatient Treatment (3.7)	12	0.8%	243	15.6%	20	1.3%	118	7.6%	40	2.6%	1,127	72.2%	1,560	100.0%
Intensive Meth Treatment (IMT)	10	2.1%	194	41.6%	19	4.1%	62	13.3%	12	2.6%	169	36.3%	466	100.0%
Moral Reconation Therapy for Justice- Involved Adults (MRT)	23	5.3%	111	25.3%	43	9.8%	38	8.7%	10	2.3%	213	48.6%	438	100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	156	3.9%	1,180	29.6%	498	12.5%	148	3.7%	244	6.1%	1,764	44.2%	3,990	100.0%
Pregnant Women and Women with Dependent Children Program (PWWDC)	3	2.2%	45	33.3%			13	9.6%	1	0.7%	73	54.1%	135	100.0%
Total	337	3.6%	2,267	23.9%	746	7.9%	540	5.7%	407	4.3%	5,188	54.7%	9,485	100.0%

General Satisfaction

Treatment Services	Unduplicated Client Count	General Satisfaction with Services
Clinically Managed Low Intensity Residential Services (3.1)	264	4.24
Detoxification & Medically Monitored Detoxification Services	234	4.26
Evidence-Based SUD Treatment for Justice-Involved Adults	464	4.22
Gambling Services	39	4.23
Intensive Inpatient Treatment (3.7)	682	4.26
Intensive Meth Treatment (IMT)	141	4.21
Moral Reconation Therapy for Justice-Involved Adults (MRT)	196	4.23
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1,127	4.73
Pregnant Women and Women with Dependent Children Program (PWWDC)	46	4.29
Total	2.097	4.62

Access to Services

Treatment Services	Unduplicated Client Count	Access to Services	Quality and Appropriateness
Clinically Managed Low Intensity Residential Services (3.1)	264	4.04	4.14
Detoxification & Medically Monitored Detoxification Services	234	4.01	4.09
Evidence-Based SUD Treatment for Justice-Involved Adults	464	4.16	4.15
Gambling Services	39	4.09	4.18
Intensive Inpatient Treatment (3.7)	682	4.07	4.18
Intensive Meth Treatment (IMT)	141	4.09	4.18
Moral Reconation Therapy for Justice-Involved Adults (MRT)	196	4.19	4.14
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1,127	4.56	4.63
Pregnant Women and Women with Dependent Children Program (PWWDC)	46	4.12	4.08
Total	2,097	4.45	4.51

Ability to Control Drug Use

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Clinically Managed Low Intensity Residential Services (3.1)	113	1.98	3.70	1.71	86.3%
Detoxification & Medically Monitored Detoxification Services	63	1.51	3.64	2.13	140.6%
Evidence-Based SUD Treatment for Justice-Involved Adults	266	2.39	3.77	1.38	57.7%
Gambling Services	22	1.68	3.64	1.96	116.7%
Intensive Inpatient Treatment (3.7)	228	1.53	3.57	2.05	134.2%
Intensive Meth Treatment (IMT)	121	1.69	3.71	2.02	119.7%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	62	2.25	3.81	1.57	69.7%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	460	2.03	3.73	1.70	84.1%
Pregnant Women and Women with Dependent Children Program (PWWDC)	38	1.71	3.74	2.02	118.1%
Total	930	2.05	3.73	1.68	82.2%

Motivation to Change Current Behaviors

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Clinically Managed Low Intensity Residential Services (3.1)	261	8.46	8.81	0.35	4.1%
Detoxification & Medically Monitored Detoxification Services	229	8.49	8.75	0.26	3.0%
Evidence-Based SUD Treatment for Justice-Involved Adults	455	8.31	8.33	0.01	0.1%
Gambling Services	39	8.77	9.25	0.48	5.4%
Intensive Inpatient Treatment (3.7)	673	8.51	8.64	0.13	1.6%
Intensive Meth Treatment (IMT)	139	8.82	8.60	-0.23	-2.6%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	193	8.50	8.14	-0.36	-4.2%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1,110	6.92	9.44	2.52	36.4%
Pregnant Women and Women with Dependent Children Program (PWWDC)	46	9.18	8.92	-0.26	-2.8%
Total	2,065	7.27	9.21	1.94	26.7%

Employment

Treatment Services	Unduplicated Client Count	Employment at Admission	Employment at Discharge
Clinically Managed Low Intensity Residential Services (3.1)	668	13.7%	32.3%
Detoxification & Medically Monitored Detoxification Services	1,948	11.1%	11.7%
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	0.0%	100.0%
Evidence-Based SUD Treatment for Justice-Involved Adults	1,614	37.0%	64.0%
Gambling Services	69	28.3%	37.5%
Intensive Inpatient Treatment (3.7)	1,340	14.7%	19.6%
Intensive Meth Treatment (IMT)	423	15.5%	34.8%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	506	49.9%	68.5%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	3,595	36.6%	50.8%
Pregnant Women and Women with Dependent Children Program (PWWDC)	142	13.7%	33.6%
Total	7,783	23.0%	32.7%

History of Arrest

Treatment Services	Unduplicated Client Count	Arrest at Admission	Arrest at Discharge
Clinically Managed Low Intensity Residential Services (3.1)	244	19.7%	19.7%
Detoxification & Medically Monitored Detoxification Services	216	32.9%	2.9%
Evidence-Based SUD Treatment for Justice-Involved Adults	450	8.1%	1.5%
Gambling Services	38	16.3%	7.0%
Intensive Inpatient Treatment (3.7)	632	30.7%	3.2%
Intensive Meth Treatment (IMT)	135	23.5%	0.7%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	188	7.7%	2.4%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1,079	6.1%	1.1%
Pregnant Women and Women with Dependent Children Program (PWWDC)	44	23.4%	6.4%
Total	2,001	8.8%	2.8%

Nights in a Correctional Facility

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Clinically Managed Low Intensity Residential Services (3.1)	114	23.10	1.66	-21.44	-92.8%
Detoxification & Medically Monitored Detoxification Services	70	11.44	1.64	-9.80	-85.7%
Evidence-Based SUD Treatment for Justice-Involved Adults	177	19.74	1.27	-18.48	-93.6%
Gambling Services	13	23.31	4.62	-18.69	-80.2%
Intensive Inpatient Treatment (3.7)	274	15.32	2.11	-13.20	-86.2%
Intensive Meth Treatment (IMT)	74	22.52	2.71	-19.81	-88.0%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	48	14.71	0.18	-14.53	-98.8%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	339	15.85	3.33	-12.52	-79.0%
Pregnant Women and Women with Dependent Children Program (PWWDC)	21	22.00	0.32	-21.68	-98.6%
Total	713	18.44	2.20	-16.25	-88.1%

Youth Substance Use Disorder Services

Discharge Rates

		Against fessional rice	Oth	er		minated Facility	to A Fac	nsferred nother ility or gram		ment pleted	Total	l
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	4	50.0%	1	12.5%			1	12.5%	2	25.0%	8	100.0%
Intensive Inpatient Treatment (3.7)	22	10.6%	1	0.5%	56	26.9%	14	6.7%	115	55.3%	208	100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	37	14.9%	31	12.5%	12	4.8%	29	11.7%	139	56.0%	248	100.0%
Total	57	12.8%	33	7.4%	68	15.2%	39	8.7%	250	55.9%	447	100.0%

General Satisfaction

Youth

Treatment Services	Unduplicated Client Count	General Satisfaction with Services	
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1		3.50
Intensive Inpatient Treatment (3.7)	76		4.27
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1) Total	61 122		4.18 4.27

Family

Treatment Services	Unduplicated Client Count	General Satisfaction with Services
Intensive Inpatient Treatment (3.7)	40	4.27
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	30	4.32
Total	60	4.24

Access to Services

Youth

Treatment Services	Unduplicated Client Count	Access to Services
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth		1 0.00
Intensive Inpatient Treatment (3.7)		76 3.98
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	(61 4.00
Total	12	22 4.05

Family

	Treatment Services	Unduplicated Client Count	Access to Services	
Intensive Inpati	ent Treatment (3.7)	40		3.99
Outpatient and	Intensive Outpatient Services (0.5, 1.0, & 2.1)	30		3.98
Total		60		3.94

Ability to Control Drug Use

Youth

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	2.00	4.00	2.00	100.0%
Intensive Inpatient Treatment (3.7)	48	1.54	3.42	1.88	122.5%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1) Total	42 85	2.11 1.87	3.65 3.54	1.54 1.67	73.3% 89.0 %

Family

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	24	1.33	3.54	2.21	165.6%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	16	1.56	3.31	1.75	112.0%
Total	35	1.49	3.46	1.97	132.7%

Motivation to Change Current Behaviors

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	10.00	10.00	0.00	0.0%
Intensive Inpatient Treatment (3.7)	75	7.30	8.70	1.39	19.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	59	7.31	7.68	0.36	5.0%
Total	120	7.27	8.13	0.86	11.8%

Trouble as a Result of Substance Use

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	1.00	1.00	0.00	0.0%
Intensive Inpatient Treatment (3.7)	76	0.65	0.23	-0.42	-64.8%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1) Total	61 122	0.56 0.57	0.09 0.15	-0.47 - 0.42	-84.1% - 74.4 %

Missing School or Work Due to Substance Use

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	1.00	1.00	0.00	0.0%
Intensive Inpatient Treatment (3.7)	76	0.63	0.20	-0.42	-67.3%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	60	0.41	0.06	-0.35	-84.4%
Total	121	0.50	0.13	-0.38	-75.0%

Adult Mental Health Services

(Including CARE and IMPACT)

General Satisfaction

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	2	4.50	4.50
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1,195	4.21	4.21
Forensic Assertive Community Treatment (FACT)	13	3.67	3.67
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	63	3.99	3.99
Outpatient Services	96	4.19	4.19
Room and Board and Other Services	119	4.09	4.09
Total	1,310	4.21	4.21

Access To Services

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	2	4.50	4.50
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1,195	4.12	4.12
Forensic Assertive Community Treatment (FACT)	13	3.77	3.77
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	63	4.00	4.00
Outpatient Services	96	4.18	4.18
Room and Board and Other Services	119	3.94	3.94
Total	1,310	4.12	4.12

Improved Functioning

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	2	4.00	4.50	4.50	0.50	12.5%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1,027	3.18	3.60	3.60	0.42	13.4%
Forensic Assertive Community Treatment (FACT)	12	3.75	3.50	3.50	-0.25	-6.7%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	58	3.63	3.74	3.74	0.12	3.2%
Outpatient Services	82	3.26	3.64	3.65	0.39	11.8%
Room and Board and Other Services	100	3.39	3.60	3.60	0.22	6.4%
Total	1,134	3.20	3.61	3.61	0.40	12.6%

Emergency Room Visits

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	253	2.69	0.81	0.81	-1.88	-69.8%
Forensic Assertive Community Treatment (FACT)	2	1.00	0.00	0.00	-1.00	-100.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	23	3.35	1.17	1.17	-2.17	-64.9%
Outpatient Services	19	2.21	0.63	0.63	-1.58	-71.4%
Room and Board and Other Services	30	3.66	0.47	0.47	-3.19	-87.2%
Total	283	2.74	0.84	0.84	-1.90	-69.4%

Hospital Admission

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	1	30.00	0.00	0.00	-30.00	-100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	244	20.17	4.83	4.83	-15.34	-76.1%
Forensic Assertive Community Treatment (FACT)	2	7.50	0.00	0.00	-7.50	-100.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	28	47.39	1.04	1.04	-46.36	-97.8%
Outpatient Services	24	24.96	9.54	9.54	-15.42	-61.8%
Room and Board and Other Services	41	39.12	5.33	5.33	-33.79	-86.4%
Total	283	22.75	4.99	4.99	-17.76	-78.1%

Attempts to Die by Suicide

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	2	0.00	0.00	0.00	0.00	NaN
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	994	0.40	0.17	0.17	-0.22	-56.3%
Forensic Assertive Community Treatment (FACT)	10	0.50	0.00	0.00	-0.50	-100.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	53	0.72	0.13	0.13	-0.59	-81.8%
Outpatient Services	80	0.32	0.13	0.13	-0.19	-59.3%
Room and Board and Other Services	98	0.27	0.15	0.15	-0.13	-46.7%
Total	1,096	0.41	0.17	0.17	-0.24	-58.6%

Employment

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	2	0.0%	100.0%	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1,194	27.2%	37.7%	37.5%
Forensic Assertive Community Treatment (FACT)	13	6.7%	30.8%	30.8%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	63	4.4%	13.0%	13.0%
Outpatient Services	96	36.1%	47.6%	47.6%
Room and Board and Other Services	119	3.1%	17.3%	17.3%
Total	1,309	26.5%	37.0%	36.9%



Homelessness

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average of Most Recent Update	
Child or Youth and Family Services (CYF)	2	0.0%	0.0%		0.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1,194	6.2%	2.8%		2.8%
Forensic Assertive Community Treatment (FACT)	13	26.7%	7.7%		7.7%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	63	10.3%	1.3%		1.3%
Outpatient Services	96	2.5%	1.9%		1.9%
Room and Board and Other Services	119	3.1%	2.3%		2.3%
Total	1,309	6.2%	2.7%		2.7%

Youth Mental Health Services

General Satisfaction

Youth

Treatment Services	Unduplicated Client Count		Average Most Recent Update
Child or Youth and Family Services (CYF)	385	4.03	4.03
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	25	4.12	4.12
Intensive Family Services (IFS)	2	4.33	4.33
Outpatient Services	22	4.27	4.27
Room and Board and Other Services	1	3.33	3.33
Total	419	4.04	4.04

Family

Treatment Services	Unduplicated Client Count	_	Average Most Recent Update
Child or Youth and Family Services (CYF)	854	4.25	4.25
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	18	4.39	4.39
Intensive Family Services (IFS)	1	3.83	3.83
Outpatient Services	22	4.30	4.30
Room and Board and Other Services	1	5.00	5.00
Total	879	4.25	4.25

Access to Services

Youth

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	382	4.12	4.12
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	25	4.16	4.16
Intensive Family Services (IFS)	2	4.33	4.33
Outpatient Services	22	4.23	4.23
Room and Board and Other Services	1	4.50	4.50
Total	416	4.13	4.13

Family

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	854	4.38	4.38
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	18	4.47	4.47
Intensive Family Services (IFS)	1	4.00	4.00
Outpatient Services	22	4.43	4.43
Room and Board and Other Services	1	5.00	5.00
Total	879	4.38	4.38

Improved Functioning

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	383	3.44	3.69	3.69	0.25	7.3%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	25	3.24	3.69	3.69	0.45	13.9%
Intensive Family Services (IFS)	2	3.62	3.95	3.95	0.33	9.2%
Outpatient Services	22	3.26	3.80	3.80	0.54	16.5%
Room and Board and Other Services	1	3.29	3.00	3.00	-0.29	-8.7%
Total	417	3.42	3.69	3.69	0.27	7.9%

Emergency Room Visits

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	53	1.82	0.63	0.63	-1.20	-65.7%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	2.00	0.00	0.00	-2.00	-100.0%
Outpatient Services	2	2.00	0.50	0.50	-1.50	-75.0%
Total	54	1.84	0.61	0.61	-1.23	-66.7%

Hospital Admissions

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	49	17.35	2.83	2.83	-14.52	-83.7%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	4	9.25	11.25	11.25	2.00	21.6%
Outpatient Services	2	4.00	35.00	35.00	31.00	775.0%
Total	52	16.49	3.96	3.96	-12.53	-76.0%

Attempts to Die by Suicide

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	359	0.49	0.34	0.34	-0.15	-31.4%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	24	0.42	0.25	0.25	-0.17	-40.0%
Intensive Family Services (IFS)	1	0.00	0.00	0.00	0.00	NaN
Outpatient Services	19	0.21	0.53	0.53	0.32	150.0%
Room and Board and Other Services	1	0.00	0.00	0.00	0.00	NaN
Total	390	0.47	0.34	0.34	-0.14	-28.6%

Targeted Services for Justice-Involved and At-Risk Youth

Discharge Rates

	Jus	venile stice/ arcerated		Against fessional rice	He	ental alth acement		aced Out Home	Comp	ment pleted essfully	Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%
Evidence-Based Group MH Treatment for Justice-Involved and At-Risk Youth	4	3.8%	33	31.1%					69	65.1%	106	100.0%
Evidence-Based Individual MH Treatment for Justice-Involved and At-Risk Youth	1	5.9%	2	11.8%					14	82.4%	17	100.0%
Functional Family Therapy for Justice- Involved and At-Risk Youth (FFT)	4	2.7%	39	26.7%	2	1.4%	2	1.4%	99	67.8%	146	100.0%
Total	8	3.4%	69	29.7%	2	0.9%	2	0.9%	151	65.1%	232	100.0%

General Satisfaction

Youth

Treatment Services	Unduplicated Client Count	General Satisfaction with Services
Evidence-Based Group MH Treatment for Justice-Involved and At-Risk Youth	27	3.94
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	59	3.98
Total	69	4.02

Family

Treatment Services	Unduplicated Client Count	General Satisfaction with Services
Evidence-Based Group MH Treatment for Justice-Involved and At-Risk Youth	24	4.44
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	66	4.22
Total	73	4.25

Access to Services

Youth

Treatment Services	Unduplicated Client Count	Access to Services
Evidence-Based Group MH Treatment for Justice-Involved and At-Risk Youth	27	3.74
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	59	3.81
Total	69	3.87

Family

Treatment Services	Unduplicated Client Count	Access to Services
Evidence-Based Group MH Treatment for Justice-Involved and At-Risk Youth	24	4.17
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	66	4.40
Total	73	4.39

SOC

	Family Satisfaction	Percent
Number of families with most needs met or no unmet needs	187	69.78%
Number of families with significant unmet needs or some needs met	81	30.22%
Total	268	100.00%
	Emotional Needs	Percent
Number of families with most needs met or no unmet needs	201	75.56%
Number of families with significant unmet needs or some needs me	t 65	24.44%
Total	266	100.00%

TEDS National Data

Discharge Rates

Table 4. TEDS Discharge Match Report Data received through March 31, 2024 All states and jurisdictions reporting discharges

	Year of discharge								
		2022			2023			2024	
Characteristics	Total discharge records	Match admission records	% Matched	Total discharge records	Match admission records	% Matched	Total discharge records	Match admission records	% Matched
Type of treatment service/treatment setting									
Detoxification: Hospital inpatient	31,615	31,205	99	29,582	29,550	100	2,559	2,559	100
Detoxification: Free-standing residential	225,072	223,722	99	205,878	205,376	100	11,371	11,342	100
Rehabilitation/residential: Hospital	9,767	9,730	100	9,632	9,614	100	209	208	100
Rehabilitation/residential: Short-term (<=30 days)	182,716	180,821	99	176,374	174,812	99	10,217	10,079	99
Rehabilitation/residential: Long-term (>30 days)	133,076	130,502	98	118,770	117,208	99	9,006	8,909	99
Ambulatory: Intensive outpatient	228,547	226,218	99	200,452	198,745	99	8,702	8,619	99
Ambulatory: Non-intensive outpatient	908,020	894,573	99	680,212	671,149	99	23,162	22,715	98
Ambulatory: Detoxification	24,910	24,862	100	25,829	25,727	100	159	158	99
Not applicable	525	506	96	541	508	94	62	61	98
Invalid	0	1 0	n/a	0	0	n/a	0	0	n/a
Tota	1,744,248	1,722,139	99	1,447,270	1,432,689	99	65,447	64,650	99
Codependent/collateral at admission	1 ' '	' '					· 1	'	
Yes	11,526	11,014	96	8,068	7,722	96	461	449	97
No	1.732.722	1.711.125	99	1.439.202	1.424.967	99	64.986	64.201	99
Invalid	0	0	n/a	0	0	n/a	, 0	0	n/a
Tota	1.744.248	1,722,139	99	1,447,270	1,432,689	99	65.447	64,650	99
Transaction type	, , , , , ,	, , ,		, ,	, ,		,	,	
Admission	1,491,296	1,472,517	99	1,150,903	1,137,855	99	52,990	52,210	99
Transfer	252,928	249,622	99	296,366	294,834	99	12,457	12,440	100
Invalid	24	l o	0	1	· 0	0	. 0	l o	n/a
Tota	1,744,248	1,722,139	99	1,447,270	1,432,689	99	65,447	64,650	99
Reason for discharge	1,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.,,	,,,		,	,	
Treatment completed	652,791	644,296	99	486,697	480,987	99	25,993	25,685	99
Left against professional advice (drop out)	450.257	443,836	99	301,259	297.552	99	14,980	14,785	99
Terminated by facility	71,155	69,494	98	60,580	59,409	98	2,871	2,795	97
Transferred to other SU treatment program	325.836	322,950	99	361,130	359,311	99	17,527	17,450	100
Transferred to other SU program, but did not report	3,804	3,742	98	2,448	2,380	97	18	16	89
Transferred to other SU program/facility, not in state reporting system	811	772	95	1,167	1,146	98	69	69	100
Incarcerated	17,687	17,254	98	14,337	14,074	98	767	750	98
Death	4,903	4,587	94	3,632	3,394	93	181	169	93
Other	66,338	64,896	98	69,227	67,914	98	2,445	2,339	96
Unknown	149,182	148,862	100	145,929	145,670	100	587	583	99
Not collected	384	372	97	360	357	99	3	3	100
Invalid	1,100	1,078	98	504	495	98	6	6	100
Tota		1.722.139	99	1.447.270	1.432.689	99	65.447	64.650	99

n/a Not applicable; No data was submitted for the year(s) being compared.

Arrest History

Table 6. TEDS Discharge Report Data received through March 31, 2024 All states and jurisdictions reporting discharges

·		2022		2023		2024		Diff	in %
Characteristics		Number	%	Number	%	Number	%	2023-2022	2024-2023
Arrests in past 30 days - discharge									
0		1,183,363	68	1,074,456	74	53,545	82	6	8
1		51,706	3	39,634	3	1,817	3	0	0
2 to 10		18,490	1	11,948	1	276	0	0	-1
11 to 25		1,385	0	585	0	10	0	0	0
Over 25		1,163	0	939	0	16	0	0	0
Unknown		345,684	20	270,460	19	3,857	6	-1	-13
Not collected		142,448	8	49,247	3	5,926	9	-5	6
Invalid		9	0	1	0	0	0	0	0
	Total	1,744,248	100	1,447,270	100	65,447	100	0	0

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Glossary



Ability to Control Drug Usage (Adult and Youth Substance Use)

Clients rate their ability to control their drug usage at discharge.

Access to Services (Adult and Youth Substance Use; Adult and Youth Mental Health)

Clients rate their access to treatment services.

Attempts to Die by Suicide (Adult and Youth Mental Health)

Clients report the number of attempts to die by suicide during the most recent six-month update.

Client Support (Stakeholder Survey)

This provider is supportive of clients' needs.

Community Needs (Stakeholder Survey)

This provider is responsive to the needs within the community.

<u>Discharge from Treatment Services</u> (Adult and Youth Substance Use)

Client discharge from treatment services can include Treatment Completed, Left Against Professional Advice, Terminated by Facility, Incarcerated, Transferred, or Other.

Emergency Services (Crisis Services)

Community Mental Health Centers report the average number of emergency services contacts per center, per month for persons experiencing a mental health emergency or crisis, including those with co-occurring disorders.

Emergency Room Visits (Adult and Youth Mental Health)

Clients report the number of times visiting an emergency room for psychiatric or emotional problems during the most recent six-month update.

Emotional Needs (Youth Mental Health)

Families report emotional needs had been met.

Employment (Adult Mental Health and Substance Use)

Clients report employment status at the most recent six-month update.

<u>General Satisfaction</u> (Youth and Adult Substance Use; Youth and Adult Mental Health)

Clients rate their satisfaction with treatment services.





History of Arrests (Adult Substance Use)

Percentage of clients reporting arrest in the past 30 days.

Homelessness (Adult Mental Health)

Clients report number of days homeless from the time of admission to the most recent six-month update.

Hospital Admissions (Adult and Youth Mental Health)

Clients report the number of times visiting a hospital for mental health care during the most recent six-month update.

Hours of Emergency Services Provided (Crisis Services)

Community Mental Health Centers report the number of emergency services for persons experiencing a mental health emergency or crisis, including those with co-occurring substance use disorders.

Improved Functioning (Adult and Youth Mental Health)

Clients are asked to rate their mental health and social wellbeing at the time of admission and at every six-month update.

<u>Location Convenience</u> (Stakeholder Survey)

The location of services are convenient for the client.

Missing School or Work Due to Substance Use (Youth Substance Use)

Youth report missing school or work due to their substance use at admission and discharge of services.

Motivation to Change Current Behaviors (Adult and Youth Substance Use)

Clients rate their motivation to change their current behaviors, such as substance use, at discharge.

Nights in a Correctional Facility (Adult Substance Use)

Clients report the number of nights spent in a correctional facility in the past thirty days.

Overall Improvement in Levels of Aggression (Youth Mental Health)

Youth receiving Aggressive Replacement Therapy complete the Aggression Questionnaire (AQ), which is designed to measure levels of aggression in youth.

Positive Outcomes (Stakeholder Survey)

Clients report satisfaction with the outcome of services.













Quality of Services (Stakeholder Survey)

This provider delivers quality services.

<u>Satisfaction with Family Life</u> (Youth Mental Health)

Families report satisfaction with their Family Life.

Service Availability (Stakeholder Survey)

Services are available at times that are convenient for clients.

<u>Staff Competency</u> (Stakeholder Survey)

Staff at this provider are competent to deliver treatment services.

Staff Training (Stakeholder Survey)

Staff at this provider are respectful and well trained.

Stakeholder Survey

The Division of Behavioral Health conducts an annual Stakeholder Survey of all behavioral health providers accredited by the South Dakota Department of Social Services. This survey supports continued collaboration and responsiveness to the needs of the clients and the community. Agency level results can be found at https://dss.sd.gov/behavioralhealth/providersearch.aspx

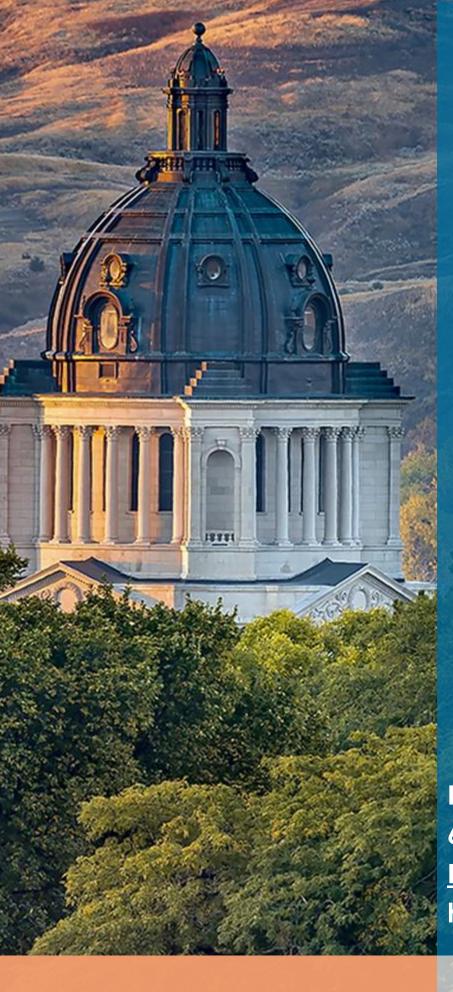
Total Emergency Services Provided (Crisis Services)

Community Mental Health Centers report the total number of emergency services contacts for persons experiencing a mental health emergency or crisis, including those with co-occurring substance use disorders.

Trouble as a Result of Substance Use (Youth Substance Use)

Youth report number of times getting into trouble due to substance use at admission and discharge of services.





Division of Behavioral Health 605-367-5236

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https://dss.sd.gov

