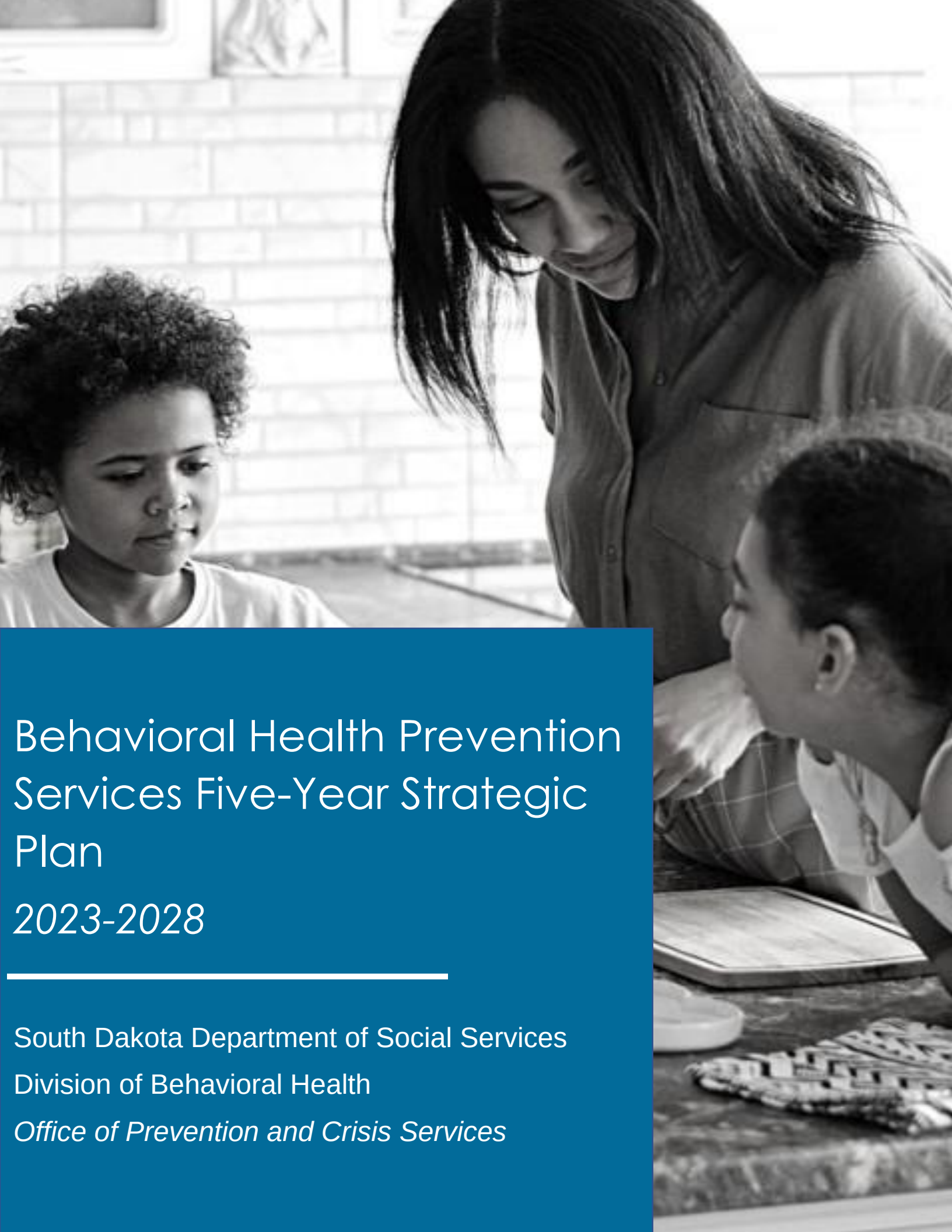

Behavioral Health Prevention Services Five-Year Strategic Plan

2023-2028

South Dakota Department of Social Services

Division of Behavioral Health

Office of Prevention and Crisis Services

South Dakota Department of Social Services
Strong Families - South Dakota's Foundation and Our Future

A Letter from the Division of Behavioral Health

The South Dakota Department of Social Services (DSS) is proud to release a new *Behavioral Health Prevention Services Five Year Strategic Plan for 2023 to 2028* which is the result of engagement with providers, prevention networks, persons with lived experience and other stakeholders.

Behavioral Health prevention services are critically important to the South Dakota citizens we serve. Delivering effective prevention services can help reduce risk factors for mental health and substance use disorder conditions that impact the quality of life, the ability of our youth and adults to take the highest advantage of opportunities for education, work, and positive engagement in our communities.

Beginning in Spring 2022, DSS worked with Guidehouse, a national consulting firm, to help develop this new Strategic Plan for behavioral health prevention services adapting national best practices to reflect South Dakota values and goals, as well as listening to individuals across the state. The knowledge, experience and feedback of South Dakotans is reflected in this new strategic plan.

This new plan will serve as an operational roadmap to guide and track key prevention initiatives such as prevention programming, expansion of prevention partnerships, and education and communication to elevate and make available behavioral health prevention services for all South Dakotans.

We are excited about the opportunity that the new *Behavioral Health Prevention Services Five Year Strategic Plan for 2023 to 2028* presents and we look forward to engaging with all South Dakotans to ensure its success.

Sincerely,

South Dakota Department of Social Services,
Division of Behavioral Health

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Introduction

The mission of DSS and the purpose of the continuum of behavioral health services in South Dakota is to foster independent and healthy children, adults, and families. The *Behavioral Health Prevention Services Five Year Strategic Plan for 2023-2028* ("Strategic Plan" or "Plan") was developed as a successor to the prior DSS Prevention Program Five Year Plan, 2015-2020. This new Plan will enable the DSS Division of Behavioral Health (DBH) and its Office of Prevention and Crisis Services to achieve their goal of strengthening and supporting children and adults with behavioral health needs through prevention services as one of the critical components of the behavioral health services continuum.

In issuing this new Strategic Plan, DBH is identifying and communicating key focus areas, programmatic goals, and action steps that will guide an integrated behavioral health prevention system in addressing both mental health and substance use disorders. This new Plan will continue to enhance the prevention system in its programming, appropriate use of data, growth of partnerships, education of the role and outcomes of behavioral health prevention programs, and communication across the state of available behavioral health prevention services.

The overall goals of the new Strategic Plan are to:

Strengthen community prevention efforts through leadership, education, and support

Increase access to mental health and substance use disorder prevention services for all South Dakotans

Reduce risks factors for substance use disorders and mental illness

As illustrated in Figure 1, there are five key focus areas and related action steps that will help DSS drive outcomes towards these goals.

Figure 1. Strategic Plan Focus Areas

The Strategic Plan first describes the role of behavioral health prevention services and related prevention strategies. It then outlines the current South Dakota landscape highlighting accomplishments of the prior 2015-2020 Prevention Program Strategic Plan, work of the South Dakota prevention networks in the intervening years, and data supporting the need for continued prevention services. The Strategic Plan provides details on DBH's methodology and approach supporting the current planning effort, including, of note, the incorporation of benchmarking analyses with other states, stakeholder interview findings from providers, prevention networks, and persons with lived experience, listening sessions, and a statewide

survey regarding current state and desired future goals. The Plan also presents a Strategic Prevention Framework, which is a set of guiding principles reflecting national best practices and local experience that informs the key considerations and actionable steps that DBH will implement to drive the goals of the new Plan over the next five years.

Our Vision

South Dakota supports stronger families, stronger individuals, and stronger communities. DBH seeks improved behavioral health and wellness across the lifespan of all South Dakota children, adults, and families. Figure 2 depicts DBH commitments to promoting behavioral health and wellness for all South Dakotans.

Figure 2. DBH Commitments

A stigma-free environment in which all those who seek behavioral health prevention and treatment services feel empowered to reach out

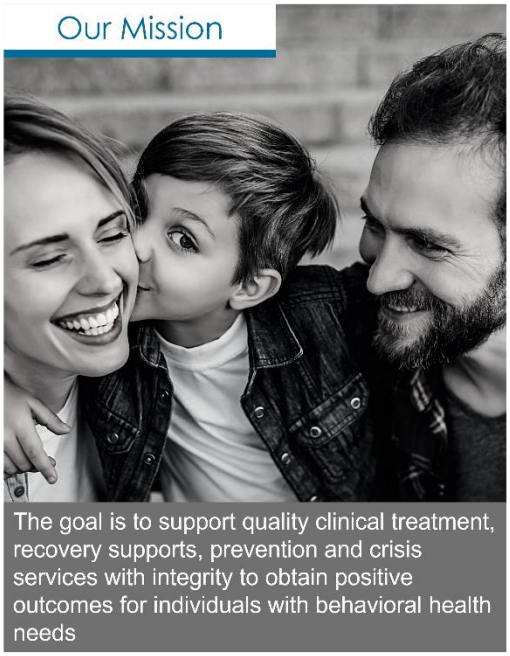
A full array of behavioral health prevention services that will help to lower the risks for mental health and substance use disorder conditions

Strong local and regional partnerships that enable all providers and communities to learn from each other and help fulfill the vision of effective prevention programs

Our Mission

As illustrated in Figure 3, the DBH mission is to support quality clinical treatment, recovery supports, prevention and crisis services with integrity to obtain positive outcomes for individuals with behavioral health needs.

Figure 3. DBH Mission



South Dakota Current Behavioral Health Landscape

DBH partners with numerous prevention providers, substance use disorder treatment providers, community mental health centers, and recovery support providers to offer full-spectrum services across the continuum based upon an established Behavioral Health Continuum of Care Model. The goal of the model is to foster independent and healthy individuals and families in South Dakota.[1]

Figure 4 illustrates the Behavioral Health Continuum of Care Model, which is a comprehensive approach to addressing behavioral health issues through promotion, prevention, treatment, recovery, and maintenance.[2] The model was originally developed by the Institute of Medicine and is cited by the Substance Abuse and Mental Health Services Administration (SAMHSA). Although DBH supports behavioral health services across the continuum of care, it leverages the model here to focus on prevention strategies and health promotion. Health promotion strategies are aimed at cultivating supportive environments, building communities and resilient individuals to withstand potential challenges.[3] South Dakota prevention efforts aim to engage, empower, and support South Dakotans to develop healthy sustainable lifestyle choices that reduce behavioral health disorder likelihood. The role of prevention services in South Dakota is further described in the subsequent section.

Figure 4. Behavioral Health Continuum of Care, Institute of Medicine

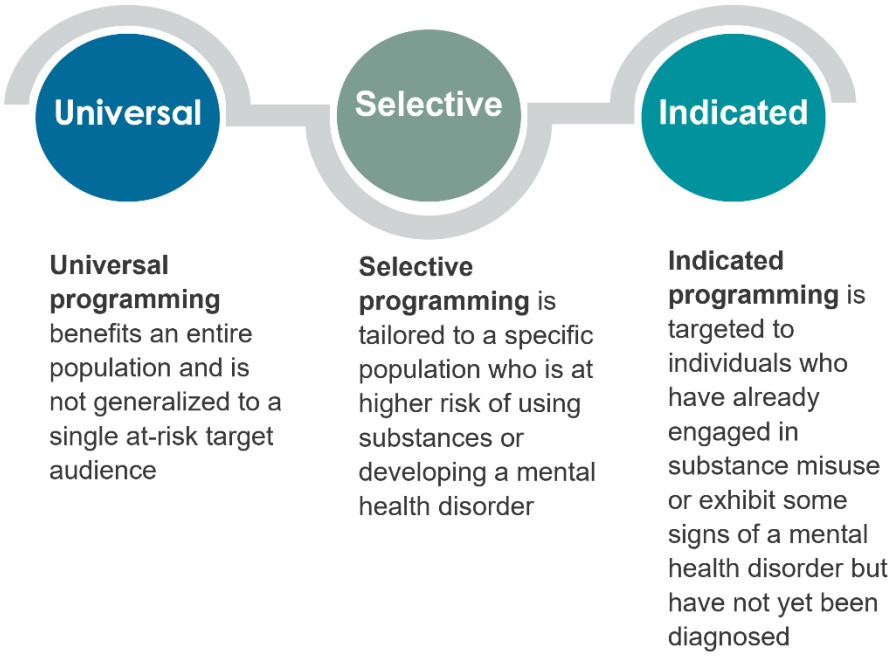
[1] *About Behavioral Health Services.* South Dakota Department of Social Services. https://dss.sd.gov/behavioralhealth/about.aspx
[2] *Continuum of Care*. Mountain Plains Prevention Technology Transfer Center. https://pttcnetwork.org/centers/content/mountain-plains-pttc
[3] *Center for the Application of Prevention Technologies Fact Sheet*. SAMHSA. https://www.mass.gov/doc/samhsa-behavioral-health-continuum-of-care-overview-9232019/download

The Role of Prevention Services

Prevention services aim to educate and empower individuals across South Dakota by addressing risk factors associated with mental health and substance use disorders. Prevention activities are key to building resiliency among individuals to mitigate potential challenges that substance use disorders, mental illnesses, and co-occurring disorders may have on one's quality of life. According to SAMHSA, both mental health and substance use disorders are leading conditions associated with disabilities across our nation.[4] We understand the importance and magnitude of this, therefore focus on prevention as a means to promote both behavioral and physical health.

In 2016, the South Dakota Legislature acknowledged the role of prevention by updating standards for the accreditation of substance use disorder prevention and treatment facilities.[5] Under administrative rules of South Dakota, South Dakota substance use disorder prevention programs are to encompass "current research, theory and practice-based strategies and activities implemented through prevention strategies." [6] Substance use disorder prevention programs are categorized into three distinct areas aligned with the strategies within the continuum of care and vary based on the target audience the program intends to reach, as shown in Figure 5.

Figure 5. Categories of Prevention Programs



DBH utilizes federal and state funds to partner with state-based prevention networks that offer evidence-based substance use disorder prevention programming. Providers engage key community members such as law enforcement, schools, Tribal entities, healthcare

[4] *Prevention of Substance use disorder and Mental Health Disorders, Substance use disorder & Mental Health Services Administration (SAMHSA), https://www.samhsa.gov/find-help/prevention*
[5] *SL 2016, Ch.15 §12, codified at SD Title 34-20A-27.*
[6] *Chapter 67:61:11 Prevention Program*. South Dakota Administrative Rules. https://sdlegislature.gov/Rules/Administrative/38484

organizations, veterans, and active-duty service members to provide prevention for substance use disorder programming. Programming is tailored to meet unique individual and community needs. Figure 6 highlights the three approaches for South Dakota's substance use disorder prevention services: community-based, school-based, and individual-based programming. [7,8]

Figure 6. Substance Use Disorder Prevention and Mental Health Promotion Approaches

School-based programming is provided to youth, young adults, and school administrative staff to educate about the harmful effects of substances, identify signs and symptoms of substance use and mental health disorders and provide referrals to community resources. [9]

Community-based programming includes community outreach events and environmental strategies (e.g., policies) to increase knowledge and change perceptions surrounding mental health and substance use issues. [10]

Individual-based programming reduces the likelihood of an individual developing a behavioral health disorder through targeted interventions and individualized support services.

In addition, DBH collaborates with the Department of Health (DOH) as part of an interagency suicide prevention plan and uses federal funds and state general funds to support the following mental health promotion training:

- Applied Suicide Intervention Skills Training
- Zero Suicide Workshops
- Mental Health First Aid, Youth Mental Health First Aid & Teen Mental Health First Aid
- Natural Helpers Training
- National Alliance on Mental Illness Ending the Silence
- Collaborative Assessment and Management of Suicidality
- Assessing and Managing Suicide Risk
- Question, Persuade, Refer Training

These workshops and training efforts educate South Dakotans about behavioral health issues, reduce social stigmas, and empower communities to utilize prevention resources. In addition, the State supports a variety of prevention campaigns to raise awareness about behavioral health and available prevention resources that continue to evolve over time.

Risk and Protective Factors

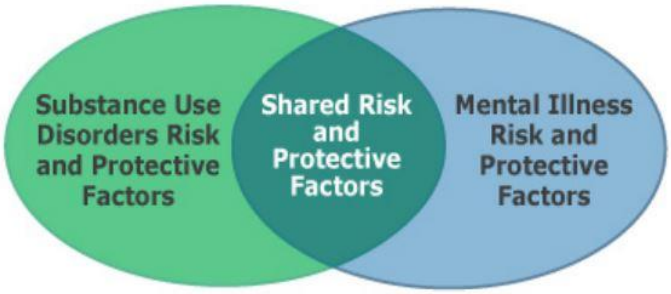
Certain external factors such as family history, living conditions, and societal norms can influence the likelihood that one may develop a mental health or substance use disorder. External factors are further classified into two domains:

[7] *South Dakota Prevention Network: Substance Use Prevention Services*. Department of Social Services. https://dss.sd.gov/formsandpubs/docs/BH/SUD_Prev_flyer.pdf
[8] South Dakota *DBH Full-Service Summary FY 2021*. DSS Department of Behavioral Health.
[9] *South Dakota FY 2022/2023 Combined MHBG Application*. Center for Substance Abuse Prevention Division of State Programs.
[10] *South Dakota FY 2022/2023 Combined MHBG Application*. Center for Substance Abuse Prevention Division of State Programs.

- **Risk factors:** external factors associated with an increased likelihood of engaging in substance use or progression of a mental illness (e.g., peer pressure, family history, negative coping mechanisms)
- **Protective factors**: "protect" against the development of substance use disorders or progression or likelihood of suicidal ideation and mental illness (e.g., strong social and professional support)

DBH recognizes individuals who develop a serious mental illness and/or a substance use disorder often share common risk and protective factors as shown in Figure 7. DBH prevention programs aim to increase the protective factors and decrease influence of risk factors that contribute the progression of mental illness and substance misuse.

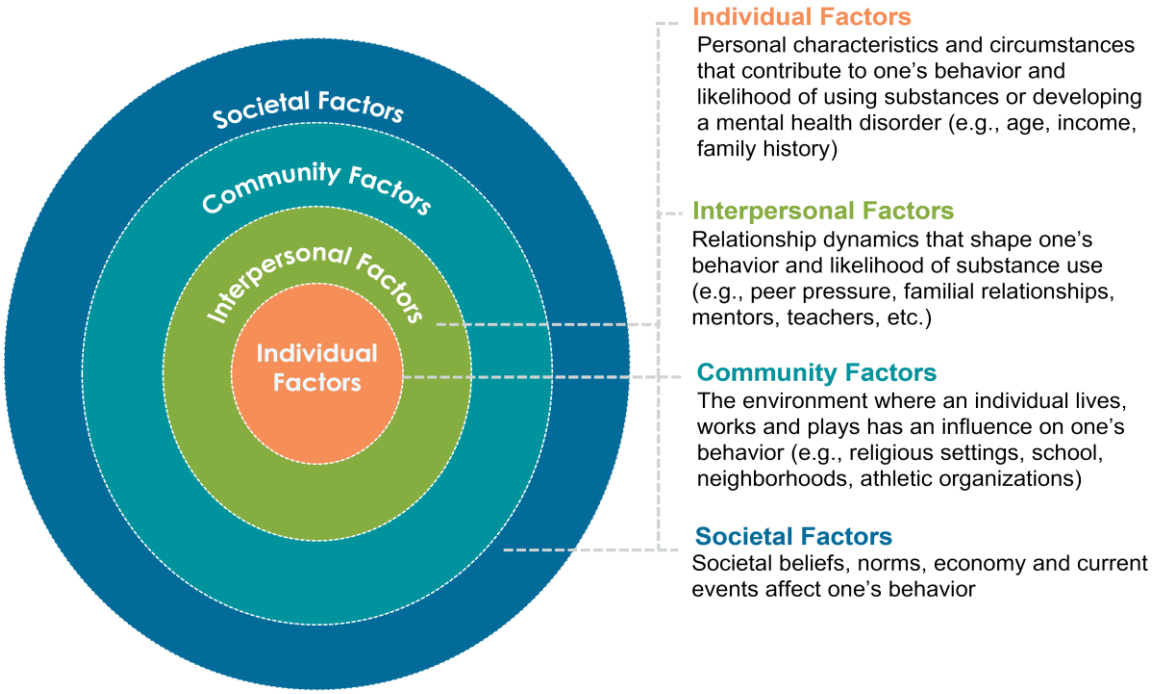
Figure 7. Substance Use Disorder and Mental Health Risk Factors [11]



These risk factors are not exclusive of one another and often overlap; therefore, prevention specialists often turn to a socio-ecological model to understand certain risk and protective factors. Socio-ecological models examine not only the individual factors but also social factors including relationships, housing conditions, environment, current policies, among others that influence a person's behavioral health. Prevention specialists may use this integrated model to understand target population needs and select effective evidence-based prevention strategies to enable the greatest behavioral change for a target population.[6] Figure 8 depicts the varying contexts to understand the underlying risk and protective factors.

[11] *Risk and Protective Factors*. SAMHSA. https://www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf

Figure 8. Socio-Ecological Model



Key Accomplishments

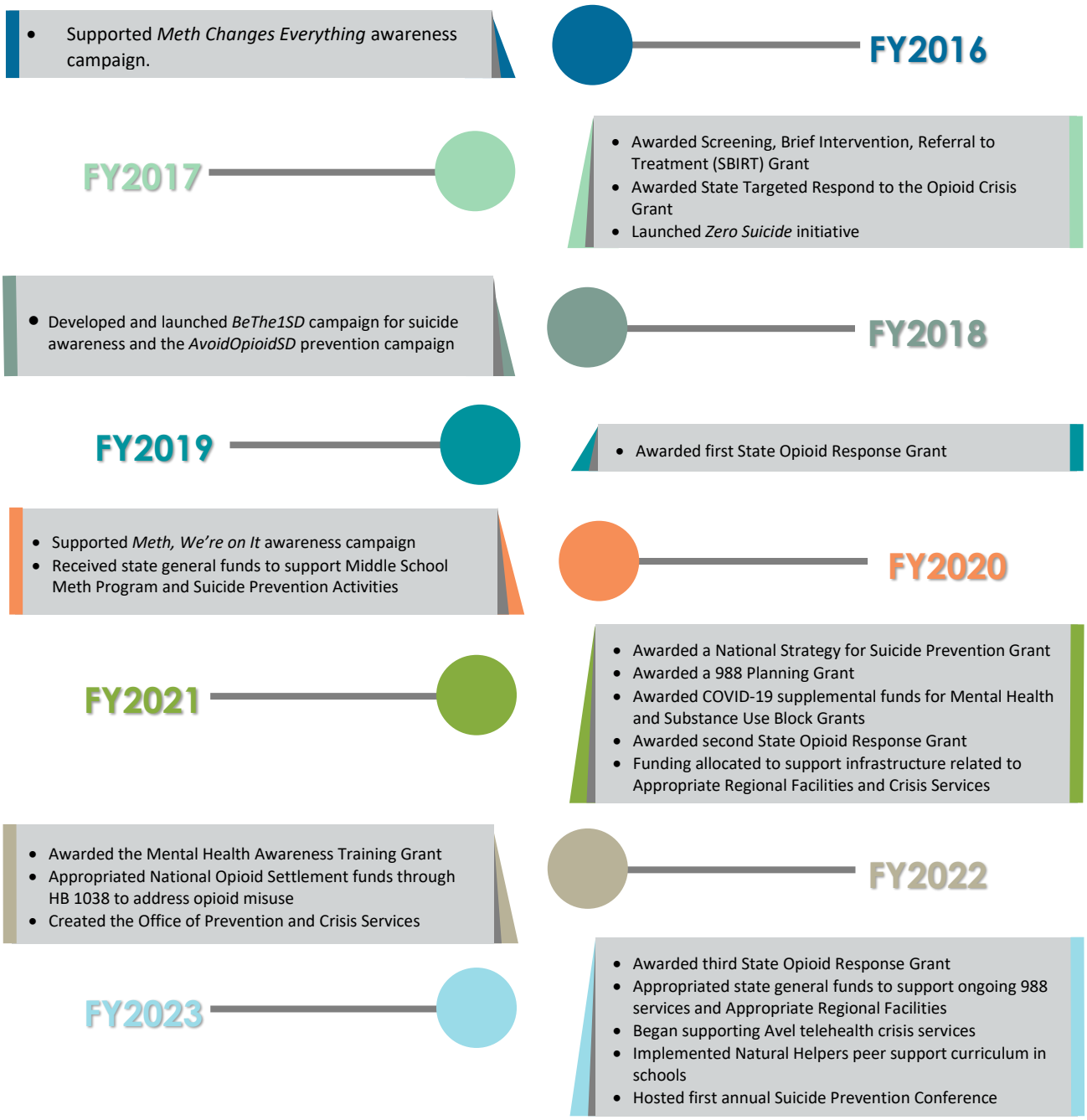
Since the previous Prevention Program Five Year Strategic Plan (2015-2020), DBH and its partners implemented several strategies to advance behavioral health and wellness through leadership, education, and local support. These include:

- Collaboration with key partners to expand prevention's footprint such as:
  - Participation in the Interagency Suicide Prevention Workgroup
  - Collaboration with the Department of Tribal Relations for the Annual Meth Summit
  - Partnerships with Departments of Education, Health, and Public Safety as well as the University of South Dakota's school psychology program and its Center for the Prevention of Child Maltreatment through the Well-Being of School Aged Youth Collaborative
- Quarterly prevention network meetings to discuss prevention priorities, identify gaps and collaborate on prevention resources,
- Expanded access to suicide prevention/mental health awareness training,
- Hosting South Dakota's first annual Suicide Prevention Conference in 2022,
- Publishing a Behavioral Health Services County map with treatment providers and a prevention for substance use services flyer to plainly identify available prevention and treatment services available across the state,

- Hosting six (6) informational webinars to inform on community and correctional based behavioral health services, prevention services and data to inform decision making in SFY2021,[12]
- Releasing mental health and substance use disorder indicator data to the State Epidemiological Outcomes website to identify needs of prevention target populations.

Additional accomplishments are listed in Figure 9.

Figure 9. Timeline of Key Prevention Accomplishments [13]



[12] *Resources*. South Dakota Department of Social Services. https://dss.sd.gov/behavioralhealth/resources.aspx
[13] *DBH Services Summary FY 2021.* Division of Behavioral Health.

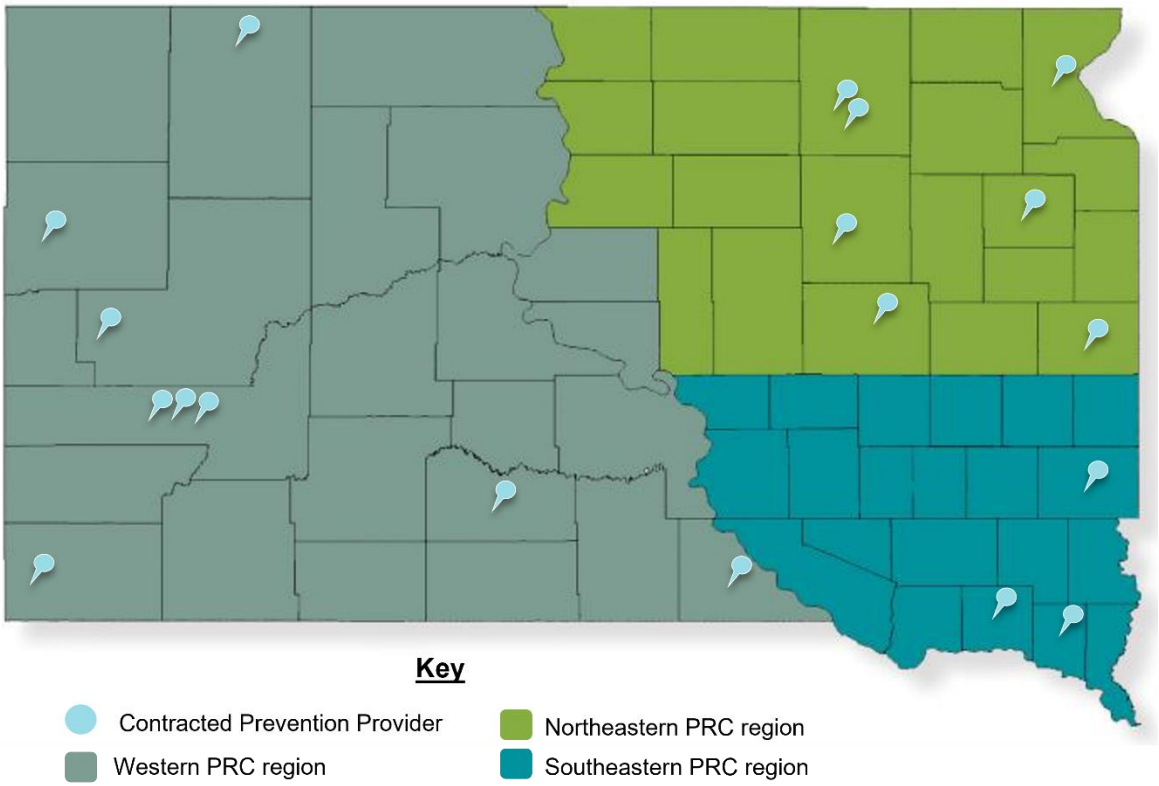
Prevention Provider Network

To promote access to high quality prevention services, DBH contracts with 19 local prevention coalitions and three prevention resource centers (PRCs) to provide substance use disorder prevention programming, mental health promotion, and suicide prevention training.

The role of the prevention provider network is to deliver targeted, evidence-based prevention programming and health promotion trainings within the South Dakota Behavioral Health Continuum of Care to reduce behavioral health stigma, identify appropriate referral sources, and encourage active community engagement in prevention efforts.

The three PRCs provide regional technical assistance, local training and resources to the coalitions, communities, and individuals across the state. A map of the South Dakota prevention network, including regional PRC coverage area, is shown in Figure 10. A complete list of the providers and associated locations is found in Appendix C.

Figure 10. South Dakota Prevention Network [14]



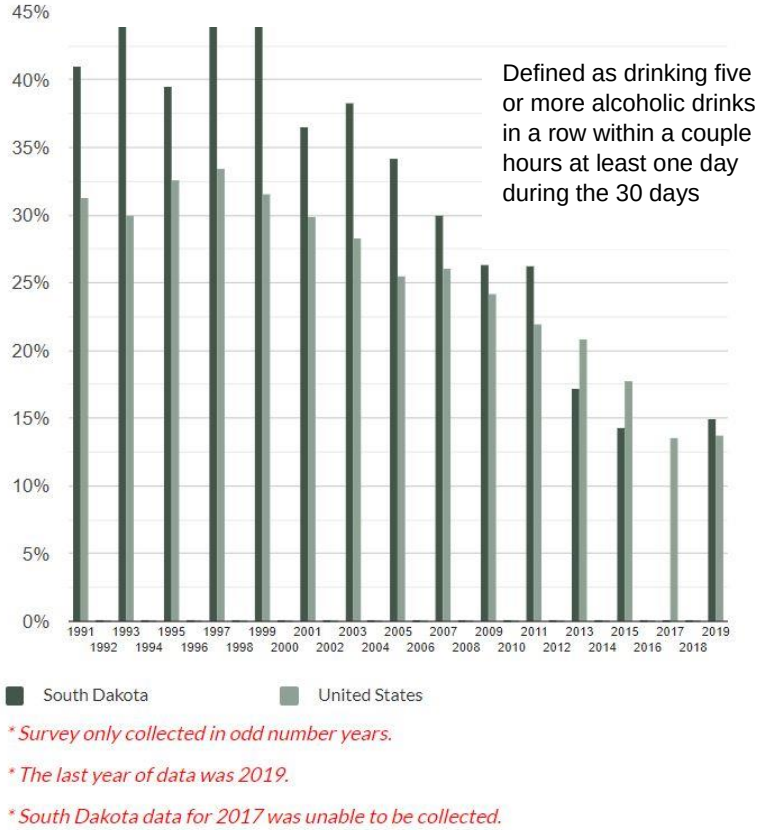
[14] *South Dakota Prevention Network Substance Use Prevention Services*. DSS. https://dss.sd.gov/formsandpubs/docs/BH/SUD_Prev_flyer.pdf

The Continued Need for Prevention Services

Data suggests that there is an increasing need for prevention services nationally. In 2021, Youth Risk Behavior Survey (YRBS) data indicated approximately 21.5% of South Dakota high school students reported seriously considering suicide in the past 12 months.[15] General mental and emotional health challenges also exist among adults. In 2020, nearly 9.4% of adults in South Dakota reported that their mental health was "not good" for fourteen or more days in the past 30 days.[16]

Similarly, illicit drugs, prescription drug misuse, and binge drinking continue to be challenging. Prevention specialists often explore the underlying perceptions and attitudes that can lead to substance misuse. Between 2018-2019, according to the National Survey on Drug Use and Health (NSDUH), 26.5% of youth between the ages of 12-17 perceived great risk from smoking marijuana once a month. Harm perceptions decreased among young adults, ages 18-25, where only 11.6% perceived great risk.[17] Similarly, 2019 measures of cocaine use in the past year were higher among young adults between 18-25 (3.6%) versus individuals 26 and older (0.8%). The percentage of South Dakota high schoolers reported ever using methamphetamine in 2019 was 2.8% as compared to the U.S. percentage of 2.1%.[18] The percentage of youth who reported binge drinking in the past 30 days has steadily declined over the last decade. However, the percentage of high schoolers who reported binge drinking in the past 30 days in South Dakota between 2018-2019 (14.9%) was higher than the national percentage (13.7%) as depicted in Figure 11.[19]

Figure 11. Youth who Binge Drank in past 30 days

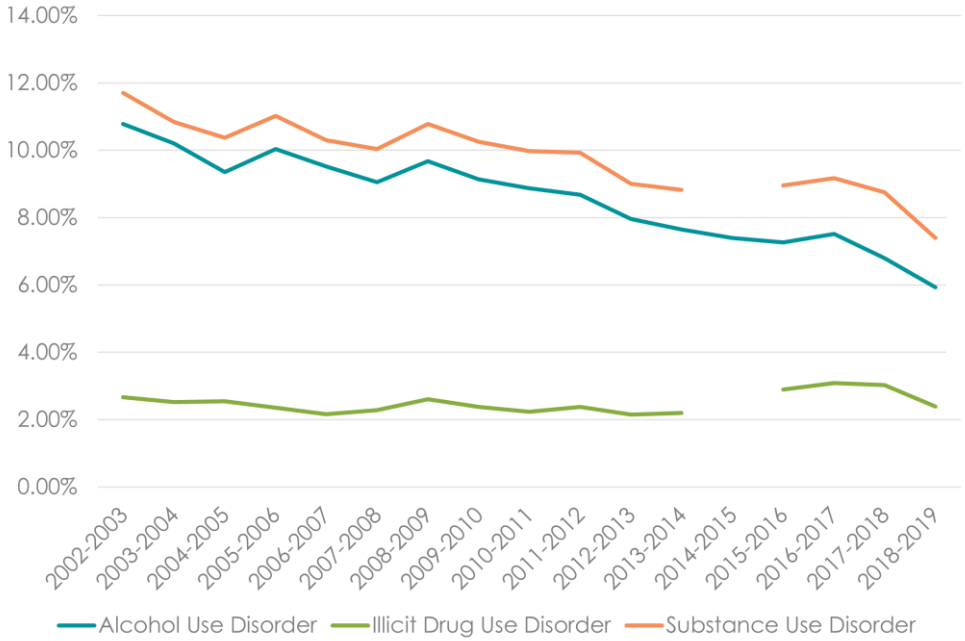


In 2021, opioid related overdoses accounted for nearly 41.3% of drug-related deaths in the state.[20] According to NSDUH, in 2018-2019 alcohol use disorder annual averages were higher among young adults,18-25 years old, (11.86%), when compared to national averages (9.67%)

[15] *Youth Risk Behavior Survey (YRBS) Data,* South Dakota. South Dakota Suicide Prevention. https://sdsuicideprevention.org/data/
[16] South Dakota State Epidemiological Outcomes Website. https://www.sdseow.org/data/?set=2&select=Depression#Mental-Health-not-good-14-or-more-days-in-past-30-days
[17] South Dakota State Epidemiological Outcomes Website. https://www.sdseow.org/data/?set=1&select=Alcohol#State-Level-Perceptions-of-Great-Risk-from-Smoking-Marijuana-Once-a-Month
[18] South Dakota State Epidemiological Outcomes Website. https://www.sdseow.org/data/?set=1&select=Alcohol#High-Schoolers-Ever-use-methamphetamines
[19] South Dakota State Epidemiological Outcomes Website. https://www.sdseow.org/data/?set=1&select=Alcohol#High-Schoolers-Binge-drank-in-past-30-days
[20] Avoid Opioid. https://www.avoidopioidsd.com/key-data/

for the same age group.[21] Additionally, approximately 5.93% (43,000) individuals across the state who are 12 and older have an alcohol use disorder, 2.38% (17,000) have an illicit drug disorder and 0.48% (3,000) have a pain reliever use disorder. The graph below (Figure 12) depicts NSDUH trends during its collection years as reported by the Substance Abuse & Mental Health Data Archive (SAMHDA).[22]

Figure 12. SAMHDA Prevalence among Individuals Aged 12 or Older in South Dakota NSDUH State Map



* This map includes NSDUH measures for Alcohol, Illicit, and Substance Use Disorders in the past year. The SAMHDA data set did not report 2014-2015 NSDUH measures for Illicit Drug Use Disorder and Substance Use Disorder.

Combating substance use disorders continues to be a top priority for DBH. Through the Centers for Disease Control and Prevention's Overdose Data to Action funding, South Dakota DOH implemented a State Unintentional Drug Overdose Reporting System (SUDORS). SUDORS aims to determine unintentional overdoses that can guide statewide priority education and prevention efforts. In 2020, there were 63 unintentional deaths of which 97% were classified as an overdose and the majority of which (87%) were tied to substance misuse. [23] Figure 13 depicts the types of substances used and Figure 14 shows contributing health conditions such as behavioral health needs. Our current and planned prevention programs aim to address and educate about these contributing factors, the prevention drivers, signs, symptoms, and the harmful effects of substance use disorders to reduce disorders, overdoses, and deaths.

[21] *United States and South Dakota Alcohol Use Disorder in the Past Year 2018-2019.* South Dakota State Epidemiological Outcomes Website. https://www.sdseow.org/data/?set=1&select=Alcohol#State-Level-Alcohol-Use-Disorder-in-the-Past-Year
[22] *Substance Abuse & Mental Health Data Archive*. South Dakota. https://pdas.samhsa.gov/saes/state?stNum=46
[23]State Unintentional Drug Overdose Reporting System. 2020 Data Report, South Dakota. https://doh.sd.gov/documents/statistics/2020_SD-SUDORS_DataReport.pdf

Figure 13. 2020 Unintentional Overdose Related Deaths by Substance [23]

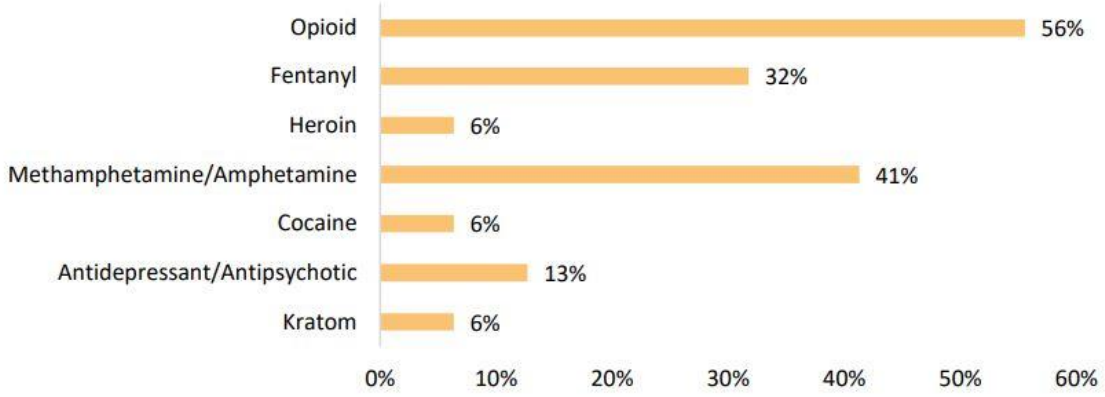
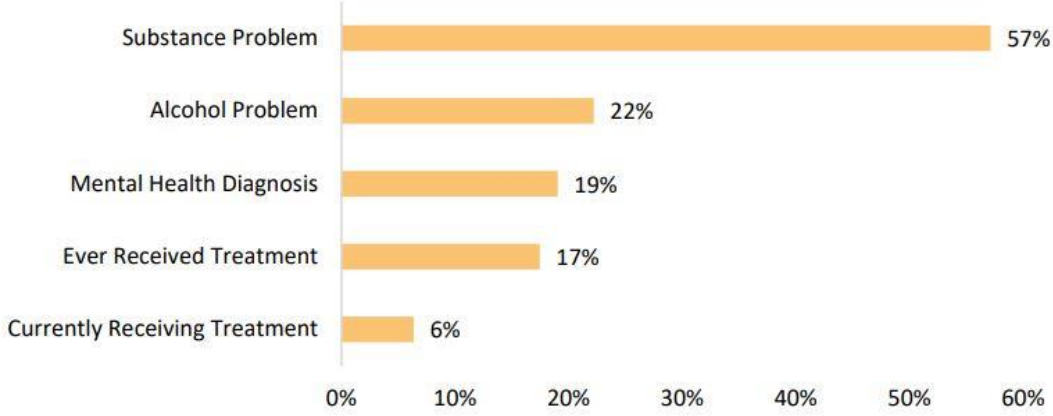


Figure 14. 2020 Contributing Factors to Overdose Related Death [23]



DBH crafted this new Strategic Plan to continue to meet all South Dakotans' needs by enhancing prevention services as a critical component of the behavioral health continuum of care. DBH takes a proactive approach at integrating promotion and prevention strategies to teach healthy lifestyle techniques and prevent the onset of a behavioral health disorder and reduce the potential impact of future challenges. This cohesive approach promotes a strong prevention infrastructure by leveraging and aligning our strategies with other current state-efforts to empower sustainable change and increased collaboration.

[23] State Unintentional Drug Overdose Reporting System. 2020 Data Report, South Dakota. https://doh.sd.gov/documents/statistics/2020_SD-SUDORS_DataReport.pdf

The Role of a Strategic Prevention Framework (SPF)

State government policy leaders, like private sector leaders, can benefit from using operational frameworks to accomplish program goals. DBH has and will continue to leverage the Strategic Prevention Framework (SPF) to help identify and develop the key areas of action captured in this Strategic Plan. Under the framework, there are five essential components that state agencies and prevention providers utilize to plan, understand, and address behavioral health prevention factors in South Dakota.[24]

Cultural competence and sustainability are two guiding principles engrained within every step of the SPF. The iterative nature of planning, assessment, and a team approach allows South Dakota to leverage a collaborative and impactful community-centered approach to their prevention strategy. DBH and Guidehouse used the SAMSHA SPF steps to help develop this Strategic Plan as shown in Table 1 below. Cultural competence, collaboration, sustainability, and use of data-driven practices are incorporated into our priority focus areas and serve as guiding principles for this Strategic Plan.

Table 1. SPF Steps [6]

Step		Description
1	**Assessment**	We assessed local prevention needs by connecting with local prevention providers, analyzing state data, and developing a current landscape of the South Dakota prevention services.
2	**Capacity**	We assessed the current capacity of the prevention providers, state agencies, and other key partners through an extensive stakeholder engagement process to understand attitudes, desires, and potential future states of behavioral health services.
3	**Planning**	We compiled anonymous stakeholder responses during our planning phase to identify recurring themes and select key priority areas for the Strategic Plan.
4	**Implementation**	We then developed a logic model which, in tandem with this plan and strategic framework, provides an operational roadmap for implementation.
5	**Evaluation**	This Strategic Plan will be monitored on an ongoing basis by DBH and updated as needed.

Prevention providers also utilize a SPF within their local communities to assess community needs, identify risk factors, identify behavioral health attitudes, and identify and implement evidence-based programs that are culturally competent and tailored to community needs.

[24] *A Guide to SAMHSA's Strategic Prevention Framework*. SAMHSA. https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf

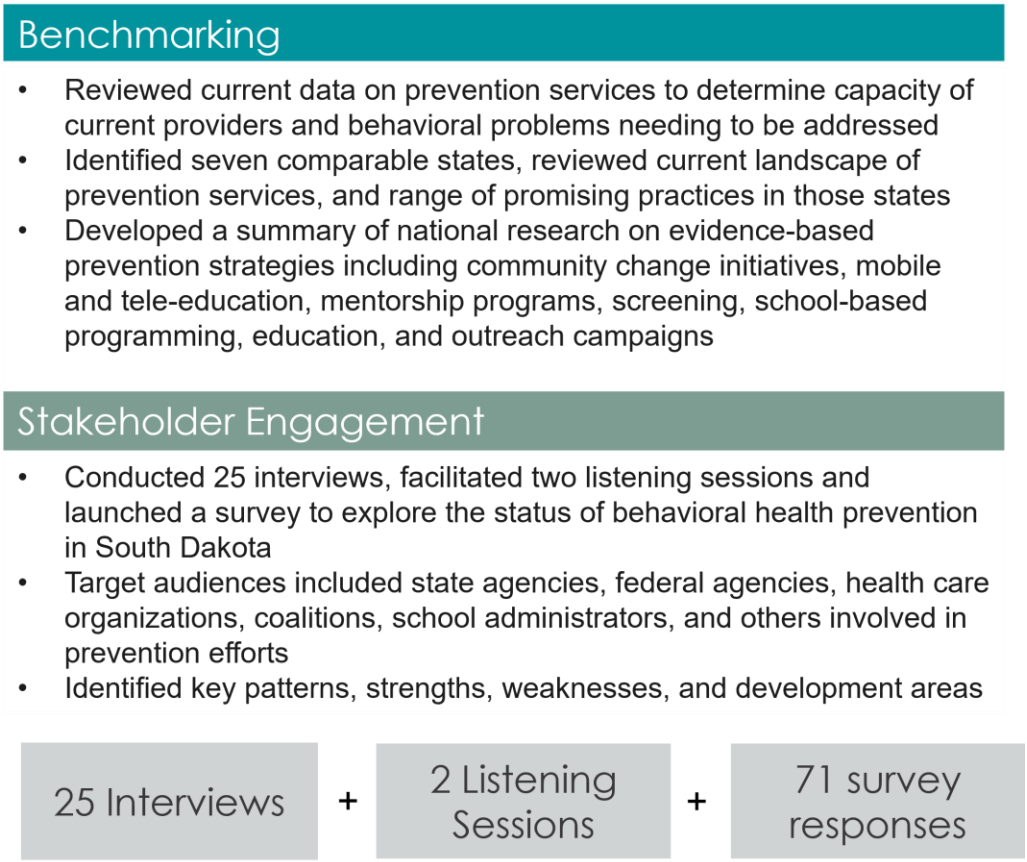
[6] *Chapter 67:61:11 Prevention Program*. South Dakota Administrative Rules. https://sdlegislature.gov/Rules/Administrative/38484

Follow this link to receive more information and view South Dakota's Strategic Prevention Framework.

Methodology

The Plan was developed using the Strategic Prevention Framework and two processes: 1) benchmarking the current state of South Dakota prevention programming and services and 2) engaging a diverse variety of key prevention partners to identify and prioritize future desires and focus areas. During benchmarking, we identified comparable states, reviewed national agencies, and compared our current prevention services landscape to determine innovative practices and inform priority areas for this Strategic Plan. Additionally, we engaged 103 stakeholders between July 27 - November 17, 2022, at the state, local and federal levels to gather their knowledge and perspectives on current behavioral health needs and identify focus areas. An overview of this process is in Figure 15.

Figure 15. Strategic Plan Development Process



DBH understands the value of developing strong partnerships across local, state, and federal agencies to promote collaboration and optimal behavioral health and wellness across South Dakota. DBH also recognizes that ongoing partnerships with these agencies are crucial for the implementation and sustainability of this Strategic Plan. DBH sought and used external input from the following partners to inform this Strategic Plan:

- South Dakota Department of Social Services (DSS)
- South Dakota Department of Health (DOH)
- South Dakota Department of Education (DOE)
- South Dakota Department of Corrections (DOC)
- South Dakota Department of Public Safety (DPS)
- South Dakota Department of Tribal Relations (DTR)
- Unified Judicial System (UJS)
- Prevention Resource Centers (PRCs)
- Prevention Coalitions
- National Alliance on Mental Illness
- Center for Prevention of Child Maltreatment
- Community Mental Health/Substance Use Treatment Providers
- Indian Health Services (IHS)
- Great Plains Tribal Leaders' Health Board
- Tribes
- Health Care Organizations
- Mountain Plains Evaluation
- Behavioral Health Advisory Council

Our teaming partner, Guidehouse, conducted interviews and listening sessions to elicit thorough and candid feedback from stakeholders on key subject areas such as: (i) the 2015-2020 Strategic Plan, (ii) South Dakota behavioral health needs, (iii) the current state of prevention services, and (iv) the desired future state of prevention services in South Dakota. Common themes across engagement methods were identified, qualitatively assessed and together with benchmarking and the survey results informed the creation of the following five focus areas: prevention programming, data management, partnerships and alignment, education and communication, access, and cultural competence.

Key Focus Areas for Strategic Plan

The overall goals of the Strategic Plan are to:

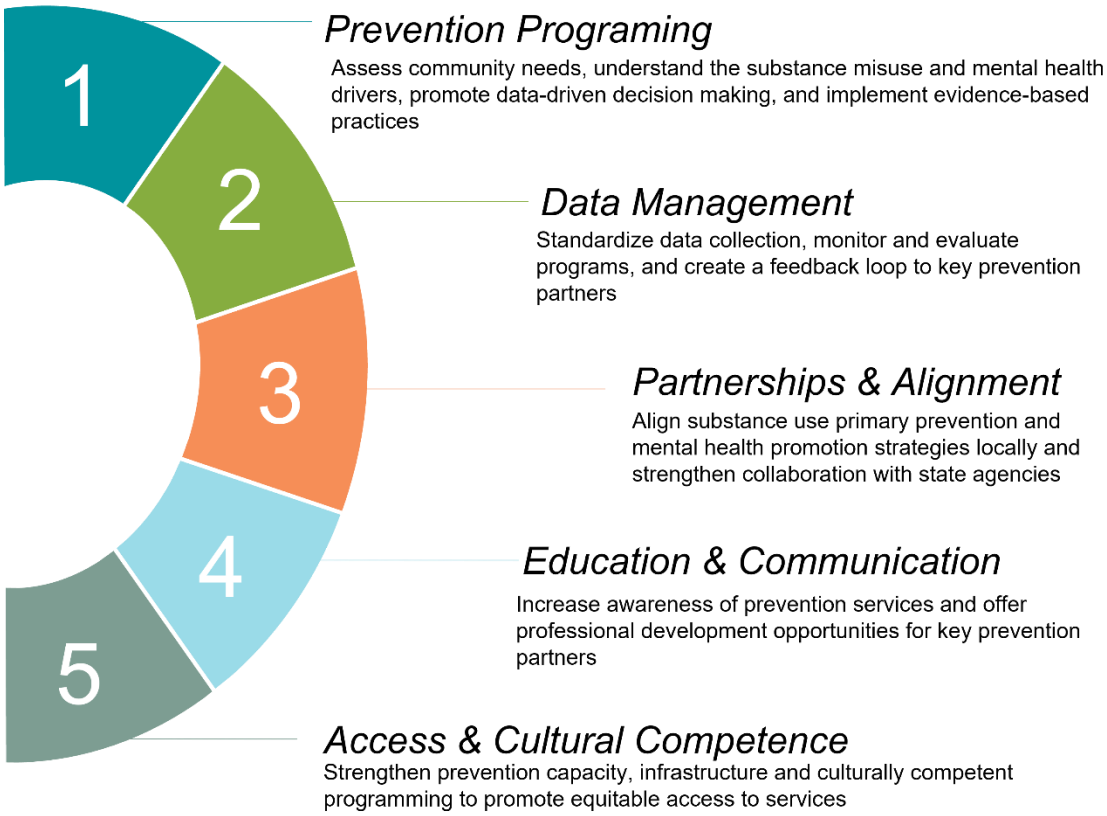
Strengthen community prevention efforts through leadership, education, and support

Increase access to mental health and substance use disorder prevention services for all South Dakotans

Reduce risk factors for substance use disorders and mental illness

Emerging from our collective strategic planning efforts were five priority focus areas with actionable strategies (e.g., objectives), activities and performance measurements to achieve these three overall goals. The five focus areas, shown in Figure 16, include prevention programming, data management, partnerships and alignment, education and communication, access, and cultural competence. The priority focus areas were identified by compiling recurring themes from our stakeholder engagement, cross-referencing components of the SPF, and using the overall national and state benchmarking landscape to identify innovative strategies and best practices.

Figure 16. 2023-2028 Strategic Plan Focus Areas



The Strategic Plan was designed through an iterative process and identifies several priority activities for DBH to pursue. However, the strategies and activities identified in this plan are not exclusive and DBH may decide to undertake additional activities as needed to promote sustainable actions. This plan provides a roadmap for suggested objectives and actionable strategies for DBH to take in relation to substance use disorder and mental health promotion over the next five years.

Focus Area 01

Prevention Programming

Why it Matters

Evidence based practices (EBPs) are programs and interventions for which there is scientific evidence consistently showing that the program or intervention improves outcomes. In the context of prevention services, EBPs can help reduce the impact of mental health and substance use disorders throughout the state.

DBH's contracted prevention providers implement EBPs tailored to unique community needs. DBH provides an approved EBP list to prevention providers and prevention coalitions to ensure the programming delivered is grounded in research and supported by data. Ongoing research, implementing EBPs with fidelity, and tailoring prevention programming to community needs will help ensure delivery of high-quality prevention services to South Dakotans. Successful programming will be a function of several factors: assessment, implementation, and performance measurement based on data.

Key Area for Action | *Assessment of Community Needs*

Strategy 1.1 Assess individual, family and community needs for prevention practices and understand the substance use and mental health drivers

Activities

1.1.1 Conduct needs assessments to identify behavioral health needs and tailor programming based on needs

1.1.2 Engage stakeholders to understand the risk factors, harm perceptions, beliefs and societal stigmas that contribute to mental illness and substance use

Key Area for Action | EBP *Implementation*

Strategy 1.2 Implement evidence-based practices to address local community needs

Activities

1.2.1 Research and regularly update the state approved EBP list to reflect current prevention programming trends (e.g., stress management, cultural competence, and environmental strategies)

1.2.2 Empower individuals, families, and community engagement in prevention efforts (e.g., programming, participation in local events and school board meetings)

1.2.3 Encourage inclusion of mental health promotion trainings in schools and communities

Key Area for Action | *Data-Driven Decision Making & Performance Measurement*

Strategy 1.3 Enable data-driven programmatic decision making and performance tracking

Activities

1.3.1 Provide standardized tools at the local level to identify needs and implement programs that are monitored, replicable, and supported by data

1.3.2 Communicate regularly with coalitions about emerging prevention trends and EBPs to inform local programming efforts.

1.3.3 Prevention programs are implemented with fidelity and adapted to meet the needs of the population
1.3.4 Monitor and measure program performance continuously to identify geographic prevention gaps, local needs, fidelity to EBPs, and program outcomes

Metrics

1.1.1a Number of needs assessments completed locally
1.2.1a EBP list is monitored biannually and updated as needed
1.2.2a Number of individuals reached through prevention programming
1.3.1a Number of standardized annual reports completed locally and compiled and analyzed by DBH

Focus Area 02 Data Management

Why it Matters

The SAMHSA Strategic Prevention Framework supports data-driven decision making in prevention planning. DBH utilizes national, state, and local sources to collect behavioral health indicator data. The prevention network submits annual evaluations to highlight programmatic outcomes and DBH continues to develop robust data-sharing practices for public consumption, such as the State Epidemiological Outcomes website (SEOW). DBH will continually streamline data collection at the local level, aggregate it at the state level and create a feedback loop to key stakeholders. Stakeholders can utilize this data locally to demonstrate the value of prevention programs.

Key Area for Action | *Prevention Trends & Feedback Loop*

Strategy 2.1 Collect and analyze behavioral health indicator data and make de-identified data publicly available

Activities

2.1.1 Collect data at the national, state, and local level
2.1.2 Create a feedback loop with prevention partners to regularly share data and demonstrate effectiveness of programming efforts
2.1.3 Publish behavioral health data on the SEOW and DBH website for public consumption

Key Area for Action | *Monitoring & Evaluation*

Strategy 2.2 Monitor and evaluate programs at the state and local level

Activities

2.2.1 Provide standard annual reporting templates to the coalitions
2.2.2 Collect and aggregate data, analyze yearly and provide technical assistance to prevention providers as needed
2.2.3 Partner with state agencies to determine current data sources and determine ways to enhance data sharing across agencies

Metrics

2.1.1a NSDUH, YRBS, and Behavioral Risk Factor Surveillance System are collected and analyzed yearly
2.1.2a Frequency that prevention data is reported to the prevention network
2.1.3a Frequency that data is published to the SEOW and DBH website
2.2.3a Measure impact of data provided by the state on local prevention efforts

Focus Area 03 Partnerships & Alignment

Why it Matters

Several federal and state agencies (e.g., IHS, Veterans Administration, DOH, DTR, UJS) are involved in and lead prevention efforts. DBH recognizes the value of partnerships and alignment with state agencies to create a unified prevention infrastructure.

Substance use disorder, prevention, and mental health promotion strategies are traditionally treated as separate behavioral health prevention areas. However, DBH recognizes that communities often face both substance use disorders and mental health challenges. DBH views prevention in a holistic manner, encouraging combined mental health and substance use disorder prevention programmatic efforts to the community level.

Key Area for Action | *State Collaboration*

Strategy 3.1 Strengthen collaboration with state agencies

Activities

3.1.1 Create a unified approach to prevention by sharing data, programs, and resources across state agencies
3.1.2 Explore opportunities to align prevention efforts across state agencies and eliminate duplicative programming efforts
3.1.3 Convene state agency leaders regularly to assess and coordinate prevention and other resources to address behavioral health
3.1.4 Develop a statewide catalog of funded prevention programs

Key Area for Action | *Align local prevention strategies*

Strategy 3.2 Align substance use disorder prevention and mental wellbeing strategies locally

Activities

3.2.1 Explore opportunities to partner with DOE and other youth serving organizations to determine effective methods to capture indicator data and provide technical assistance (e.g., guidance on navigating survey consent) to prevention providers
3.2.2 Develop a mental health and substance use disorder prevention collaborative with state agencies and community partners, like the Suicide Interagency Workgroup
3.2.3 Participate in community and state agency events to communicate

available behavioral health promotion resources

Metrics

3.1.3a Number of meetings to discuss prevention efforts
3.1.4a Creation of statewide catalog
3.2.1a Number of Middle School Meth Program PLI surveys collected
3.2.2a Number of collaborative meetings held

Focus Area 04

Education & Communication

Why it Matters

Prevention definitions vary statewide, and DBH aims to create a shared understanding of prevention across communities and agencies. This will increase awareness among the general public and drive an increase in prevention resource utilization.

DBH offers learning opportunities through conferences, meetings, and trainings to certified prevention providers. DBH continues to expand its reach by offering trainings to frontline health workers to identify behavioral health needs, refer to appropriate supports and deliver quality prevention services to South Dakotans.

Key Area for Action | *Awareness of Prevention Resources*

Strategy 4.1 Increase awareness of prevention resources across South Dakotans

Activities

4.1.1 Streamline prevention messaging across state agencies, offer toolkits, and standard social media templates that agencies can use to promote prevention services
4.1.2 Continue promotion of prevention messaging through a statewide behavioral health campaign
4.1.3 Share prevention trends and programming updates regularly with key partners and state agencies

Key Area for Action | *Training & Professional Development*

Strategy 4.2 Offer training and professional development opportunities at both the state and local levels

Activities

4.2.1 Develop a statewide prevention training repository available online to inform partners about data trends, programming efforts (e.g., usage of SPF), and cultural competence
4.2.2 Educate frontline health workers about the risk factors, signs and symptoms of substance use and mental health, screenings, and available resources

4.2.3 Facilitate annual prevention network meetings and participate in other community and state agency events for substance use prevention (e.g., Meth Summit)

Strategy 4.1 and 4.2 Metrics

Metrics

4.1.1a Number of social media templates established
4.1.2a Messages distributed through the statewide behavioral health campaign
4.2.1a Development of training repository, updated quarterly
4.2.2a Number of frontline health workers trained
4.2.3a Increase among South Dakotans in knowledge and awareness of substance use and mental health issues
4.2.3b Increase among South Dakotans in available resources and confidence in their ability to help an individual in need

Focus Area 05

Access & Cultural Competence

Why it Matters

South Dakota has nine Tribal nations that reside and operate within reservations throughout the state. The American Indian and Alaska native population account for 8.2%[25] of the total state population. DBH aims to bolster prevention services to ensure they meet the unique needs of South Dakotans and their ability to access needed services, including underserved populations.

DBH encourages culturally competent practices and adapts prevention messaging to meet the attitudes, beliefs, and linguistical needs of the community to advance equitable behavioral health prevention practices in South Dakota.

Key Area for Action | *Capacity & Prevention Infrastructure*

Strategy 5.1 Strengthen prevention capacity and infrastructure statewide to ensure individuals, families and communities have access to prevention programs

Activities

5.1.1 Increase capacity and programming efforts for underserved populations
5.1.2 Expand availability of virtual prevention programming across the State

Key Area for Action | *Cultural Competence*

Strategy 5.2 Enhance culturally competent prevention programming and resources

[25] *American Community Survey Demographic and Housing Estimates*- 2021. United States Census Bureau. https://data.census.gov/table?g=0400000US46&y=2021

Activities

5.2.1 Engage in collaboration with the Tribes to understand prevention needs and culturally relevant prevention practices
5.2.2 Increase awareness across key partners about culturally relevant practices by offering training opportunities
5.2.3 Implement universal, selective, and indicated prevention strategies, or evidence-based practices or programs (EBPs), to address local community needs, with special attention to meet the unique needs of schools, Tribes, and other identified populations
5.2.4 Develop unique, tailored prevention messaging and mental health promotion resources to reach special populations (e.g., Veterans, LGBTQ+, and Tribes) as identified at the local level, and disseminate it to schools, communities, and key partners

Strategy 5.1 and 5.2 Metrics

Metrics

5.1.1a Number of prevention programs and trainings for Tribal and any other identified special populations
5.1.2a Number of programs offered and implemented (and attendance) for general population
5.2.4a Implementation of prevention campaigns and educational messages developed

Appendix A. Acronyms

CADCA	Community Anti-Drug Coalitions of America
DBH	Division of Behavioral Health
DOC	Department of Corrections
DOE	Department of Education
DOH	Department of Health
DPS	Department of Public Safety
DSS	Department of Social Services
DTR	Department of Tribal Relations
EBP	Evidence-Based Practices
IHS	Indian Health Services
NSDUH	National Survey on Drug Use and Health
PLI	Participant Level Instrument
PRC	Prevention Resource Center
SAMHDA	Substance Abuse & Mental Health Data Archive
SAMHSA	Substance Abuse and Mental Health Services Administration
SEOW	State Epidemiological Outcomes Website
SPF	Strategic Prevention Framework
SUDORS	State Unintentional Drug Overdose Reporting System
UJS	Unified Judicial System
YRBS	Youth Risk Behavior Survey

Appendix B. Key Concepts

Behavioral Risk Factor Surveillance System	A national survey instrument administered by South Dakota in partnership with the Centers for Disease Control and Prevention (CDC). Survey topics include alcohol use and other risky behaviors.[26]
Cultural Competence	The ability to understand differing cultural values, languages, and traditions and adapt programs accordingly. [8]
Fidelity	Refers to deviation of the delivered prevention program from the original state. Prevention programs should be implemented as close to the original state to enable replication but adapted as needed based on population specific needs. [8]
National Survey on Drug Use and Health	A yearly survey administered in each state that provides crucial information for substance use and mental health issues.
Prevention Network	Comprised of prevention providers and prevention resource centers.[27]
Prevention Specialists	Certified prevention providers in South Dakota.

[26] *BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS).* South Dakota Department of Health. https://doh.sd.gov/statistics/BRFSS.aspx
[27] South Dakota Prevention Network. Substance Use Prevention Services, DSS. https://dss.sd.gov/formsandpubs/docs/BH/SUD_Prev_flyer.pdf

Protective Factors	Protect against the development of substance use disorder or progression or likelihood of suicidal ideation and mental illness (e.g., strong social support).
Risk Factors	External factors associated with an increased likelihood of engaging in substance use or progression of a mental illness (e.g., peer pressure, family history, negative coping mechanisms).
Sustainability	This refers to the strategies we will deploy (e.g., continual collaboration and assessment of needs) to enable long term change. DBH is flexible in its approach and will continue to update the plan as needed to meet our stakeholder needs.
Socio-economic Model	A model that explores risk and protective factors in relation to the individual, their peers, the community, and society.
Youth Risk Behavior Surveillance System	A national survey instrument that measures alcohol, drug use, tobacco use and more among high school students. South Dakota DOH administers the survey and results are housed on the SEOW and DOH website.

Appendix C. Prevention Network

#	Name	Location
1	Action for the Betterment of Our Community	Sturgis
2	Aliive, Inc. Roberts County	Sisseton
3	Alliance for Substance Abuse Prevention, Inc.	Rapid City
4	Avera St. Luke's	Aberdeen
5	Brookings Behavioral Health and Wellness (East Central Behavioral Health)	Brookings
6	Carroll Institute	Sioux Falls
7	Community Counseling Services	Huron
8	EMPOWER Coalition of Southern Hills	Hot Springs
9	Human Service Agency (Northeastern PRC)	Watertown
10	Human Service Agency (Watertown Healthy Youth)	Watertown
11	Lakota Youth Development	Herrick
12	Lewis and Clark Behavioral Health Services	Yankton
13	Lifeways	Rapid City
14	Michael Glynn Memorial Coalition	White River
15	Northern State University	Aberdeen
16	Spink County Coalition	Redfield
17	Three Rivers Mental Health Center	Lemmon
18	University of South Dakota	Vermillion
19	Volunteers of America, Dakotas (Southeastern PRC)	Sioux Falls
20	Whatever It Takes Coalition	Newell
21	Youth and Family Services, Inc. (Oyate Coalition)	Rapid City
22	Youth and Family Services, Inc. (Western PRC)	Rapid City

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