



Behavioral Health

Quick Reference

Guide



South Dakota
Department of
Social Services

Table of Contents

Understanding Behavioral Health

1

Access to Behavioral Health Providers and Services

3

Behavioral Health Services and Eligibility Criteria

7

Services for Justice Involved Individuals

12

Funding for Behavioral Health Services

25

Supporting Healthy Recovery

27

Behavioral Health Disorders Facts

29

Frequently Asked Questions

32

Additional Resources

36

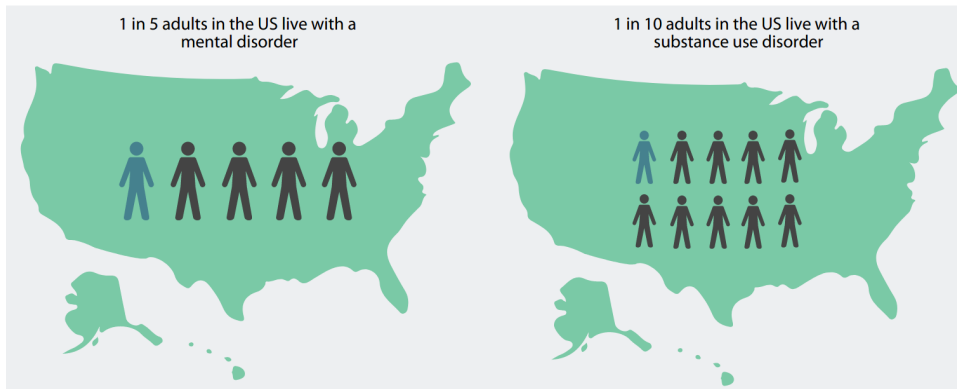
Understanding Behavioral Health

What is behavioral health?

Behavioral health is a key part of a person's overall health. It is just as important as physical health and includes one's emotional, psychological and social well-being.

Behavioral health conditions include mental health and substance use disorders.

- **Mental Disorders** are a disease (also called mental illness) causing mild to severe disturbances in thought and/or behavior resulting in an inability to cope with life's demands and routines.
- **Substance use disorder** is a disease which occurs when the recurrent use of alcohol and/or drugs causes significant impairments. Impairments may include health problems, disability and failure to meet major responsibilities at work, school or home.
- **Co-occurring disorders** are mental health conditions in combination with any of the following: substance use



disorder, trauma issues, problematic gambling, medical issues or developmental disabilities. Behavioral health conditions are common. People of all ages, genders, races and ethnicities have these conditions. They happen with or

without physical disabilities. If you notice a change in mood or behavior or alcohol or drug use is causing problems, consider a referral to a behavioral health care provider for an assessment just as one would seek guidance/assessment from a doctor if experiencing a physical ailment. Help is available and recovery is possible.

What is behavioral health care?

Behavioral health care usually starts with screening and/or assessment and includes treatment, recovery services and support.

Screenings can be quick questions. This brief process determines the likelihood that a person has a substance use disorder, mental health or co-occurring disorder. The purpose of a screening is to establish the need for a more detailed assessment, not to establish the presence or specific type of disorder. A screening can detect disorders early and treat them before conditions become worse.

Assessments are conducted by a behavioral health provider to gather information to establish the presence or absence of a mental health or substance use disorder. A diagnosis can be made from an assessment, along with recommendations for treatment.

Treatments are services like therapy or counseling, medication management and support services. Some treatments may include a residential or hospital stay. It is different for each person. For many people, the best treatments are a combination of counseling, support services and medication, and most people are able to be treated on an outpatient basis.

Recovery/Peer Supports assist in managing behavioral health conditions by providing social and emotional supports. Support may be from a behavioral health provider, support group, place of worship or other community organizations. Family members, friends, caregivers and social networks may also be a part of recovery. Examples of recovery supports in South Dakota include National Alliance on Mental Illness (NAMI) and Face It Together. The process of recovery is different for each person.

Access to Behavioral Health Providers and Services

Behavioral health providers are specially trained to work with people experiencing mental health and substance use disorders. They work in community mental health agencies, substance use disorder treatment agencies, primary care clinics, hospitals, school-based counseling, college counseling centers and private practice.

Types of Behavioral Health Providers

There are different types of behavioral health providers. In South Dakota, there are several licensing boards that develop and establish standards for professionalism and competence for the providers they license or certify. Information about the licensing boards can be found at dss.sd.gov/licensingboards/ or doh.sd.gov/boards/.

In South Dakota, examples of Behavioral Health providers include:

- **Psychiatrists** are medical doctors who diagnose mental health and substance use disorders, prescribe and monitor medications and may provide counseling and therapy.
- **Psychiatric or Advanced Practice Nurses/Certified Nurse Practitioners** are nurses trained to perform advanced practice registered nursing scopes including assessment, diagnosis and therapy for mental health and/or substance use disorders. They can also prescribe medication.
- **Clinical Psychologists** make diagnoses and provide counseling and therapy.
- **Social Work Associate, Social Workers, Certified Social Workers and/or Certified Social Worker Private or Independent Practice** may complete assessments and make diagnoses, provide treatment, including psychotherapy and counseling, and case management and other services to support recovery and health living.
- **Counselors, Licensed Marriage and Family Therapist (LMFT), Licensed Professional Counselor (LPC) and Licensed Professional Counselors-Mental Health (LPC-**

MH) provide mental health counseling including assessment, diagnosis and treatment of mental illness or mental and emotional disorders, individual, group and marriage and family counseling and psychotherapy; as well as provide crisis intervention.

- **Licensed or Certified Addiction Counselors and Addiction Counselor Trainees** complete assessments, diagnose and provide treatment for substance use disorders.

Additionally, behavioral health providers that have met professional licensing in accordance with SDCL 27A-1-3 and ARSD Chapter 67:62:14 may complete the Qualified Mental Health Professional (QMHP) training on commitment procedures for both children and adults. The QMHP training is needed for a behavioral health provider to complete an assessment or examination to be used in an involuntary commitment proceeding. For more information please see: dss.sd.gov/behavioralhealth/community/qmhp.aspx.

How do I find a behavioral health care provider?

An important step to getting behavioral health care for your client is finding a provider. Community Mental Health Centers in South Dakota provide behavioral health services to adults and youth including screening and assessments, case management, individual and group therapy and crisis intervention. Addiction treatment agencies provide addiction treatment to adults and youth including screenings and assessments, early interventions, detoxification, outpatient and inpatient treatment services.

In addition, behavioral health providers who meet licensure requirements may provide mental health and/or substance use disorder treatment services in an independent or group practice.

To find a local provider, please call 1.855.878.6057 or visit dss.sd.gov/behavioralhealth/community/ or findtreatment.samhsa.gov/.

How are behavioral health services accessed?

1. Contact a local behavioral health provider to schedule an appointment.
2. The behavioral health provider completes an assessment to determine diagnosis and treatment needs.

- Based on the assessment, the behavioral health provider recommends behavioral health treatment services.

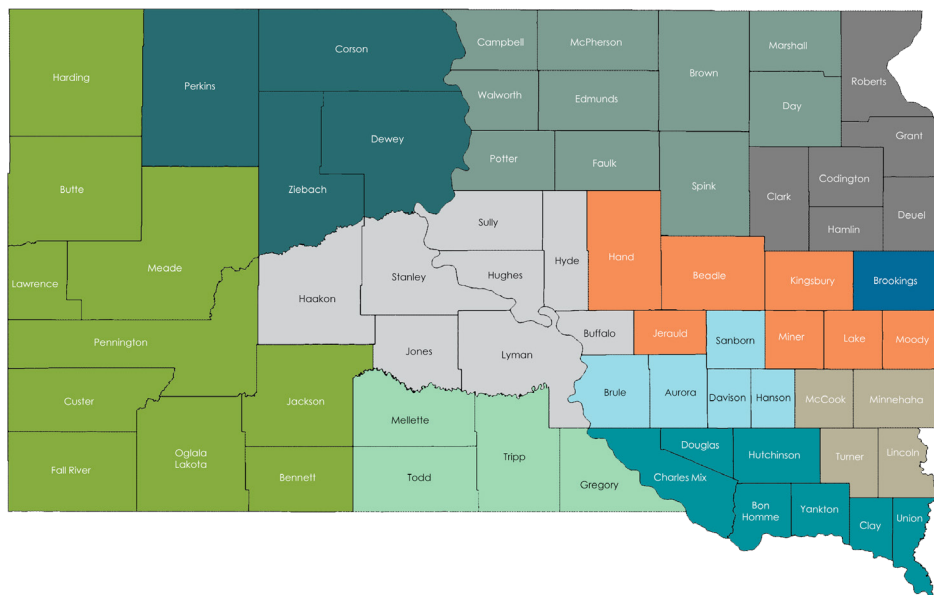
Substance Use Disorder Agencies

For substance use disorders, addiction treatment agencies can be accredited through the Division of Behavioral Health or operate under the independent licensing authority. A list of accredited addiction treatment agencies can be found at: dss.sd.gov/behavioralhealth/agencycounty.aspx.

South Dakota Community Mental Health Centers Coverage Area

In South Dakota, the Division of Behavioral Health (DBH) accredits 11 community mental health centers and designates counties of service for each of the centers. These centers receive state and federal funding to assist adults with serious mental illness and youth with a serious emotional disturbance achieve their treatment needs in the community. A list of these agencies can also be found at dss.sd.gov/behavioralhealth/agencycounty.aspx.

CMHC Coverage Map



Agency	Counties Served
Behavior Management Systems	
350 Elk St, Rapid City, SD 57701 Phone: 605.343.7262	Bennett, Butte, Custer, Fall River, Harding, Jackson, Lawrence, Meade, Oglala Lakota, Pennington
Brookings Behavioral Health and Wellness	
211 4th St, Brookings, SD 57006 Phone: 605.697.2850	Brookings
Capital Area Counseling Service	
800 E Dakota Ave, Pierre, SD 57501 Phone: 605.224.5811	Buffalo, Haakon, Hughes, Hyde, Jones, Lyman, Stanley, Sully
Community Counseling Services	
357 Kansas SE, Huron, SD 57350 Phone: 605.352.8596	Beadle, Hand, Jerauld, Kingsbury, Lake, Miner, Moody
Dakota Counseling Institute	
910 W Havens, Mitchell, SD 57301 Phone: 605.996.9686	Aurora, Brule, Davison, Hanson, Sanborn
Human Service Agency	
123 19th St NE, Watertown, SD 57201 Phone: 605.886.0123	Clark, Codington, Deuel, Grant, Hamlin, Roberts
Lewis & Clark Behavioral Health	
1028 Walnut, Yankton, SD 57078 Phone: 605.665.4606	Bon Homme, Charles Mix, Clay, Douglas, Hutchinson, Union, Yankton
Northeastern Mental Health Center	
14 S Main St, Suite 1E, Aberdeen, SD 57401 Phone: 605.225.1010	Brown, Campbell, Day, Edmunds, Faulk, Marshall, McPherson, Potter, Spink, Walworth
Southeastern Behavioral Healthcare	
2000 S Summit Ave, Sioux Falls, SD 57105 Phone: 605.336.0510	Lincoln, McCook, Minnehaha, Turner
Southern Plains Behavioral Health	
500 East 9th St, Winner, SD 57580 Phone: 605.842.1465	Gregory, Mellette, Todd, Tripp
Three Rivers Mental Health and Chemical Dependency Center	
11 East 4th St, Lemmon, SD 57638 Phone: 605.374.3862	Corson, Dewey, Perkins, Ziebach

Behavioral Health Services and Eligibility Criteria

Mental Health Service Delivery

Many times, treatment provided on an outpatient basis is able to meet the individual's mental health needs. When the illness becomes more severe and impacts a person's ability to function independently, the services available through South Dakota's Community Mental Health Center (CMHC) system can address those needs. Through an assessment, an individual may be identified as meeting criteria for Serious Mental Illness in adults, or Serious Emotional Disturbance in youth.

- **Serious Mental Illness (SMI)** is identified in adults with diagnosed mental health disorders who are also experiencing functional impairments which significantly interfere with daily living.
- **Serious Emotional Disturbance (SED)** is identified in youth with diagnosed mental health disorders who are also experiencing functional impairments which significantly interfere with functioning in the community, school and family, and need services in addition to mental health services.

The following services are available to adults meeting eligibility criteria for SMI:

Comprehensive Assistance with Recovery and Empowerment Services (CARE) includes outpatient counseling, case management and psychiatric medication management for adults diagnosed with a serious mental illness.

The individual, in order to meet CARE eligibility criteria, must meet one of the following:

- Undergone psychiatric treatment more intensive than outpatient care more than once
- Single episode of psychiatric hospitalization with a major mental health diagnosis

- Treated with psychotropic medication for at least one year
- Frequent crisis contact with a CMHC or behavioral health provider for more than six months

And at least three of the following:

- Unemployed or limited job skills, poor work history
- Exhibits inappropriate social behavior resulting in concern by the community or requests for mental health or legal intervention
- Unable to obtain public services without assistance
- Requires public financial assistance for out-of-hospital maintenance or difficulty budgeting public financial assistance or requires ongoing training in budgets skills or needs a payee
- Lacks social support systems in a natural environment or lives alone and is isolated
- Unable to perform basic daily living skills without assistance

Individualized and Mobile Program of Assertive Community Treatment (IMPACT) provides medically necessary treatment, rehabilitative and support services for adults who require more intensive services than can be provided through the CARE program. The IMPACT Team is a mobile group of mental health professionals who merge clinical, medical, rehabilitation and staff expertise within one service delivery team under the supervision of a clinical supervisor.

The individual, in order to meet IMPACT eligibility criteria, must meet the following:

- Medical necessity as determined by a clinical supervisor
- Meet the Serious Mental Illness Criteria
- Receive prior authorization by the Division of Behavioral Health
- Voluntary consent from individual to receive IMPACT services
- No other appropriate community-based mental health service is available



And at least four of the following:

- Has persistent or recurrent difficulty performing daily living tasks except with significant support or assistance from others such as friends, family, relatives or community mental health providers
- Has frequent psychiatric inpatient hospitalizations within the past year
- Has constant or cyclical turmoil with family, social or legal systems or inability to integrate successfully into the community
- Is residing in an inpatient, jail, prison or residential facility and clinically assessed to be able to live in a more independent living situation if intensive services are provided
- Has an imminent threat of losing housing or becoming homeless

- Is likely to need residential or institutional placement if more intensive community-based services are not provided

Transition Age Youth (TAY) is a residential living skills program in Rapid City supporting young adults with serious mental illness as they transition towards living independently.

The following services are available to youth meeting eligibility criteria for SED:

Child or Youth and Family Services (CYF Services) are specialized outpatient services provided to youth including case management, individual, group and/or family counseling. Family counseling may include Functional Family Therapy, which is a strength based model for building skills to help improve family relationships, reduce behavioral issues and improve school performance. A child or youth with a co-occurring disorder may also receive CYF services.

Additional behavioral health services available to youth or young adults include:

First Episode Psychosis (FEP) is a specialized program providing early intervention services for youth and adults after an initial diagnosis of psychosis. It is designed to support the individual in meeting education, employment or other life goals and reduce the challenges of living with a mental illness.

If outpatient services are unable to meet the mental health needs of youth, the behavioral health provider can assess for higher levels of care appropriate to meet the needs of the youth and coordinate referrals for residential placement if medically necessary.

Psychiatric Residential Treatment Facility (PRTF) is a non-hospital facility that provides residential psychiatric services to youth under the age of 21. Out-of-home residential psychiatric treatment is provided to youth whose mental health needs are unable to be met effectively and safely in the community setting.

Substance Abuse Service Delivery

Substance Use Disorder (SUD) is a disease which occurs when the recurrent use of alcohol and/or drugs causes significant

impairments. Impairments may include health problems, disability and failure to meet major responsibilities at work, school or home.

Many times, outpatient treatment available through South Dakota's SUD treatment providers is able to meet the individual's needs. When the disease becomes more severe and causes significant impairments, more intensive services including residential and inpatient treatment can address those needs.

The following services are available to adults and youth:

Early Intervention Services offer outpatient services to individuals who may have substance use related problems but have not been diagnosed with a substance use disorder. Early Intervention Services are available for both adults and youth.

Outpatient Treatment Services provide treatment services in a community setting to individuals diagnosed with substance use disorders. Outpatient Treatment Services are available for both adults and youth.

Day Treatment Services provide treatment services to adults diagnosed with substance use disorders in a structured, intensive treatment program that may include a residential component.

Low Intensity Residential Treatment Services provides residential, peer-orientated treatment programs for adults diagnosed with substance use disorders whose living situation or recovery environment is incompatible with recovery goals. The program provides substance use disorder counseling with case management services to prepare the client to live successfully in the community.

Inpatient Treatment Services provide residential treatment with medically monitored intensive treatment for individuals with severe substance use disorders. Inpatient Treatment Services are available for both adults and youth.

Detoxification Treatment Services are residential treatment services delivered by trained staff that provide 24-hour supervision, observation and support for adults who are intoxicated or experiencing withdrawal symptoms.

Services for Justice Involved Individuals

Criminal Justice Initiative (CJI) and Juvenile Justice Reinvestment Initiative (JJRI)

What is the Criminal Justice Initiative?

The Criminal Justice Initiative was established as part of the Public Safety Improvement Act. The Department of Social Services (DSS) was tasked with establishing evidence based treatment and intervention programs for parolees and probationers. The target offender population includes offenders with Class 5 or 6 felony offenses identified with substance use disorders.

What are the main objectives of the CJI?

1. Improve public safety by investing in programs, practices and policies that have been proven to reduce recidivism
 - Utilize research-based solutions that have been tested and proven in other states. The effective solutions focused on reserving prison space for violent and career criminals, slowing inmate population growth through recidivism reduction efforts and strengthening community supervision to thereby improve public safety.
2. Hold offenders more accountable by strengthening community supervision.
 - Strengthening supervision includes the following: utilizing earned discharge credits that encourage offenders to comply with supervision terms and allow the South Dakota Unified Judicial System (UJS) and the South Dakota Department of Corrections (DOC) to focus their supervision resources on those most at risk to reoffend, enhance and expand DUI and Drug Courts, and enhance probation and parole supervision through evidence based practices (EBPs).
3. Reduce corrections spending and focus prison space on violent, chronic and career criminals
 - Reducing spending includes approaches such as the

following: tiered controlled substance and burglary statutes to differentiate among levels of criminal conduct, creation of more targeted punishments for Grand Theft and enhancement of available penalties for DUI offenders. Changes in these statutes increased penalties for the most serious offenders.

The CJJ reclassified drug possession and ingestion felonies to Class 5 and 6 felonies with the presumption of probation supervision. It also focused on evidence based programming (EBPs) and required the supervision of individuals on parole or probation to employ EBPs and target the individual's criminal risk and need factors with appropriate supervision and intervention.

More information can be found at <http://psia.sd.gov/>.

CJJ Evidence Based Programming (EBP)

Two primary EBPs were selected based on their proven effectiveness in addressing substance use disorder needs and criminal thinking. Moral Reconnection Therapy® (MRT) was chosen to address criminal thinking and Cognitive Behavioral Interventions for Substance Abuse® (CBISA) was chosen to address substance use disorder needs. Both programs are Cognitive Behavioral Treatment (CBT) models and both are delivered in a group setting.

CBT programs encompass a therapeutic strategy designed to change the cognitions that influence maladaptive behavior. CBT interventions are also action-oriented. Participants engage in many activities, such as role-play, as part of the therapeutic process. CBT approaches are focused on the present; therapeutic strategies are aimed at changing the current risk factors that impact a participant's behavior. Finally, there is a focus on learning with a CBT approach. Clients spend a significant amount of time in this group learning and practicing new methods of handling risky situations.

Moral Reconnection Therapy® (MRT)

MRT is a cognitive-behavioral program for criminal justice offenders. Developed in 1985 by Gregory Little, Ed.D., and Kenneth Robinson, Ed.D., MRT combines education, group and individual counseling, and structured exercises designed to foster moral development in treatment-resistant clients. Poor moral reasoning

is common within at-risk populations. MRT addresses beliefs and moral reasoning in a systematic, step-by-step group counseling treatment approach. The program is designed to alter how clients think and make judgments about what is right and wrong. The MRT system approaches the problem of treating resistant populations as a problem of low levels of moral reasoning.

MRT seeks to move clients from hedonistic (pleasure vs. pain) reasoning levels to levels where concern for social rules and others becomes important. MRT research has shown that as clients complete steps, moral reasoning increases in both adult and youth offenders.

MRT systematically focuses on the following seven basic treatment issues:

- confrontation of beliefs, attitudes and behaviors
- assessment of current relationships
- reinforcement of positive behavior and habits
- positive identity formation
- enhancement of self-concept
- decrease in hedonism and development of frustration tolerance
- development of higher stages of moral reasoning

Cognitive Behavioral Interventions for Substance Abuse® (CBISA) was developed by the University of Cincinnati Corrections Institute and is designed for justice involved individuals that have a moderate to high need in the area of substance abuse. As the name of the curriculum suggests, this intervention relies on a cognitive behavioral approach to teach participants strategies for avoiding substance abuse. The program places heavy emphasis on skill building activities to assist with cognitive, social, emotional and coping skill development. The components of the curriculum include the following:

Module 1: Motivational Enhancement

The first module includes a series of sessions aimed to increase motivation to engage in the intervention, including an exploration into personal values, goals and resistance.

Module 2: Cognitive Restructuring

Module 2 focuses on cognitive restructuring. Just as the actions we perform repeatedly become habits, the thoughts we repeatedly have also become habitual. The curriculum uses a behavior chain format to emphasize the connection between thoughts, feelings and actions to likely consequences. This teaches participants how their thinking led to feelings and then actions, ultimately resulting in associated consequences.

Module 3: Emotional Regulation

Once participants have identified situations that put them at risk to abuse substances and have begun to recognize the important part their thoughts play, the focus turns to feelings. Such feelings for participants include cravings and urges. This section uses a behavioral approach to understand, manage and control feelings.

Module 4: Social Skills

In Module 4, the curriculum uses a social learning model to train social skills, including modeling, receiving feedback and practicing. Through behavioral rehearsal, participants receive training to increase their pro-social interaction options.

Module 5: Problem Solving

Module 5 progresses to the advanced skill of problem solving, which is critical for successfully navigating the world. Participants will learn and practice the following eight steps to effective problem-solving: Stop to Think, Objectively Define the Problem, Identify a Goal, Brainstorm Possible Options, Choose the Best Option, Plan it Out, Take Action and Evaluate the Process. In this way, the problem-solving process is directed by the individual participant and can be applied to any type of problem the individual may face.

Module 6: Relapse Prevention

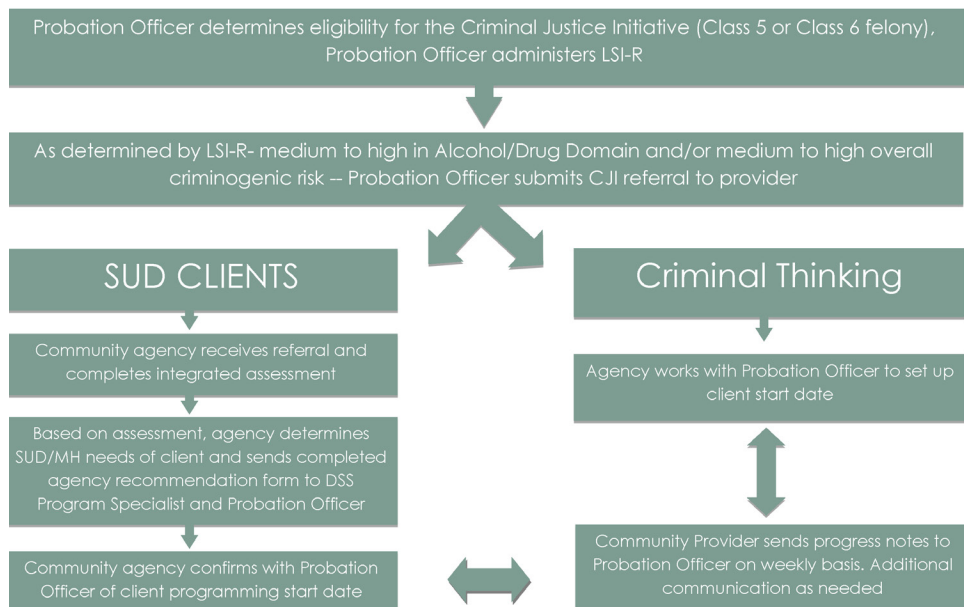
The final series of sessions in Module 6 work on relapse prevention. Participants create an individualized plan based on risky situations they identified in the beginning of the curriculum. The plan integrates the behavior chain format originally introduced in the cognitive restructuring module. Furthermore, coping options, lifestyle factors and support systems are included during the planning activities.



After almost every session, homework is assigned so that participants can practice generalizing the skill in their daily lives. The emphasis on homework greatly increases a participant's ability for longer-term change. Each participant is fully expected to complete the homework assignments during the intervention.

With more than 25 group sessions, the curriculum covers key components of the cognitive behavioral approach. By enhancing motivation, recognizing risk, managing feelings, increasing pro-social behaviors and establishing a relapse prevention plan, the CBISA group curriculum provides individuals struggling with substance use disorders an opportunity to redesign their lives and find freedom from substance abuse.

CJI SUBSTANCE USE DISORDER/CRIMINAL THINKING



Telehealth Based CJI Services

CBISA and MRT are both offered to CJI clients statewide. Clients who are unable to participate in on-site services can participate in CBISA and MRT services through the use of technology. This platform alleviates many common barriers to clients attending services, including transportation, availability of services, child care, elder care, etc.

CJI Eligibility

Criteria for CBISA Referrals

- Target population is offenders with a Class 5 or 6 felony and clients that score medium to high on the alcohol/drug domain of the Level of Service Inventory-Revised (LSI-R)
- CBISA is a targeted intervention for justice involved individuals with a Substance Use Disorder (SUD)

Criteria for MRT Referrals

- Target population is offenders with a Class 5 or 6 felony and clients that score medium to high on the overall LSI-R score
- MRT is a targeted intervention designed to address criminal thinking in justice involved individuals.

CJI Referral Process

- Court Service Officers, Parole Agents, and Resource Coordinators make referrals directly to the CJI Provider Agency.
- The CJI Provider Agency contacts the client to schedule an assessment. The LSI-R is utilized as a starting point to conduct the assessment. Upon completion of the assessment and determination the client is appropriate to receive services in the community, a date to start services is scheduled.

CJI Providers

As indicated in the referral process, the Division of Behavioral Health (DBH) is not the provider of the CJI evidence based programming. The DBH provides oversight of the CJI programs including the following: quality assurance reviews, prior authorizations and programmatic support for both the provider agency and referral source. Community behavioral health providers were selected in each circuit through a competitive bidding process. Each judicial circuit has at least one CBISA and one MRT provider.

In addition, telehealth based services are provided statewide for both CBISA and MRT.

Juvenile Justice Reinvestment Initiative (JJRI)

What is the Juvenile Justice Reinvestment Initiative?

The Juvenile Justice Reinvestment Initiative (JJRI) was established as part of the Juvenile Justice Public Safety Improvement Act. DSS collaborated with the Department of Corrections (DOC) and the Unified Judicial System (UJS) to identify, select and implement community based treatment services for justice involved and at-risk youth.

What are the main objectives of the JJRI?

1. Focus expensive residential placements on youth who are a public safety risk
2. Prevent deeper involvement in the juvenile justice system for youth committing lower level offenses
3. Improve outcomes by expanding access to evidence based

community interventions

4. Ensure the quality and sustainability of reforms

DSS, DOC and UJS identified community based, evidence based treatment to be made available to juveniles with justice system involvement based on the needs of the youth.

DSS staff met regularly with UJS and DOC staff to determine the screening tools, referral process and evidenced-based interventions to be implemented. This group also met with stakeholders, such as community agency directors, school district representatives, residential care representatives and county representatives, to ensure feedback was obtained from all levels. At the conclusion of their research and collaboration, a consensus was reached that Functional Family Therapy® (FFT) would be the initial intervention, with Moral Reconnection Therapy® (MRT) and Aggression Replacement Training® (ART) to be added in 2017.

More information can be found at <http://jjri.sd.gov/>.

JJRI Evidence Based Programming

The interventions selected were recommended by relevant stakeholders due to the wide range of needs represented by justice involved youth. FFT addresses Substance Use Disorders, Internalizing Disorders* and Externalizing Disorders**; MRT addresses crime and violence issues; and ART addresses anger control and Externalizing Disorders.

*Internalizing Disorders consist of negativity that is focused inward. Youth experiencing internalizing behavior have difficulty coping with negative and/or stressful situations. Examples include Separation Anxiety Disorder, Generalized Anxiety and Obsessive Compulsive Disorder.

**Externalizing Disorders consist of problems regulating emotions or self-control. Youth exhibiting externalizing behaviors direct negative and aggressive behavior outward. Examples include Attention-Deficit Hyperactivity Disorder, Oppositional Defiant Disorder and Conduct Disorder.

Functional Family Therapy® (FFT) is an intensive treatment program targeting externalizing behaviors ranging from mild to severe including substance use, family problems and acting out behavior. FFT is based on the theory that families may develop patterns of relating that promote and maintain problem behaviors. Treatment involves changing the patterns of how family members communicate, problem solve and get their needs met. In order to accomplish this goal, the FFT therapist meets with the family as often as necessary within the family's home or location of the family's choice. FFT is designed to be administered to the entire family unit, rather than an individual identified client. A family typically participates in FFT for three to five months and the intervention is targeted for youth between the ages of 10 and 18.

FFT is a clinical model that increases a family's motivation to change. There are five components of the family therapy:

1. **Engagement** – Goal is to develop a positive perception of the therapist and program along with facilitating the family's willingness to attend the first session.
2. **Motivation** – Goal is to increase hope and motivation for change, reduce negativity and blaming and address risk factors associated with treatment drop-out.
3. **Relational Assessment** – Goal is to identify relational functions, and needs and hierarchy within the family.
4. **Behavior Change** – Goal is to build youth and family members' skills to address family interaction patterns related to specific presenting problems.
5. **Generalization** – Goal is to increase the family's resources and support systems, along with maintaining and generalizing changes.

Aggression Replacement Training® (ART) is designed to alter the behaviors of chronically aggressive youth, reduce anti-social behaviors and offer alternatives of pro-social skills. The curriculum consists of three interventions: skill streaming (pro-social behavioral skills training), anger control training and moral reasoning training. The program is targeted at youth with a history of serious aggression and antisocial behavior, and can be applied across several different populations. Some potentially eligible populations

include incarcerated juvenile offenders and youth with clinical behavioral disorders. ART consists of 30 hours of coursework designed to be taught in 10 weeks, during which participants attend three one-hour sessions per week, one session for each of the three interventions.

1. **Skill Streaming** (action component) – Uses several learning techniques to teach pro-social skills, including modeling, role-playing and performance feedback.
2. **Anger Control Training** (affective/emotional component) – Designed to help youth identify the causes, cues and consequences of anger and aggression responses and teaches them pro-social alternatives.
3. **Moral Reasoning Training** (thought and values component) – Designed to help youth correct thinking errors and learn alternative ways of acting in different situations through group discussions and debates about moral dilemmas and helps motivate youth to want to use the interpersonal and anger management skills learned in ART.

ART has been found to reduce felony recidivism when delivered competently, improve anger control, reduce the frequency of acting-out behaviors and increase the frequency of constructive, pro-social behaviors.

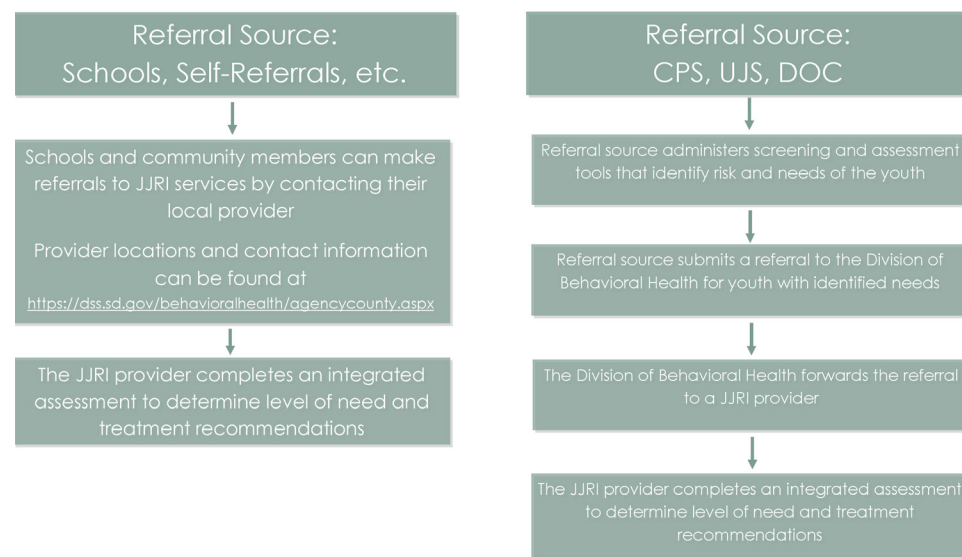
Juvenile Moral Reconciliation Therapy® (MRT)* combines education, group and individual activities and structured exercises to assist participants in addressing negative thought and behavior patterns. The program promotes higher moral reasoning by increasing self-image and promoting a productive identity. Juvenile MRT is appropriate for youth between the ages of 13 and 18 and is delivered in a group setting. Juvenile MRT includes 12 steps focusing on issues such as honesty, trust, acceptance, healing relationships and setting goals.

* For a full description of MRT programming, please refer to page 13.

Telehealth Based JJRI Services

MRT telehealth services are offered to JJRI clients statewide. Clients who are unable to participate in on-site services can

Referral Process for JJRI Treatment Services



connect to MRT services through technology. This platform alleviates many common barriers to clients attending services; including transportation, availability of services, conflicts with extracurricular activities, weather, etc.

JJRI Referral Process and Eligibility

As outlined in the flow chart on the following page, referrals for JJRI services are made from a variety of sources including the following: Child Protection Services (CPS), UJS, DOC, schools, self-referrals and community agencies. JJRI referrals are submitted to DSS for clients with justice involvement or those at risk of justice involvement. A trained counselor recommends services based on an assessment completed with the referred youth. The flow chart illustrates the path to accessing JJRI services. It is important to note that if, during the referral/assessment process, it is determined other treatment services such as substance use disorder treatment, individual therapy, etc., may be more appropriate based on the needs of the youth, they will be referred to those treatment services, as deemed clinically appropriate. At times, JJRI treatment may occur in conjunction with other treatment services, such as psychiatric services. This process is illustrated on page 24.

JJRI Providers

As outlined in the referral process, DBH is not the provider of the JJRI evidence based programming. DBH provides oversight of the JJRI program, including quality assurance reviews, prior authorizations and programmatic support for provider agencies and referral sources. Community behavioral health providers were chosen in each circuit through a competitive bidding process.

In addition, telehealth based services are provided statewide for MRT.

Spectrum of Care for Juveniles

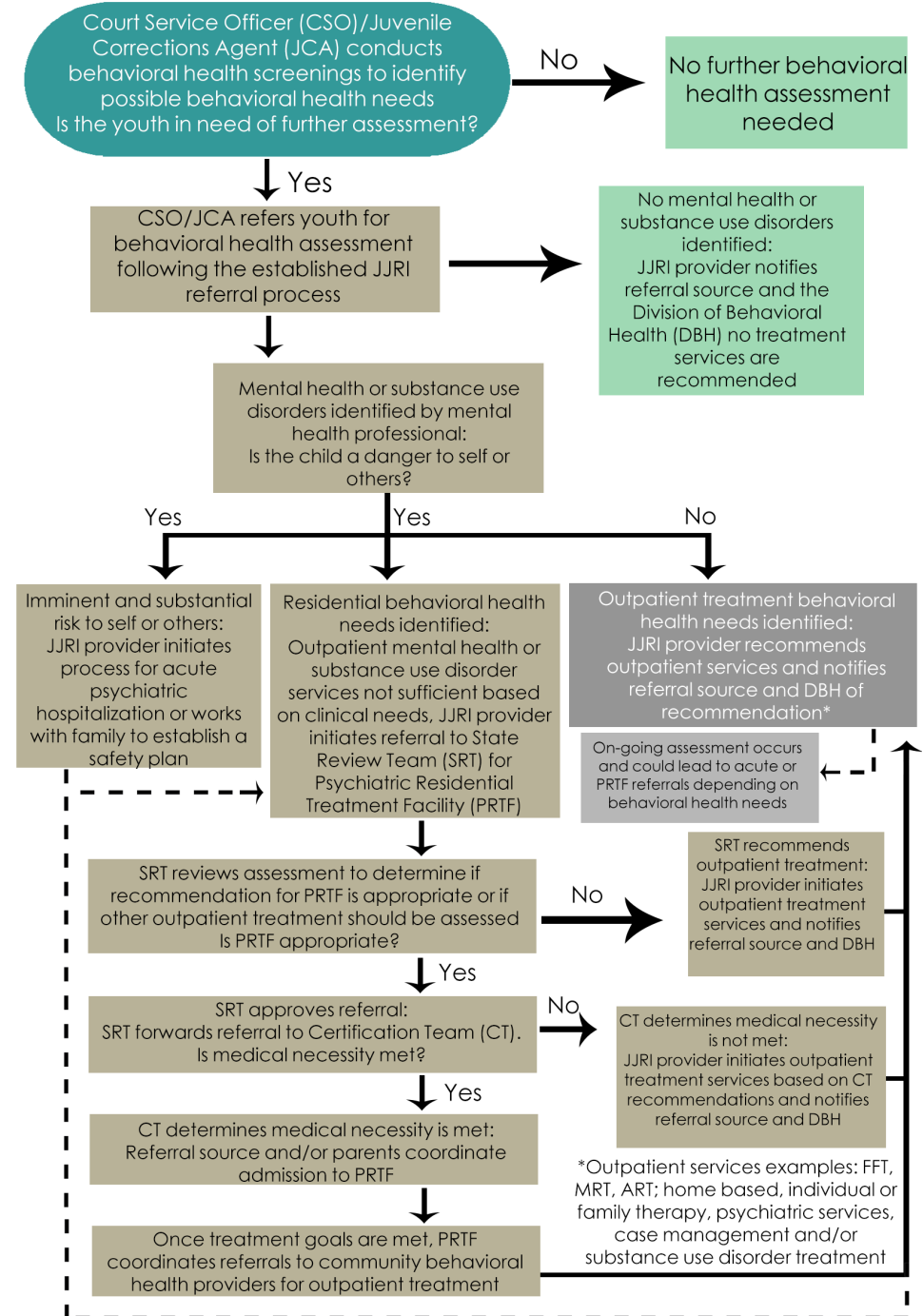
During the JJRI assessment process, it may be determined a youth and/or family member has needs outside of what can be provided through FFT, ART and MRT. This may include other outpatient mental health, substance use disorder treatment services or an in-patient residential treatment program referred to as a psychiatric residential treatment facility (PRTF). The community provider agency will make referrals to these services as deemed clinically appropriate based on the assessment and will work with the referral source to support access.

If the youth has clinical needs that cannot be met through outpatient mental health or substance use disorder services, the JJRI provider initiates a referral to the State Review Team (SRT) for PRTF admission consideration. The SRT reviews the assessment to determine if the recommendation for PRTF placement is clinically appropriate or if other outpatient treatment should be accessed. If the SRT approves the referral, it is forwarded to the Certification Team (CT) to determine medical necessity. If the CT determines that medical necessity is met, admission to a PRTF facility is coordinated with the referral source and/or parent.

Once established treatment goals are met, the PRTF coordinates a referral to a community behavioral health provider for outpatient treatment as the youth transitions back into the community. The chart on Page 24 illustrates all of the possible treatment paths for a client that is referred through the JJRI process.

More information can be found at <http://dss.sd.gov/behavioralhealth/>.

Treatment Referral Process for the Justice Involved Youth



Funding for Behavioral Health Services

How are behavioral health services funded?

There are several funding options available in South Dakota for an individual who has been assessed as needing behavioral health services.

- Private insurance
- Self-pay
- Other 3rd party payers
- Combination of state and federal funding
- Medicaid

How do individuals qualify for state and federal funding?

The Division of Behavioral Health (DBH) accredits a number of behavioral health providers across the state. Some of these agencies are contracted to provide treatment for those who are unable to pay for their treatment. Individuals with a mental health or substance use disorder diagnosis who meet financial eligibility may qualify for state funded services. The behavioral health provider will assist the individual in completing the financial eligibility process. If you have questions regarding state funding, please contact DBH at 605.773.3123 or 605.367.5236.

Is there financial assistance to help pay for medications related to behavioral health disorders?

The Indigent Medication Program provides temporary funding for medications to treat individuals with behavioral health disorders whose income is at or below 185 percent of the federal poverty level.

Additionally, individuals releasing from a South Dakota State Penitentiary with prescribed behavioral health disorder medications are authorized for the Indigent Medication Program, unless this service is refused by the individual. For additional information regarding the Indigent Medication Program, email [dssbhindmed@](mailto:dssbhindmed@state.sd.us)

[state.sd.us](mailto:dssbhindmed@state.sd.us) or call 605.367.5236 or 605.773.3123.

Patient assistance programs are a long term solution for individuals with on-going behavioral health medication needs. These programs are provided through participating pharmaceutical companies and assist low income individuals with prescription drug needs. Behavioral health providers can assist with applying for and accessing financial assistance through these programs.



Supporting Healthy Recovery

In 2017, the United States Surgeon General publicly recognized the expense and efforts focused on a criminal-justice based model for addressing behavioral health disorders. Even with these interventions, substance misuse continues to be a national crisis. The Surgeon General further emphasized the importance of implementing evidence-based strategies to prevent and treat mental health and substance use disorders in the United States.

Recovery:

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life and strive to reach their full potential. It involves overcoming or managing one's disease(s) or symptoms and making informed, healthy choices to support physical and emotional wellbeing, having a stable and safe place to live, meaningful daily activities and relationships and social networks to provide support.

The definition of recovery has broadened over recent years to include recovery from mental illness. Studies have shown that recovery from mental illness is often characterized by increased hope and optimism and greater life satisfaction.

Remission:

As with any other chronic health condition, mental health and substance use disorders can go into remission. A person with mental health issues may no longer experience clinical levels of symptoms related to their original issue. For example, a person with depression may be classified as being in remission when they have more positive affect than negative affect. A person with a substance use disorder may discontinue substance use, or at least reduce substance use to a safer level. For example, a student who was binge drinking several nights a week during college but reduced his alcohol consumption to one or two drinks a day after graduation.

Treatments that reduce symptoms of major diseases to normal levels are considered to be effective; however, serious mental health and substance use disorders are chronic conditions that can involve cycles of abstinence and relapse, possibly over several years following attempts to change. Sustaining remission typically requires a personal program of sustained recovery management.

Relapse:

Even after sustained remission over the course of one to two years, it can take four to five more years before the risk of relapse drops below 15 percent, which is the level of risk people in the general population have of developing a substance use disorder in their lifetime. Similar to other chronic conditions, a person with a serious mental health and/or substance use disorder often require ongoing monitoring and management to maintain remission and to provide early re-intervention if relapse occurs.

Support from family and friends can encourage behavioral health recovery. Friends and loved ones can make a big difference. Only 44 percent of adults with diagnosable mental health problems and less than 20 percent of children and adolescents receive needed treatment. Friends and family can

be important influences to help someone get the treatment and services they need by:

- Reaching out and letting them know you are available to help
- Helping them access mental health services
- Learning and sharing the facts about mental health, especially if you hear something that isn't true
- Treating them with respect, just as you would anyone else
- Refusing to define them by their diagnosis or using labels such as "crazy"

For more information or to review the Surgeon General's report, please visit <https://addiction.surgeongeneral.gov/chapter-5-recovery.pdf>.



Behavioral Health Disorders Facts

Fact 1: People with mental health disorders are no more likely to be violent or unpredictable than anyone else.

Most people with mental illness are not violent and only three to five percent of violent acts can be attributed to individuals living with a serious mental illness. In fact, people with serious mental illnesses are over 10 times more likely to be victims of violent crime than the general population.

Fact 2: Stigma and discrimination against patients and families prevent people from seeking mental health care.

Misunderstanding and stigma surrounding mental illness are widespread. Despite the existence of effective treatments for mental health disorders, there is a belief that they are untreatable or that people with mental disorders are difficult, not intelligent or incapable of making decisions. This stigma can lead to abuse, rejection and isolation and exclude people from health care or support.

Only 25 percent of adults with mental health symptoms believe others will be sympathetic if they talk about their symptoms.

Fact 3: Personality weakness or character flaws do not cause mental health disorders.

Mental health disorders have nothing to do with being lazy or weak and many people need help to get better. Many factors contribute to mental health disorders, including the following:

- Biological factors, such as genes, physical illness, injury or brain chemistry
- Life experiences, such as trauma or a history of abuse
- Family history of mental health problems

People with mental health disorders can get better and many recover completely.

Fact 4: You probably know someone with a mental health problem and don't even realize it, because many people with mental health problems are highly active and productive members of our communities.



- One in five American adults have experienced a mental health issue
- One in 10 young people have experienced a period of major depression
- One in 25 Americans live with a serious mental illness, such as schizophrenia, bipolar disorder or major depression

Fact 5: People with mental health disorders, even those who are managing their disorder, can manage productive employment.

People with mental health disorders are just as productive as other employees. Employers who hire people with mental health

disorders report good attendance and punctuality as well as motivation, good work and job tenure equal to or greater than other employees.

When employees with mental health disorders receive effective treatment, it can result in:

- Lower total medical costs
- Increased productivity
- Lower absenteeism
- Decreased disability cost

Fact 6: Suicide is the ninth leading cause of death in South Dakota.

The South Dakota Department of Health reports that there were 161 suicide deaths in South Dakota in 2016.

Nationally, suicide accounts for the loss of more than 41,000 American lives each year, more than double the number of lives lost to homicide.

Suicide is the second leading cause of death in 15 to 29-year-olds. Early identification and effective management are key to ensuring people receive the care they need.

Fact 7: Treating an individual's mental illness does not reduce criminogenic needs.

A common misperception is that an individual becomes involved in the criminal justice system because the mental health system has somehow failed. It is perceived if the individual received the mental health services they needed, they would not enter the criminal justice system. Behavioral health treatment may stabilize mental health symptoms; however, it does not treat criminogenic needs such as criminal thinking, anti-social peers and education/employment. The mental health system and the criminal justice system need to work collaboratively to address both the mental health issues as well as the criminal thinking issues.

Sources:

http://www.who.int/features/factfiles/mental_health/mental_health_facts/en/index9.html

<https://www.mentalhealth.gov/basics/mental-health-myths-facts>

<http://sdsuicideprevention.org/about-suicide/facts-stats/>

Frequently Asked Questions

Substance Use Disorder Services

What is a substance use disorder?

A substance use disorder is a disease that occurs when the recurrent use of alcohol and/or drugs causes significant impairments. Impairments may include health problems, disability and failure to meet major responsibilities at work, school or home.

How are services determined?

A trained counselor recommends treatment services based on a clinical assessment of the individual to best meet his or her needs.

How are services funded?

A variety of funding options are available for an individual who is assessed as needing services. Funding options include insurance, private pay, other third party payers, a combination of state and federal funding and Medicaid.

How do clients qualify for state and federal funding including CJI Services?

Individuals who meet programmatic and financial eligibility may qualify for state funded services. The treatment provider will assist the individual in completing the eligibility process. Funding assistance is available and clients in need of services should not be turned away due to a failure to pay. Contact DBH at 605.773.3123 or 605.367.5236 if this becomes an issue for a client.

Is there a program to help pay for medications for behavioral health disorders?

The Indigent Medication Program provides temporary funding for medications to treat behavioral health disorders for individuals whose income is at or below 185 percent of the federal poverty level. For additional questions regarding the Indigent Medication Program, email dssbhindmed@state.sd.us or call 605.773.3123 or 605.367.5236.

Mental Health Services

What is a mental illness?

A mental illness is a disease causing mild to severe disturbances in thought and/or behavior resulting in an inability to cope with life's demands and routines.

What is a serious mental illness?

A serious mental illness is identified in adults with diagnosed mental health disorders who are also experiencing functional impairments which significantly interfere with daily living.

What is a serious emotional disturbance?

A serious emotional disturbance is identified in youth with diagnosed mental health disorders who also have functional impairments which significantly interfere with functioning in the community, school and family, and need services in addition to mental health services.

How are services determined?

A trained counselor recommends treatment services based on an assessment with the individual to best meet his or her needs.

How are services funded?

A variety of funding options are available for an individual who is assessed as needing services. Funding options include insurance, private pay, other third party payers, a combination of state and federal funding and Medicaid.

How do clients qualify for state and federal funding including JJRI services?

Individuals who meet programmatic and financial eligibility may



qualify for state funded services. The treatment provider will assist the individual in completing the eligibility process. Funding assistance is available and clients in need of services should not be turned away due to a failure to pay. Contact DBH at 605.773.3123 or 605.367.5236 if this becomes an issue for a client.

Is there a program to help pay for medications for behavioral health disorders?

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Psychiatric Residential Treatment Facility (PRTF)

What is a Psychiatric Residential Treatment Facility (PRTF)?

A PRTF is a residential treatment agency providing intensive mental health or substance use disorder treatment in a highly structured, self-contained environment. PRTFs have national accreditation as well as are licensed by DSS.

What is the State Review Team?

The State Review Team (SRT) provides the first review, as part of the two-pronged review process for PRTF referrals. SRT is made

up of representatives from the Department of Corrections, the Department of Social Services, the Department of Human Services, and the Department of Education who are knowledgeable and familiar with outpatient treatment. The SRT provides a level of care review to ensure clinical needs are met through the least restrictive level of treatment necessary.

What is the Certification Team?

Per ARSD 67:16:47, the Certification Team is a team of medical professionals who determine whether a youth is in need of psychiatric residential treatment services or if a lower level of treatment would meet the clinical needs. The team must be knowledgeable about the diagnosis and treatment of the mental illnesses of children and the individual's current situation.

What conditions warrant a PRTF placement?

A youth must be diagnosed with a mental illness consistent with ARSD 67:16:47:04.05, and must be experiencing severe and long standing problems associated with the diagnosis, and treatment in an outpatient setting is not able to adequately address treatment needs.

What are acute mental health needs?

Acute mental health needs refer to the needs of individuals who are experiencing immediate, significant and life threatening mental health symptoms. Symptoms may include suicidal ideation and self-harming behaviors, to the extent they could be life threatening.

Is a court order required for PRTF services?

No, a court order is not needed for a youth to be placed in a PRTF. PRTF services are driven by clinical recommendations and medical necessity, and require an assessment as well as prior authorization from both the SRT and Certification Team.

How are services funded?

A variety of funding options are available for a youth who is assessed as needing PRTF services. Funding options include the following: insurance, private pay, other third party payers, a combination of state and federal funding or Medicaid. For more information on how PRTF services are funded, please contact the SRT Facilitator at 605.773.3448.

Additional Resources

Training offered to criminal justice professionals

- Mental Health First Aid for Public Safety is an eight-hour course provided by a certified instructor specifically designed for police officers, first responders, corrections officers and other public safety professionals. This course helps public safety professionals better understand mental illness and substance use disorders and provides them with effective response options to deescalate incidents without compromising safety. The course uses role-playing and simulations to demonstrate how to assess a mental health crisis, select interventions and provide initial assistance. Visit www.mentalhealthfirstaid.org or contact DBH at 605.773.3123 or 605.367.5236 for a list of trainers in South Dakota who can provide this training.
- Creating Safe Scenes Training Course was developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) for first responders who work with individuals experiencing mental health or substance use disorder emergencies. The course helps participants garner a greater understanding of mental health, mental illness and substance use disorders. More information can be found at samhsadtaac.articulate-online.com/p/2106896399/DocumentViewRouter.ashx?Cust=21068&DocumentID=5885e234-4c3b-486a-abea-3fe94f9531f6&Popped=True&v=42&InitialPage=story.html

Behavioral Health Treatment Services Locator

- South Dakota Department of Social Services, Division of Behavioral Health dss.sd.gov/behavioralhealth/community/
- Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Locator online at findtreatment.samhsa.gov/
1.800.662.HELP (4357) | TTY: 1.800.487.4889
24 hour free and private treatment referral and information about mental and/or substance use disorders, prevention and recovery. Calls in English and Spanish.

Emergency and Crisis Information

National Suicide Prevention Lifeline

24 hour, toll-free, private suicide prevention hotline. Call is routed to the nearest crisis center.

www.suicidepreventionlifeline.org

1.800.273.TALK (8255) | TTY: 1.800.799.4886

Veterans Crisis Line

Connects veterans in crisis with qualified and caring Department of Veterans Affairs (VA) responders. Uses private, free hotline, chat or text. Also for families and friends of veterans.

www.veteranscrisisline.net

1.800.273.8255 | TTY: 1.800.799.4889

National Alliance on Mental Illness (NAMI)

namisouthdakota.org/

NAMI Helpline: 1.800.273.8255 | In a crisis? Text NAMI to 741741

DIAL 211 or text your zip code to 898211

Email: help@helplinecenter.org

Recovery Services and Supports

National Alliance on Mental Illness (NAMI)

<https://namisouthdakota.org/>

605.271.1871 or 1.800.551.2531

Face It TOGETHER

www.wefaceittogether.org/about-us

231 S. Phillips Avenue, #201

Sioux Falls, SD 57104

605.271.9044 or 1.855.539.9375

Helpline Center

www.helplinecenter.org/

Dial 211 or 605.334.6646 (Admin Phone)

1000 N West Ave, Suite 310

Sioux Falls, SD 57104-1314

Notes

Notice of Nondiscrimination

As a recipient of Federal financial assistance and a State or local governmental agency, the Department of Social Services does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, or national origin, or on the basis of disability or age in admission or access to, or treatment or employment in, its programs, activities, or services, whether carried out by the Department of Social Services directly or through a contractor or any other entity with which the Department of Social Services arranges to carry out its programs and activities; or on the basis of actual or perceived race, color, religion, national origin, sex, gender identity, sexual orientation or disability in admission or access to, or treatment or employment in, its programs, activities, or services when carried out by the Department of Social Services directly or when carried out by sub-recipients of grants issued by the United States Department of Justice, Office on Violence against Women.

The Department of Social Services:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact your local DSS office.

If you believe that DSS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a discrimination complaint or grievance with: Discrimination Coordinator, Director of DSS Division of Legal Services, 700 Governors Drive, Pierre, SD 57501. Phone: 605.773.3305, Fax: 605.773.7223, DSSInfo@state.sd.us . You can file a discrimination complaint or grievance in person or by mail, fax, or email. If you need help filing a discrimination complaint or grievance, the Discrimination Coordinator, Director of DSS Division of Legal Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1.800.368.1019, 1.800.537.7697 (TDD) Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975, and the Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations (CFR) Parts 80, 84, and 91, and 28 CFR Part 35, the Omnibus Crime Control and Safe Streets Act of 1968, Title IX of the Education Amendments of 1972, Equal Treatment for Faith-based Religions at 28 CFR Part 38, the Violence Against Women Reauthorization Act of 2013, and Section 1557 of the Affordable Care Act.

Español (Spanish) - ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.305.9673 (TTY: 711).

Deutsch (German) - ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.305.9673 (TTY: 711).

繁體中文 (Chinese) - 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.305.9673 (TTY: 711)

ကညီ (Karen) - ဟံသုဉ်ဟံသး-နမုာ်ကတိၤကညီၤကိၤအလီၤ,နမုၢ်န့ၢ်ကိၤအတၢ်မၤစၢၤလၢတလၢ်ကညီၤလၢ်စ့ၢ်တမံၤတၢ်သ့ၣ်န့ၢ်လီၤ.ကိး 1.800.305.9673 (TTY: 711).

Tiếng Việt (Vietnamese) - CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.305.9673 (TTY: 711).

नेपाली (Nepali) - यान दनुहोस्: तपाइ ले नेपाल बो नह छ भन तपाइ को नि त भाषा सहायता सवाह नश क पमा उपल थ छ । फोन गनुहोस् 1.800.305.9673 (ट टवाइ: 711)

Srpsko-hrvatski (Serbo-Croatian) - OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1.800.305.9673 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

አማርኛ (Amharic) - ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.305.9673 (መስማት ለተሳናቸው: 711)፡፡

Sudanic Adamawa (Fulfulde) MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1.800.305.9673 (TTY: 711).

Tagalog (Tagalog – Filipino) - PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.305.9673 (TTY: 711).

한국어 (Korean) - 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.305.9673 (TTY: 711) 번으로 전화해 주십시오.

Русский (Russian) - ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.305.9673 (телетайп: 711).

Cushite Oroomiffa (Oromo) - XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.305.9673 (TTY: 711).

Український (Ukrainian) - УВАГА: Якщо ви говорите українською мовою, перекладацькі послуги, безкоштовно, доступні для вас. Телефонуйте. Телефонуйте 1.800.305.9643 (TTY: 711).

Français (French) - ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.305.9673 (ATS : 711).



South Dakota
Department of
Social Services