Access to Services Survey Instruction Guide and FAQ

FY27



South Dakota Department of Social Services

Strong Families - South Dakota's Foundation and Our Future

Table of Contents:

Changes from FY26 to FY27

- Mental Health Services Tab Changes

Frequently Asked Questions (FAQs)

- Access to Services Survey FAQs
- Staffing Mental Health Services Tab FAQs
- Mental Health Services Tab FAQs
- Staffing SUD Services Tab FAQs
- SUD Services Tab FAQs
- Walk-In Assessments Tab FAQs

Instructions

- Navigating Tabs
- Navigating Tab Layout
- Staffing Mental Health Services Tab Instructions
- Mental Health Services Tab Instructions
- Staffing SUD Services Tab Instructions
- SUD Services Tab Instructions
- Walk-in Assessment Tab Instructions

Changes from FY26 to FY27 Access to Services Survey

Mental Health Services Tab Changes



Staffing Mental Health Services Tab Changes

A line for “MH Clinical Supervisor” was added to the list of FTE positions on the “Staffing Mental Health Services” tab.

The MH Clinical Supervisor is a position that provides supervision to mental health clinicians, whereas a MH Clinical Director is a position that oversees a mental health program.

Some providers may have one budgeted FTE position serving as both the MH Clinical Director, as well as the MH Clinical Supervisor. If one FTE serves as both the MH Clinical Director and MH Clinical Supervisor:

- Report the position in Line 9 – MH Clinical Director(s).
- Enter “NA” in line 10 – MH Clinical Supervisor.

6			Quarter 1: June 1 - August 31, 2026			
7	Provider Name	Fiscal Year 27: Total Mental Health FTE Positions for Budget Year	FTE Vacancies	Average Length of Vacancy (in days)	FTE Vacancy Rate	# of Additional FTE Positions Needed to Serve Unmet Community Needs
8	Executive Director*				NA	
9	MH Clinical Director(s)				NA	
10	MH Clinical Supervisor				NA	
11	Direct Mental Health Therapist				NA	
12	Direct Mental Health Support Staff				NA	
13	Licensed Physician or Psychiatrist (include contractors)				NA	

Frequently Asked Questions (FAQs)

Access to Services Survey FAQs

Staffing Mental Health Services Tab FAQs

Mental Health Services Tab FAQs

Staffing SUD Services Tab FAQs

SUD Services Tab FAQs

Walk-In Assessments Tab FAQs



Access to Services Survey FAQs:

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

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

Q: What is this data used for?

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

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

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

Staffing Mental Health Services Tab FAQs:

Q: Do I enter all staff trained as Qualified Mental Health Professionals (QMHP's) in row 21, or just those actively utilizing their QMHP status?

A: Enter all staff trained in QMHP irregardless if they are currently utilizing their QMHP status.

Q: My agency's FTE positions for budget year (Column B) changed after quarter 1, how do I report this data?

A: Report any changes in budgeted FTE positions in line 24.

Q: Do the number of additional FTE positions needed to serve the demand (column F) include FTE vacancies (column C)?

A: The number of additional FTE positions does not include vacancies for currently budgeted FTE's. Rather, it captures the number of additional FTE's needed to meet the needs of the community, if any.

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

Q: What is the difference between "MH Clinical Supervisor" and "MH Clinical Director(s)" and how do I report data if my organization has one position serving as both?

A: The MH Clinical Supervisor is a position that provides supervision to mental health clinicians, whereas a MH Clinical Director is a position that oversees a mental health program.

Some providers may have one budgeted FTE position serving as both the MH Clinical Director, as well as the MH Clinical Supervisor. If one FTE serves as both the MH Clinical Director and MH Clinical Supervisor:

- Report the position in Line 9 – MH Clinical Director(s).
- Enter "NA" in line 10 – MH Clinical Supervisor.

Mental Health Services Tab FAQs:

Q: Do I count clients that have contacted our agency for services but did not show for their scheduled appointment?

A: No, only count clients that started service within the designated quarter.

Q: Which clients should I include in the number of clients who made initial contact for services (Column B rows 8-16)?

A: For number of clients who made initial contact for services, indicate the number of clients that have made initial contact and started services. If a client has made initial contact, but did not start services, please include this client in the quarter the client starts the service.

Q: What is considered “initial contact?”

A: Initial contact can include, but is not limited to: client walking into agency to schedule services, client calling to set up an appointment, etc.

Q: At my agency, clients are seen for their initial assessment and case management and/or therapy services begin that day. How do I document the number of days for initial services for this client?

A: The average number of days for the initial assessment would be counted from the initial call, or when the client schedules the appointment, to the initial assessment. Since the services start the same day as the assessment, the average number of days for case management and/or therapy would be the same as the average number of days for the initial assessment.

Q: All clients who made initial contact were provided with services the same day; do I enter “0” or “NA” for “Average Number of Days from Initial Contact to Delivery of First Service?”

A: If all clients who made initial contact were provided with services the same day, enter “0” for “Average Number of Days from Initial Contact to Delivery of First Service.”

Q: Is the information entered in lines 8-16 duplicated or unduplicated?

A: Lines 8-16 can include duplicated information. Please include each client in each service. Per administrative rule, clients should start services within 30 days of initial contact.

Staffing SUD Services Tab FAQs:

Q: Do the number of additional FTE positions needed to serve the demand (column F) include FTE vacancies (column C)?

A: The number of additional FTE positions does not include vacancies for currently budgeted FTE's. Rather, it captures the number of additional FTE's needed to meet the needs of the community, if any.

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

Q: My agency's FTE positions for budget year (Column B) changed after quarter 1, how do I report this data?

A: Report any changes in budgeted FTE positions in line 20.

SUD Services Tab FAQs:

Q: Do I count clients that have contacted our agency for services but did not show for their scheduled appointment?

A: Only count clients that attended their first service within the designated quarter.

Q: Which clients should I include in the number of clients who made initial contact for services (Column B rows 8-14)?

A: For number of clients who made initial contact for services, indicate the number of clients that have made initial contact and started services. If a client has made initial contact, but has not started services, please include this client in the quarter the client starts the service.

Q: What is considered “initial contact?”

A: Initial contact can include, but is not limited to: client walking into agency to schedule services, client calling to set up an appointment, etc.

Q: All clients who made initial contact were provided with services the same day; do I enter “0” or “NA” for “Average Number of Days from Initial Contact to Delivery of First Service?”

A: If all clients who made initial contact were provided with services the same day, enter “0” for “Average Number of Days from Initial Contact to Delivery of First Service.”

Q: How do I know if my agency receives Adult Justice-Involved (CJI Funded) referrals?

A: Agencies that receive Adult Justice-Involved referrals have a contract with the Division of Behavioral Health to provide services for Justice Involved Adults.

Q: Do I include all referral sources when entering the number of Adult EBP referrals (CJI Funded)?

A: Include all referral sources for Adult Justice-Involved clients funded through CJI.

Q: What does it mean to “provide counseling for individuals receiving Medications for Opioid Use Disorder (MOUD)” on line 33?

A: Counseling can include but is not limited to assessments, treatment, case management, crisis intervention, etc., even if MOUD services are being delivered by another provider.

Walk-In Assessments Tab FAQs:

Q: What is considered a walk-in Substance Use Disorder (SUD) assessment?

A: Walk-in SUD assessment hours include specific days/times that a client can walk into an agency and receive a same-day SUD assessment, as well as open access telehealth assessments. This does not include emergency/crisis services.

Q: Should I include days and times staff are available for emergency/crisis services?

A: No, please do not include emergency/crisis services when reporting walk-in SUD assessment dates and times.

Q: Are agencies required to offer walk-in SUD assessments for non-emergency/crisis clients?

A: No, walk-in SUD assessments for non-emergency/crisis clients are not required by the Division.

Q: On days my agency offers walk-in SUD assessments, we have five open spots available on a first come first serve basis. Should I include this information?

A: Yes, please include the days and times walk-in SUD assessments are available as well as any specific information related to the identified hours.

Q: My agency does not have a satellite location, do I need to enter information in lines 12-17?

A: No, please enter “NA” on lines 12, 14, and 16.

Instructions

Navigating Tabs

Navigating Tab Layout

Staffing Mental Health Services Tab Instructions

Mental Health Services Tab Instructions

Staffing SUD Services Tab Instructions

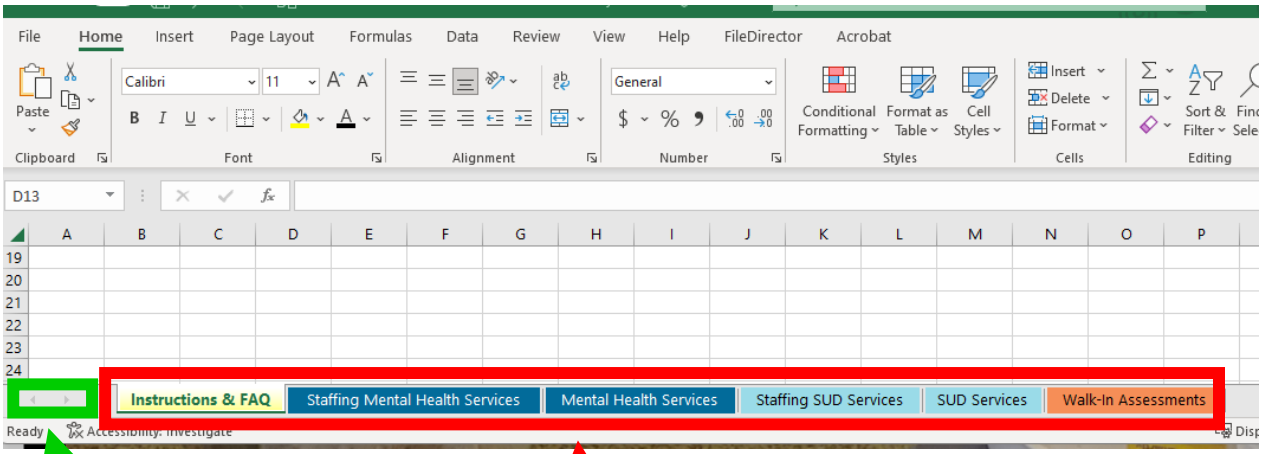
SUD Services Tab Instructions

Walk-in Assessment Tab Instructions



Navigating Tabs

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



To scroll and view tabs that are out of view, use the arrows to the left of the tabs.

Each agency has an individualized tracker with tabs specific to the contracted services provided by that agency.

- Ensure data is being entered into each tab.
- Enter data in each cell of each tab.
- No cell is to be left blank.
- Tabs are located on the bottom of the Excel window.

Navigating Tab Layout

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

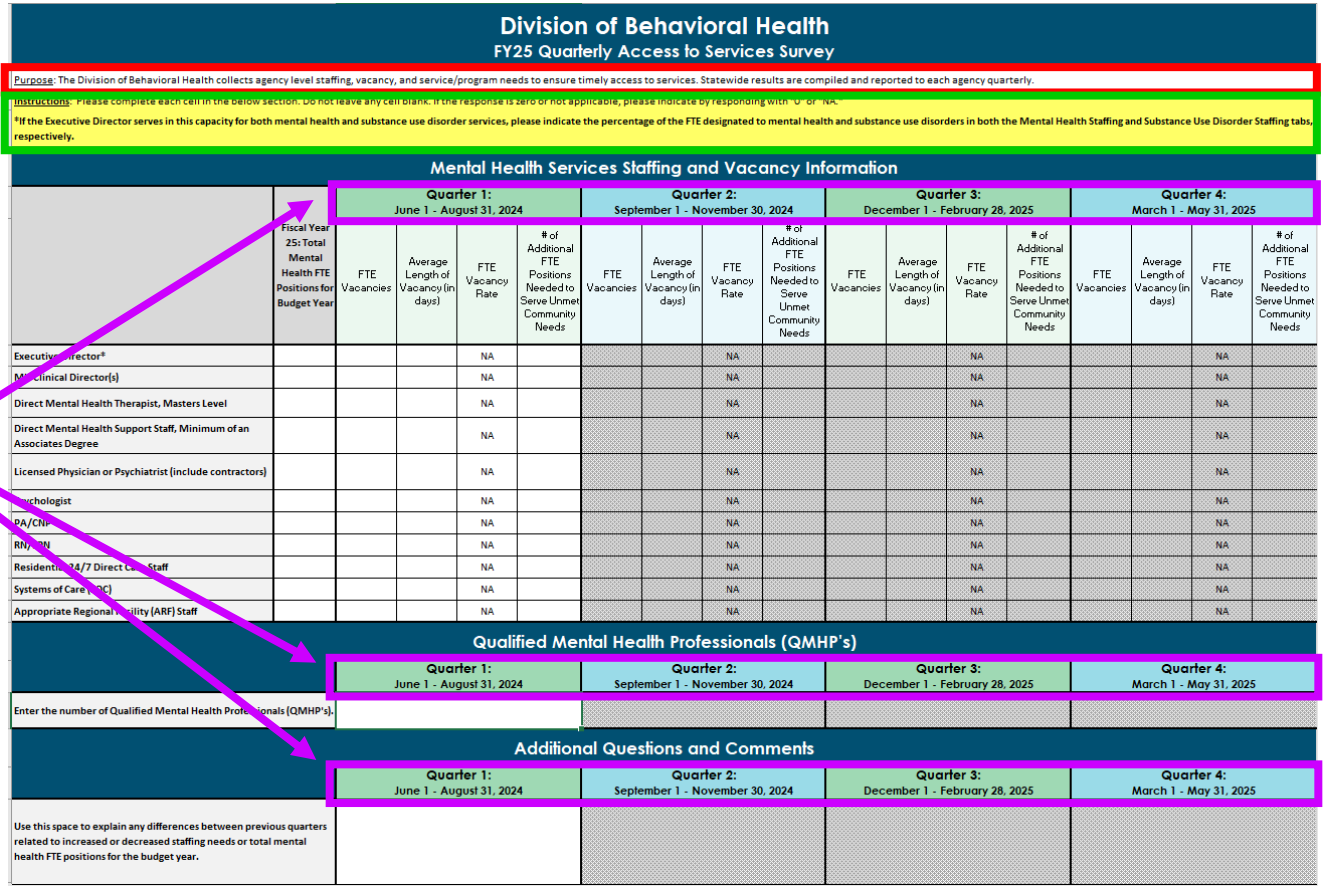
Purpose:
Provides an overview of why the data is being collected

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

Quarters:
Data is broken into 4 quarters.

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

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



Division of Behavioral Health
FY25 Quarterly Access to Services Survey

Purpose: The Division of Behavioral Health collects agency level staffing, vacancy, and service/program needs to ensure timely access to services. Statewide results are compiled and reported to each agency quarterly.

Instructions: Please complete each cell in the below section. Do not leave any cell blank. If the response is zero or not applicable, please indicate by responding with "0" or "NA."

*If the Executive Director serves in this capacity for both mental health and substance use disorder services, please indicate the percentage of the FTE designated to mental health and substance use disorders in both the Mental Health Staffing and Substance Use Disorder Staffing tabs, respectively.

Mental Health Services Staffing and Vacancy Information

		Quarter 1: June 1 - August 31, 2024				Quarter 2: September 1 - November 30, 2024				Quarter 3: December 1 - February 28, 2025				Quarter 4: March 1 - May 31, 2025			
	Fiscal Year 25: Total Mental Health FTE Positions for Budget Year	FTE Vacancies	Average Length of Vacancy (in days)	FTE Vacancy Rate	# of Additional FTE Positions Needed to Serve Unmet Community Needs	FTE Vacancies	Average Length of Vacancy (in days)	FTE Vacancy Rate	# of Additional FTE Positions Needed to Serve Unmet Community Needs	FTE Vacancies	Average Length of Vacancy (in days)	FTE Vacancy Rate	# of Additional FTE Positions Needed to Serve Unmet Community Needs	FTE Vacancies	Average Length of Vacancy (in days)	FTE Vacancy Rate	# of Additional FTE Positions Needed to Serve Unmet Community Needs
Executive Director*				NA				NA				NA				NA	
Medical Director(s)				NA				NA				NA				NA	
Direct Mental Health Therapist, Masters Level				NA				NA				NA				NA	
Direct Mental Health Support Staff, Minimum of an Associates Degree				NA				NA				NA				NA	
Licensed Physician or Psychiatrist (include contractors)				NA				NA				NA				NA	
Psychologist				NA				NA				NA				NA	
PA/CNP				NA				NA				NA				NA	
RN/LPN				NA				NA				NA				NA	
Residential 24/7 Direct Care Staff				NA				NA				NA				NA	
Systems of Care (SOC)				NA				NA				NA				NA	
Appropriate Regional Facility (ARF) Staff				NA				NA				NA				NA	

Qualified Mental Health Professionals (QMHP's)

	Quarter 1: June 1 - August 31, 2024	Quarter 2: September 1 - November 30, 2024	Quarter 3: December 1 - February 28, 2025	Quarter 4: March 1 - May 31, 2025
Enter the number of Qualified Mental Health Professionals (QMHP's).				

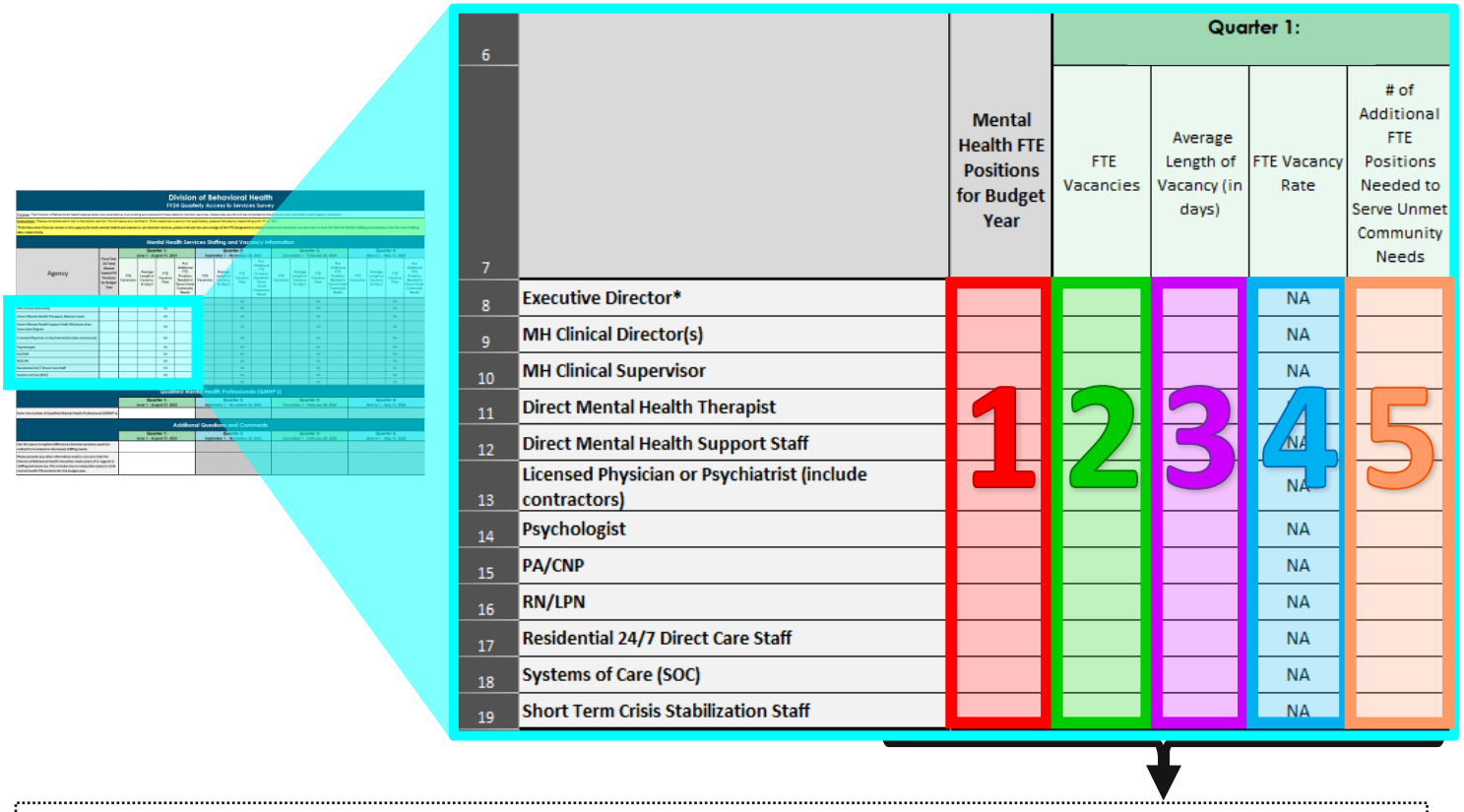
Additional Questions and Comments

	Quarter 1: June 1 - August 31, 2024	Quarter 2: September 1 - November 30, 2024	Quarter 3: December 1 - February 28, 2025	Quarter 4: March 1 - May 31, 2025
Use this space to explain any differences between previous quarters related to increased or decreased staffing needs or total mental health FTE positions for the budget year.				

Staffing Mental Health Services Tab



Click the dark blue “Staffing Mental Health Services” tab



		Mental Health FTE Positions for Budget Year	Quarter 1: FTE Vacancies	Quarter 1: Average Length of Vacancy (in days)	Quarter 1: FTE Vacancy Rate	Quarter 1: # of Additional FTE Positions Needed to Serve Unmet Community Needs
8	Executive Director*				NA	
9	MH Clinical Director(s)				NA	
10	MH Clinical Supervisor				NA	
11	Direct Mental Health Therapist				NA	
12	Direct Mental Health Support Staff				NA	
13	Licensed Physician or Psychiatrist (include contractors)				NA	
14	Psychologist				NA	
15	PA/CNP				NA	
16	RN/LPN				NA	
17	Residential 24/7 Direct Care Staff				NA	
18	Systems of Care (SOC)				NA	
19	Short Term Crisis Stabilization Staff				NA	

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

1. Fiscal Year 26 Total Mental Health FTE Positions for Budget Year - If this data changes during the year, please indicate in the comments section below.

If the Executive Director serves in this capacity for both mental health and SUD services, please indicate the percentage of the FTE designated to mental health.

2. FTE Vacancies - Indicate the number of vacancies that occurred for each position during the quarter. If no vacancies occurred for a position, enter "0."

3. Average Length of Vacancy (in days) - Indicate the average length of identified vacancy during the quarter. This number should not exceed the number of days in the quarter.

For example, Quarter 1 has 92 days. A number of 92 days or less must be entered. Identify the average length of vacancy in days for the specific quarter.

4. FTE Vacancy Rate - No data is entered in this column. This section automatically converts the data entered into a percentage for user ease.

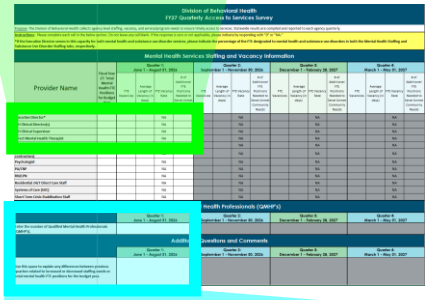
5. # of Additional FTE Positions Needed to Serve Unmet Community Needs - Enter any additional FTE positions beyond those in your budgeted FTE that are needed to meet the demand for services. This data is used by the Division to determine if/what workforce and staffing needs exist.

		Mental Health FTE Positions for Budget Year	Quarter 1:			
			FTE Vacancies	Average Length of Vacancy (in days)	FTE Vacancy Rate	# of Additional FTE Positions Needed to Serve Unmet Community Needs
8	Executive Director*				NA	
9	MH Clinical Director(s)				NA	
10	MH Clinical Supervisor				NA	
11	Direct Mental Health Therapist*				NA	

The MH Clinical Supervisor is a position that provides supervision to mental health clinicians, whereas a MH Clinical Director is a position that oversees a mental health program.

Some providers may have one budgeted FTE position serving as both the MH Clinical Director, as well as the MH Clinical Supervisor. If one FTE serves as both the MH Clinical Director and MH Clinical Supervisor:

- Report the position in Line 9 – MH Clinical Director(s).
- Enter “NA” in line 10 – MH Clinical Supervisor.



	Quarter 1:
Enter the number of Qualified Mental Health Professionals (QMHP's).	

Enter the number of trained QMHP staff.

Addition

	Quarter 1:
Use this space to explain any differences between previous quarters related to increased or decreased staffing needs or total mental health FTE positions for the budget year.	

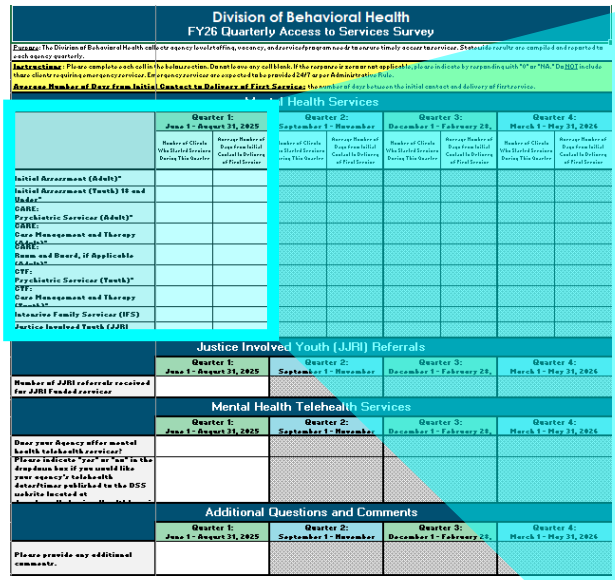
Explain any:

- Additional information or concerns regarding mental health staffing and vacancies
- Increases/decreases in mental health FTE positions during the fiscal year
- Staffing needs that changed from previous quarter(s)
- If no additional information, please enter "NA."

Mental Health Services Tab



Click the dark blue "Mental Health Services" tab



	Quarter 1:	
	Number of Clients Who Started Services During This Quarter	Average Number of Days from Initial Contact to Delivery of First Service
Initial Assessment (Adult)*	1	2
Initial Assessment (Youth) 18 and Under*		
CARE: Psychiatric Services (Adult)*		
CARE: Case Management and Therapy (Adult)*		
CARE: Room and Board, if Applicable (Adult)*		
CYF: Psychiatric Services (Youth)*		
CYF: Case Management and Therapy (Youth)*		
Intensive Family Services (IFS)		
Justice Involved Youth (JJRI Funded) EBP Services		

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

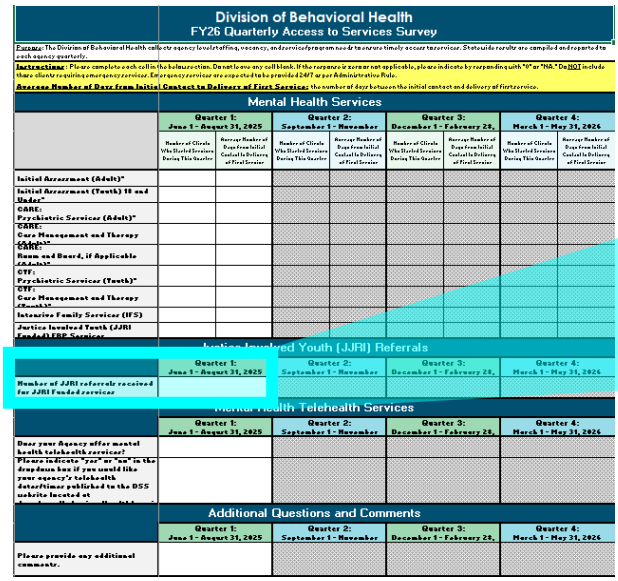
1. Enter the number of clients that made initial contact for services during that specific quarter. Do NOT include clients requiring emergency services.

2. Indicate the average length of days from initial contact to delivery of the first service during the quarter. Average days is determined counting the number of days from the initial contact (i.e.: phone, email, in -person) until the client receives the service (not solely scheduled for the service). The date of initial contact would be considered day 0.

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

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

For example, Quarter 1 has 92 days. A number of 92 days or less must be entered.



Division of Behavioral Health
FY26 Quarterly Access to Services Survey

Purpose: The Division of Behavioral Health collects agency level staffing, vacancy, and service/program needs to ensure timely access to services. Statewide results are compiled and reported to each agency quarterly.

Instructions: Please complete each cell in the below section. Do not leave any cell blank. If the response is zero or not applicable, please indicate by responding with "0" or "N/A." Do NOT include those clients requiring emergency services. Emergency services are expected to be provided 24/7 as per Administrative Rule.

Average Number of Days from Initial Contact to Delivery of First Service: the number of days between the initial contact and delivery of first service.

Mental Health Services

	Quarter 1: June 1 - August 31, 2025		Quarter 2: September 1 - November		Quarter 3: December 1 - February 28,		Quarter 4: March 1 - May 31, 2026	
	Number of Clients Who Started Services During This Quarter	Average Number of Days from Initial Contact to Delivery of First Service	Number of Clients Who Started Services During This Quarter	Average Number of Days from Initial Contact to Delivery of First Service	Number of Clients Who Started Services During This Quarter	Average Number of Days from Initial Contact to Delivery of First Service	Number of Clients Who Started Services During This Quarter	Average Number of Days from Initial Contact to Delivery of First Service
Initial Assessment (Adult)*								
Initial Assessment (Youth) 18 and Under*								
CARE: Psychiatric Services (Adult)*								
CARE: Care Management and Therapy (Adults)*								
CARE: Room and Board, if Applicable (Adults)*								
CTF: Psychiatric Services (Youth)*								
CTF: Care Management and Therapy (Youth)*								
Intensive Family Services (IFS)								
Justice Involved Youth (JJRI Funded) EBP Services								

Justice Involved Youth (JJRI) Referrals

	Quarter 1: June 1 - August 31, 2025	Quarter 2: September 1 - November	Quarter 3: December 1 - February 28,	Quarter 4: March 1 - May 31, 2026
Number of JJRI referrals received for JJRI Funded services				

Mental Health Telehealth Services

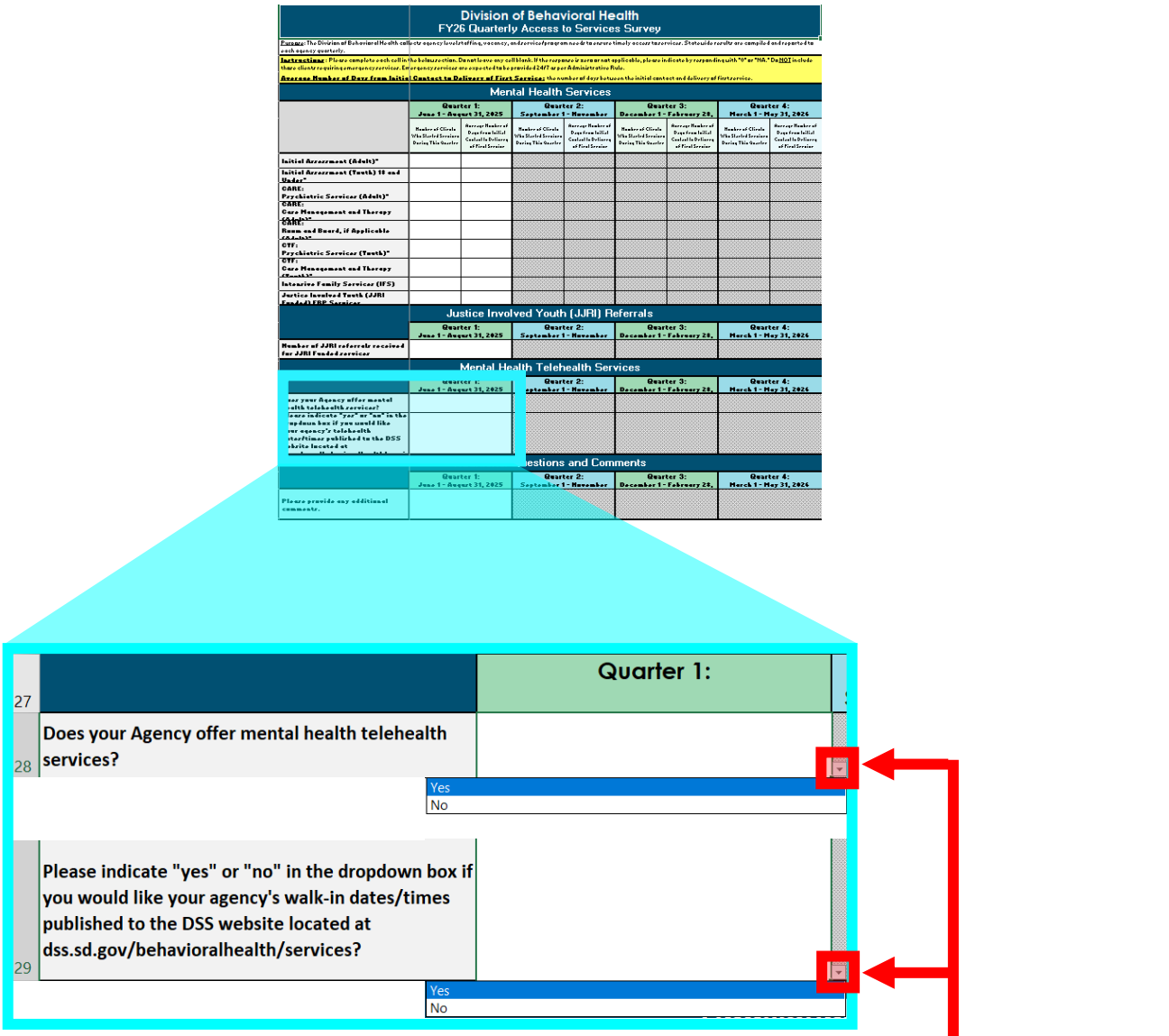
	Quarter 1: June 1 - August 31, 2025	Quarter 2: September 1 - November	Quarter 3: December 1 - February 28,	Quarter 4: March 1 - May 31, 2026
Does your Agency offer mental health telehealth services?				
Please indicate "yes" or "no" in the drop-down box if you would like your agency's telehealth data/times published to the DSS website located at				

Additional Questions and Comments

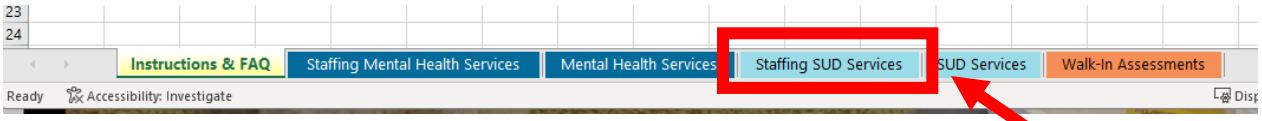
	Quarter 1: June 1 - August 31, 2025	Quarter 2: September 1 - November	Quarter 3: December 1 - February 28,	Quarter 4: March 1 - May 31, 2026
Please provide any additional comments.				

	Quarter 1:
Number of clients referred to JJRI Funded services	

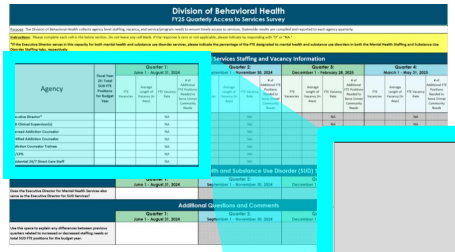
The total number of JJRI referrals received during the designated quarter from all referral sources.


Division of Behavioral Health
FY26 Quarterly Access to Services Survey
Mental Health Services
Quarter 1: June 1 - August 31, 2025
Quarter 2: September 1 - November
Quarter 3: December 1 - February 28,
Quarter 4: March 1 - May 31, 2026
Initial Assessment (Adult)*
Initial Assessment (Youth) 18 and Under*
CARE: Psychiatric Services (Adult)*
CARE: Case Management and Therapy
CARE: Room and Board, if Applicable
OTF: Psychiatric Services (Youth)*
OTF: Case Management and Therapy
Intensive Family Services (IFS)
Justice Involved Youth (JJRI Funded) ISP Services
Justice Involved Youth (JJRI) Referrals
Number of JJRI referrals received for JJRI Funded services
Mental Health Telehealth Services
Questions and Comments
Please provide any additional comments.
27
Quarter 1:
28
Does your Agency offer mental health telehealth services?
Yes
No
29
Please indicate "yes" or "no" in the dropdown box if you would like your agency's walk-in dates/times published to the DSS website located at dss.sd.gov/behavioralhealth/services?
Yes
No
Please select "yes" or "no" from each dropdown box.
Click the arrow on the bottom right side of each cell and choose "yes" or "no."

Staffing SUD Services Tab



Click the light blue “Staffing SUD Services” tab



	25: Total SUD FTE Positions for Budget Year	Quarter 1: FTE Vacancies	Quarter 1: Average Length of Vacancy (in days)	Quarter 1: FTE Vacancy Rate	Quarter 1: # of Additional FTE Positions Needed to Serve Unmet Community Needs
Executive Director*	1	2	3	NA	5
SUD Clinical Supervisor(s)				NA	
Licensed Addiction Counselor				4	
Certified Addiction Counselor					
Addiction Counselor Trainee				NA	
RN/LPN				NA	
Residential 24/7 Direct Care Staff				NA	

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

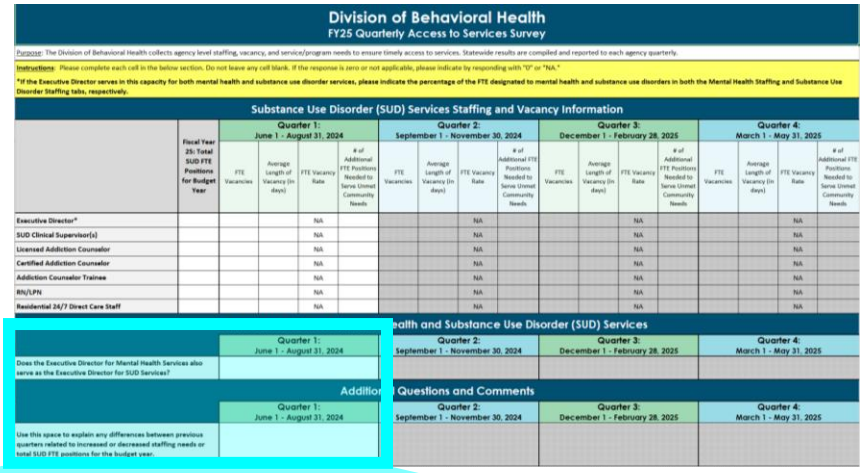
1. Fiscal Year 26 Total SUD FTE Positions for Budget Year - If this data changes during the year, please indicate in the comments section below.
   If the Executive Director serves in this capacity for both mental health and SUD services, please indicate the percentage of the FTE designated to SUD.

2. FTE Vacancies - Indicate the number of vacancies that occurred for each position during the quarter. If no vacancies occurred for a position, enter "0."

3. Average Length of Vacancy (in days) - Indicate the average length of identified vacancy during the quarter. This number should not exceed the number of days in the quarter.
   For example, Quarter 1 has 92 days. A number of 92 days or less must be entered. Identify the average length of vacancy in days for the specific quarter.

4. FTE Vacancy Rate - No data is entered in this column. This section automatically converts the data entered into a percentage for user ease.

5. # of Additional FTE Positions Needed to Serve Unmet Community Needs - Enter any additional FTE positions beyond those in your budgeted FTE that are needed to meet the demand for services. This data is used by the Division to determine if/what workforce and staffing needs exist.



Division of Behavioral Health
FY25 Quarterly Access to Services Survey

Purpose: The Division of Behavioral Health collects agency level staffing, vacancy, and service/program needs to ensure timely access to services. Statewide results are compiled and reported to each agency quarterly.

Instructions: Please complete each cell in the below section. Do not leave any cell blank. If the response is zero or not applicable, please indicate by responding with "0" or "NA."

*If the Executive Director serves in this capacity for both mental health and substance use disorder services, please indicate the percentage of the FTE designated to mental health and substance use disorders in both the Mental Health Staffing and Substance Use Disorder Staffing tabs, respectively.

Substance Use Disorder (SUD) Services Staffing and Vacancy Information

	Fiscal Year 25: Total SUD FTE Positions for Budget Year	Quarter 1: June 1 - August 31, 2024				Quarter 2: September 1 - November 30, 2024				Quarter 3: December 1 - February 28, 2025				Quarter 4: March 1 - May 31, 2025			
		FTE Vacancies	Average Length of Vacancy (in days)	FTE Vacancy Rate	# of Additional FTE Positions Needed to Serve Unmet Community Needs	FTE Vacancies	Average Length of Vacancy (in days)	FTE Vacancy Rate	# of Additional FTE Positions Needed to Serve Unmet Community Needs	FTE Vacancies	Average Length of Vacancy (in days)	FTE Vacancy Rate	# of Additional FTE Positions Needed to Serve Unmet Community Needs	FTE Vacancies	Average Length of Vacancy (in days)	FTE Vacancy Rate	# of Additional FTE Positions Needed to Serve Unmet Community Needs
Executive Director*				NA				NA				NA				NA	
SUD Clinical Supervisor(s)				NA				NA				NA				NA	
Licensed Addiction Counselor				NA				NA				NA				NA	
Certified Addiction Counselor				NA				NA				NA				NA	
Addiction Counselor Trainee				NA				NA				NA				NA	
RN/LPN				NA				NA				NA				NA	
Residential 24/7 Direct Care Staff				NA				NA				NA				NA	

ealth and Substance Use Disorder (SUD) Services

	Quarter 1: June 1 - August 31, 2024	Quarter 2: September 1 - November 30, 2024	Quarter 3: December 1 - February 28, 2025	Quarter 4: March 1 - May 31, 2025
Does the Executive Director for Mental Health Services also serve as the Executive Director for SUD Services?				

Additio Questions and Comments

	Quarter 1: June 1 - August 31, 2024	Quarter 2: September 1 - November 30, 2024	Quarter 3: December 1 - February 28, 2025	Quarter 4: March 1 - May 31, 2025
Use this space to explain any differences between previous quarters related to increased or decreased staffing needs or total SUD FTE positions for the budget year.				

	Quarter 1:
Does the Executive Director for Mental Health Services also serve as the Executive Director for SUD Services?	Yes / No
	Quarter 1:
Use this space to explain any differences between previous quarters related to increased or decreased staffing needs or total SUD FTE positions for the budget year.	

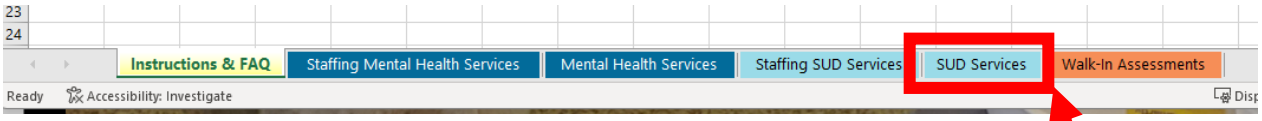
Explain any:

- Additional information or concerns regarding SUD staffing and vacancies
- Increases/decreases in mental health FTE positions during the fiscal year
- Staffing needs that changed from previous quarter(s)
- If no additional information, please enter "NA."

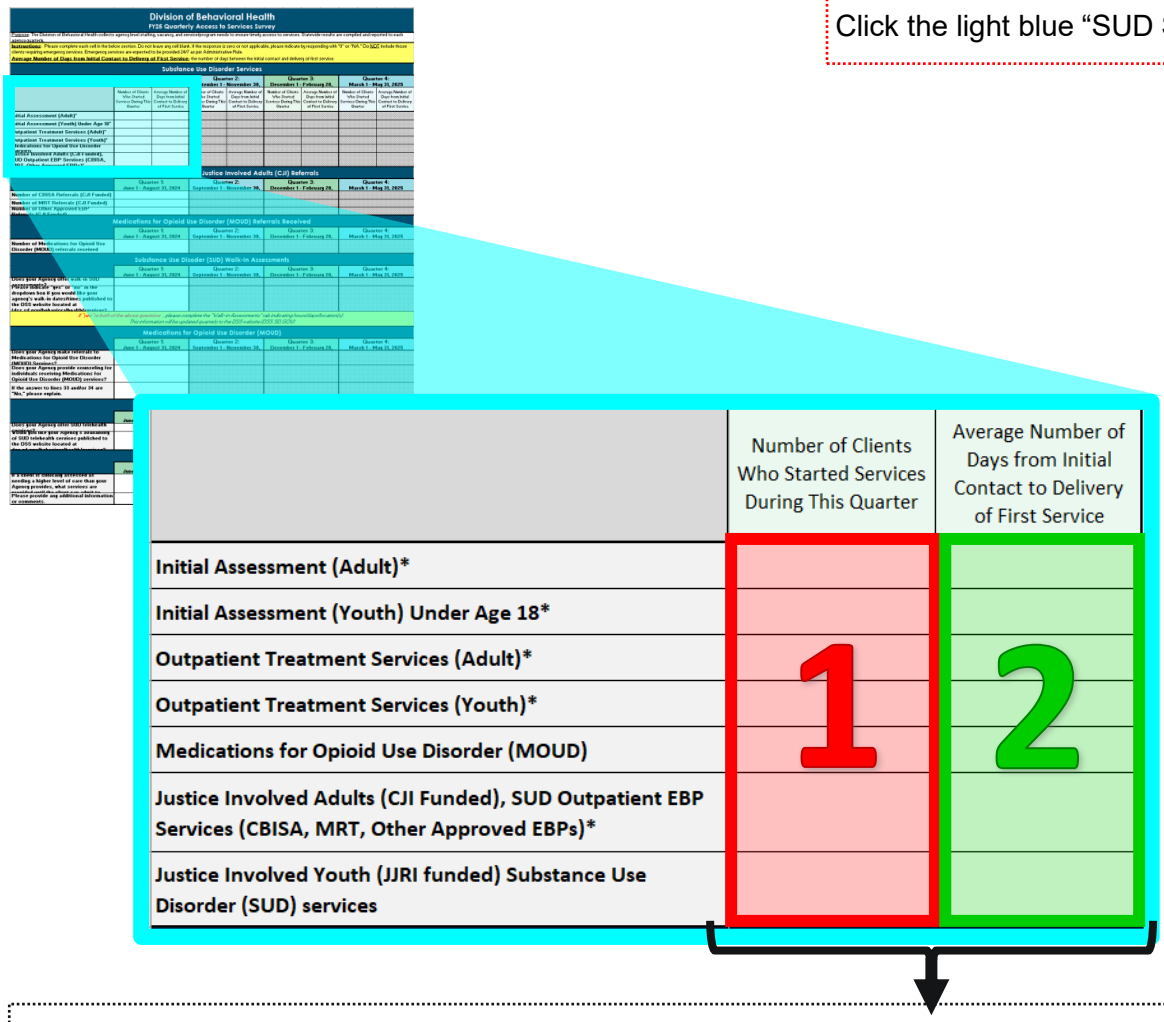
If your agency is contracted for SUD and mental health services and the Executive Director serves in that capacity for both, use the dropdown box to answer yes or no.

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

SUD Services Tab



Click the light blue "SUD Services" tab



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

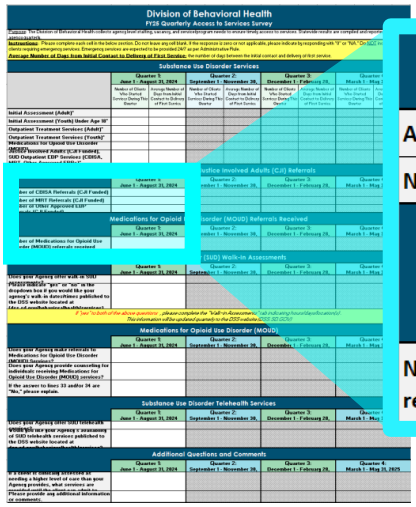
1. Enter the number of clients that made initial contact for services during that specific quarter. Do NOT include clients requiring emergency services.

2. Indicate the average length of days from initial contact to delivery of the first service during the quarter. Average days is determined counting the number of days from the initial contact (i.e.: phone, email, in -person) until the client receives the service (not solely scheduled for the service). The date of initial contact would be considered day 0.

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

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

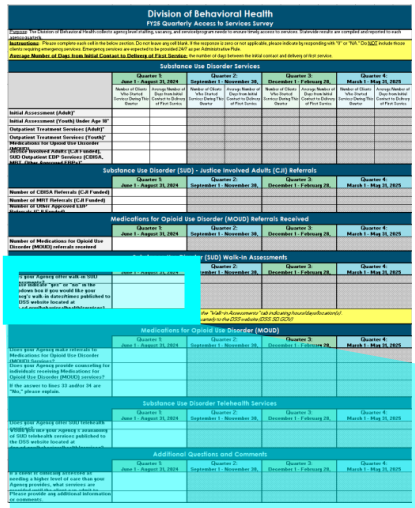
   For example, Quarter 1 has 92 days. A number of 92 days or less must be entered.



	Quarter 1:
Adult EBP Referrals (CJI Funded)	
Number of MRT Referrals (CJI Funded)	
Medications for Opioi	**Quarter 1:**
Number of Medications for Opioid Use Disorder (MOUD) referrals received	

Please identify the total number of referrals for Medications for Opioid Use Disorder (MOUD).

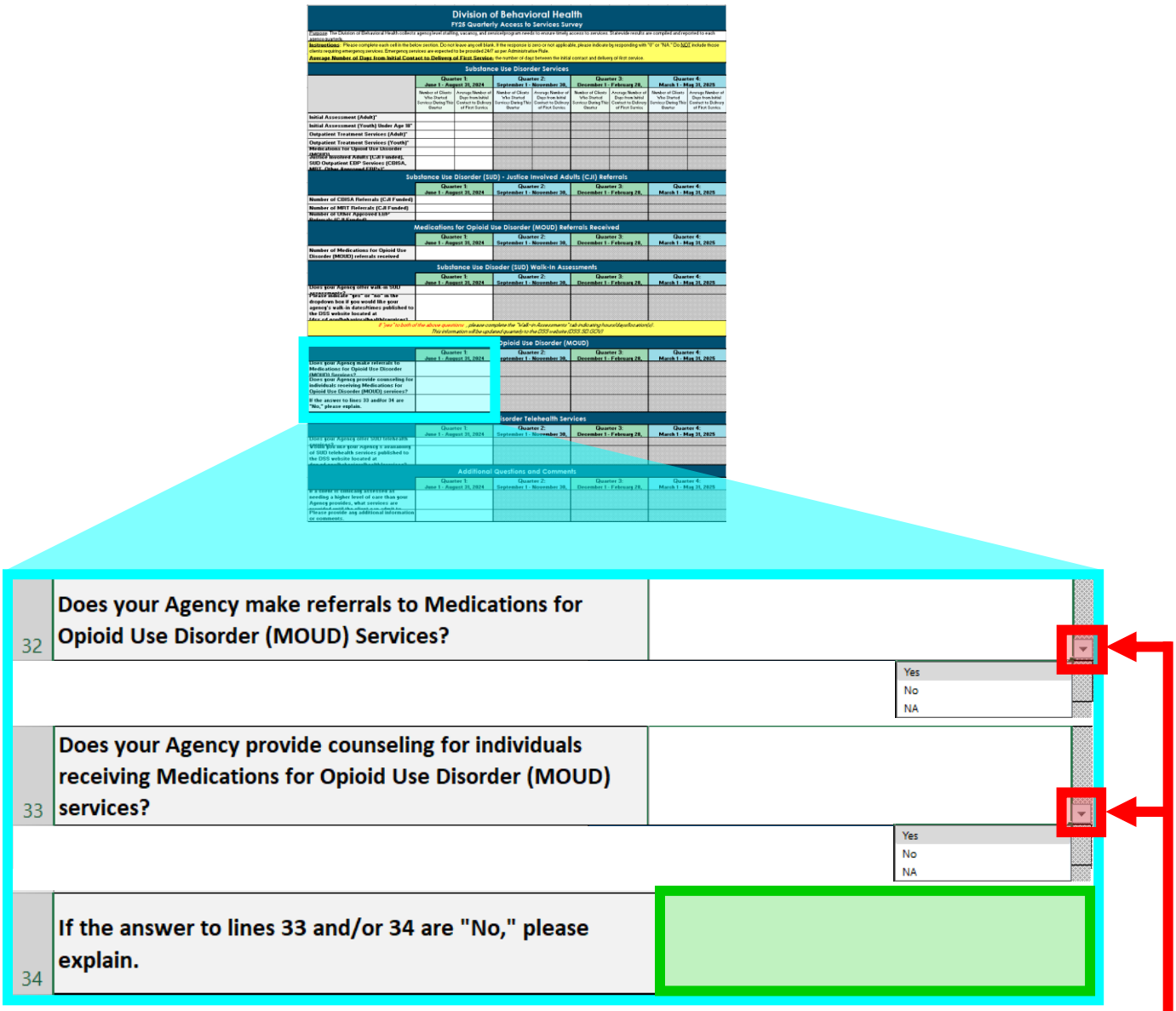
For each of the CJI funded services listed, please identify the total number of referrals received from all referral sources within the reporting quarter.



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

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

Does your Agency offer walk-in SUD assessments?	Yes / No
Please indicate "yes" or "no" in the dropdown box if you would like your agency's walk-in dates/times published to the DSS website located at (dss.sd.gov/behavioralhealth/services).	Yes / No



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

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

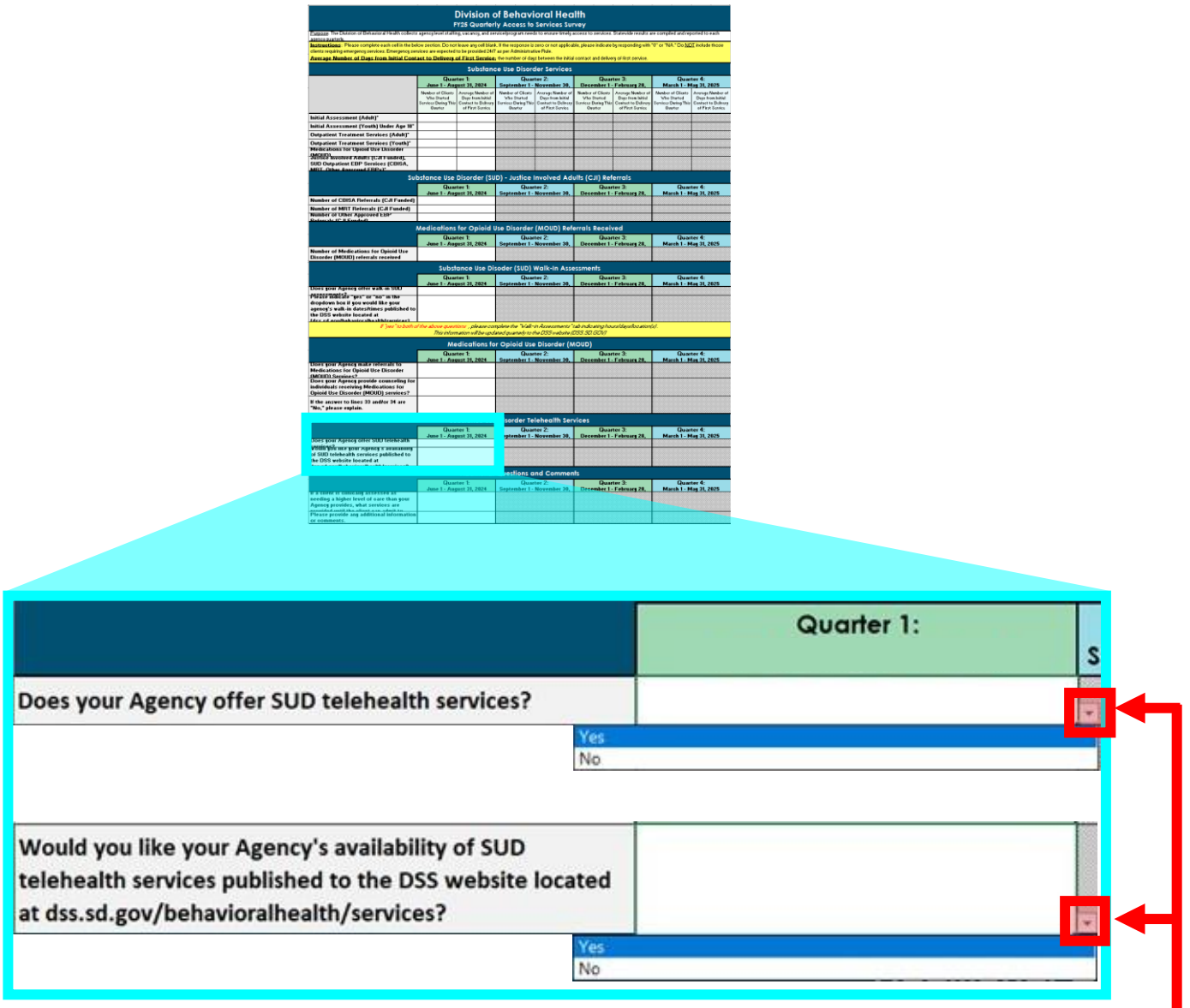
Does your agency make referrals and/or coordinate services to a MOUD provider (Line 32)?

For line 32, please indicate in the drop-down box by selecting "yes", "no", or “NA” if your agency assists client clinically assessed for MOUD services by making a referral or coordinating services with a MOUD provider.

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

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

If lines 32-33 were answered “No,” please provide an explanation as to why your Agency does not make referrals to MOUD services and/or provide counseling for individuals receiving MOUD.

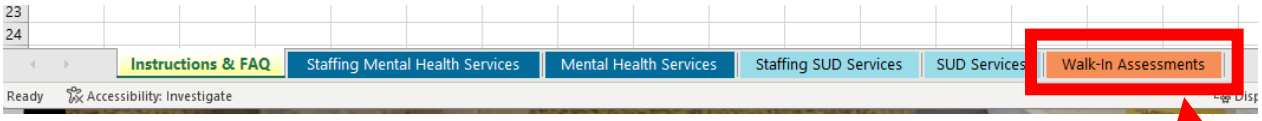


Please select "yes" or "no" from each dropdown box.
Click the arrow on the bottom right side of each cell and choose "yes" or "no."

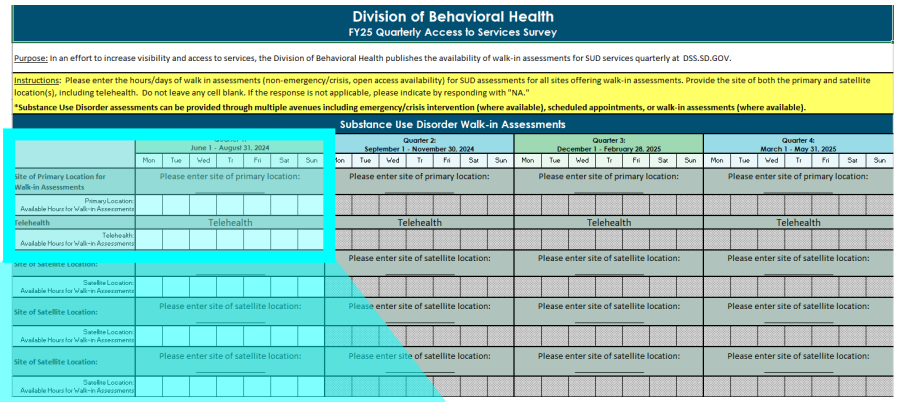
Identify services provided by your agency until the client can begin services in the clinically recommended higher level of care.

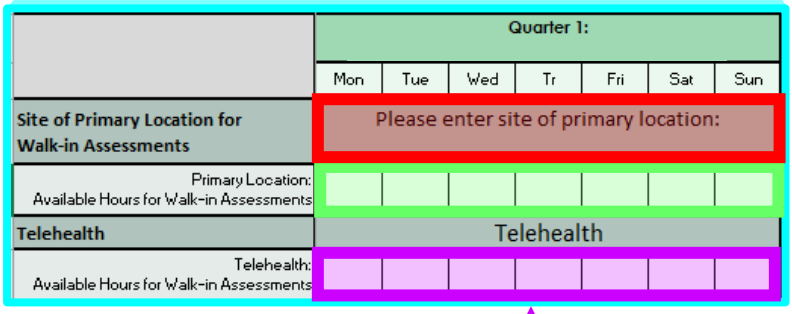
If a client is clinically assessed as needing a higher level of care than your Agency provides, what services are provided until the client can admit to those services?	
Please provide any additional information or comments.	

Walk-In Assessments Tab



Click the orange “Walk-In Assessments” tab





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

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

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

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

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

Division of Behavioral Health
FY25 Quarterly Access to Services Survey

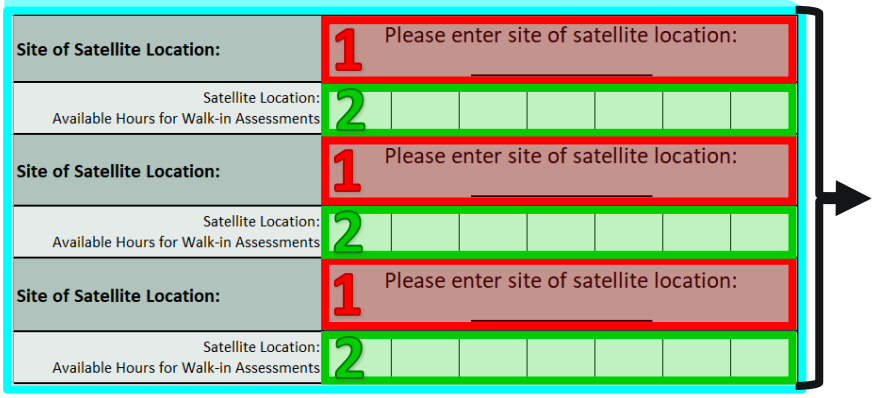
Purpose: In an effort to increase visibility and access to services, the Division of Behavioral Health publishes the availability of walk-in assessments for SUD services quarterly at DSS.SD.GOV.

Instructions: Please enter the hours/days of walk in assessments (non-emergency/crisis, open access availability) for SUD assessments for all sites offering walk-in assessments. Provide the site of both the primary and satellite location(s), including telehealth. Do not leave any cell blank. If the response is not applicable, please indicate by responding with "NA."

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

Substance Use Disorder Walk-in Assessments

	Quarter 1: June 1 - August 31, 2024							Quarter 2: September 1 - November 30, 2024							Quarter 3: December 1 - February 28, 2025							Quarter 4: March 1 - May 31, 2025						
	Mon	Tue	Wed	Tr	Fri	Sat	Sun	Mon	Tue	Wed	Tr	Fri	Sat	Sun	Mon	Tue	Wed	Tr	Fri	Sat	Sun	Mon	Tue	Wed	Tr	Fri	Sat	Sun
Site of Primary Location for Walk-in Assessments	Please enter site of primary location:							Please enter site of primary location:							Please enter site of primary location:							Please enter site of primary location:						
Primary Location: Available Hours for Walk-in Assessments																												
Telehealth	Telehealth							Telehealth							Telehealth							Telehealth						
Telehealth:																												
Site of Satellite Location:	Please enter site of satellite location:							Please enter site of satellite location:							Please enter site of satellite location:							Please enter site of satellite location:						
Satellite Location: Available Hours for Walk-in Assessments																												
Site of Satellite Location:	Please enter site of satellite location:							Please enter site of satellite location:							Please enter site of satellite location:							Please enter site of satellite location:						
Satellite Location: Available Hours for Walk-in Assessments																												
Site of Satellite Location:	Please enter site of satellite location:							Please enter site of satellite location:							Please enter site of satellite location:							Please enter site of satellite location:						
Satellite Location: Available Hours for Walk-in Assessments																												



1. If your agency has satellite locations where walk-in assessments are offered, enter the name of the city where the satellite is located. This does NOT include telehealth.

2. Enter the times during each day of the week when walk-in assessments are available in the satellite location identified. If walk-in assessments are not available that day of the week, or if your agency does not offer walk-in assessments at satellite location(s), enter "NA."