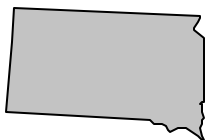


# SOUTH DAKOTA

## State SSA Director

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Division of Alcohol and Drug Abuse  
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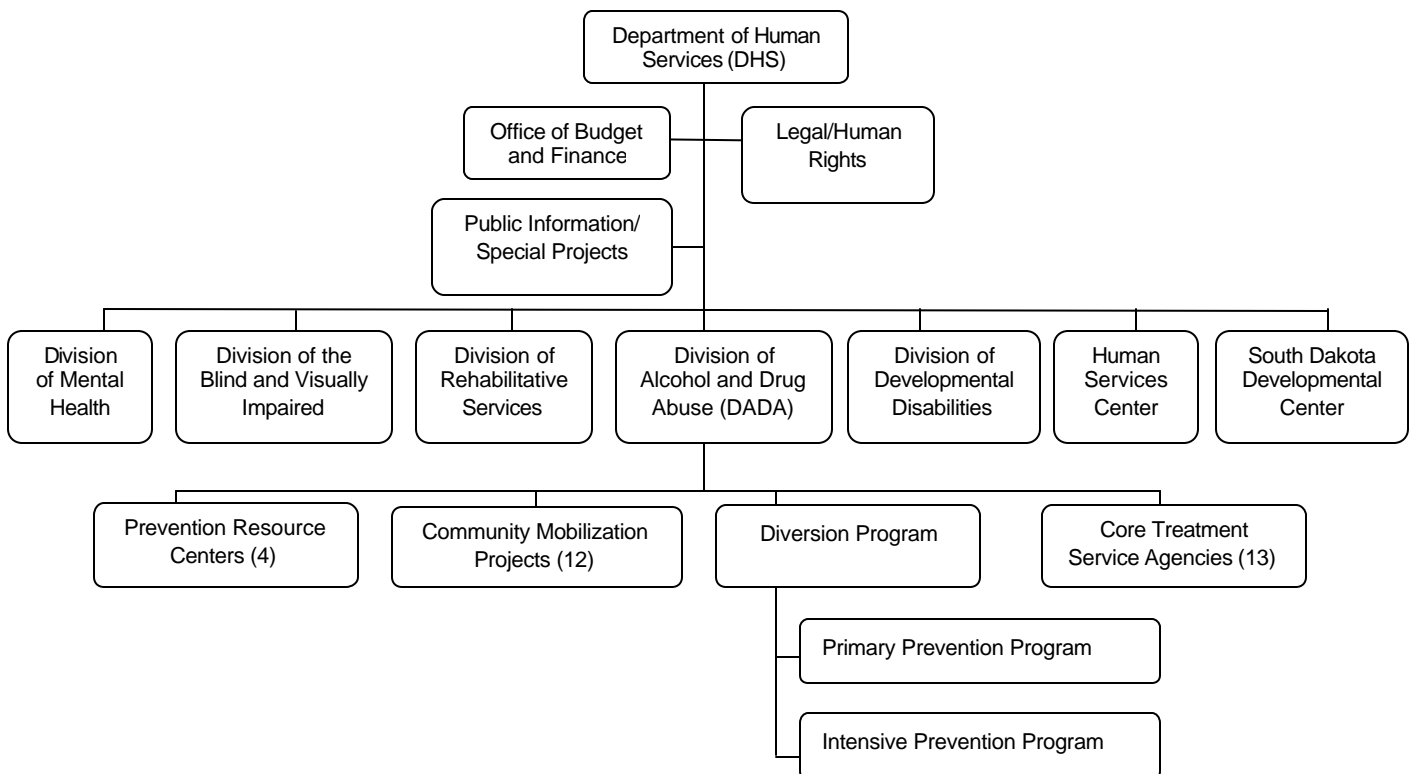
## Structure and Function



The Division of Alcohol and Drug Abuse (DADA) is South Dakota's designated Single State Agency (SSA) for substance abuse prevention and treatment efforts. It is one of the eight divisions of the South Dakota Department of Human Services (DHS).

DADA partners with other DHS departments in order to meet the varied needs of South Dakotans. These primarily include the Departments of Corrections, Social Services, and Health. Additionally, the Alcohol and Drug Advisory Council is a legislatively mandated board which advises DADA on statewide prevention, treatment, and rehabilitation needs. The Advisory Council also assists DADA in coordinating activities between State and local agencies and private service providers.

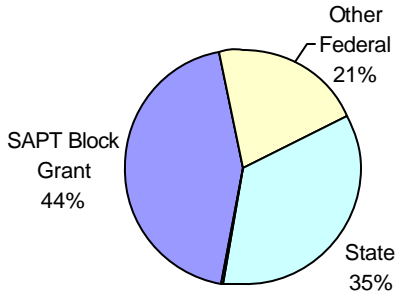
### Single State Agency Structure



## Single State Agency Funding Overview

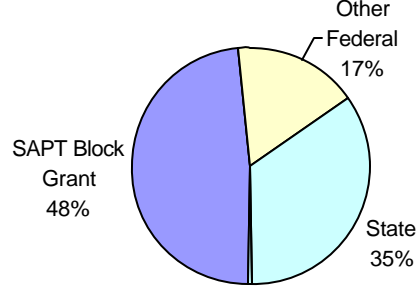
Between FYs 2000 and 2003, total SSA funding in South Dakota increased by \$1.5 million (from \$8 to nearly \$9.6 million). The largest funding source in FY 2003 was the Block Grant constituting 48 percent of the total, followed by the State (35 percent) and other Federal funds (17 percent). These proportions are similar to those in FY 2000.

**FY 2000 Expenditures by Funding Source**

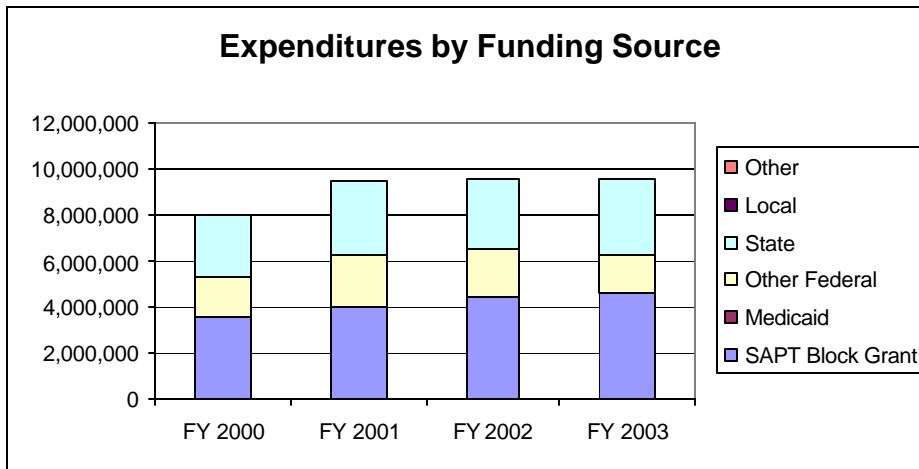


**N=\$8,057,224**

**FY 2003 Expenditures by Funding Source**



**N=\$9,556,150**



**Single State Agency Expenditures From All Funding Sources**

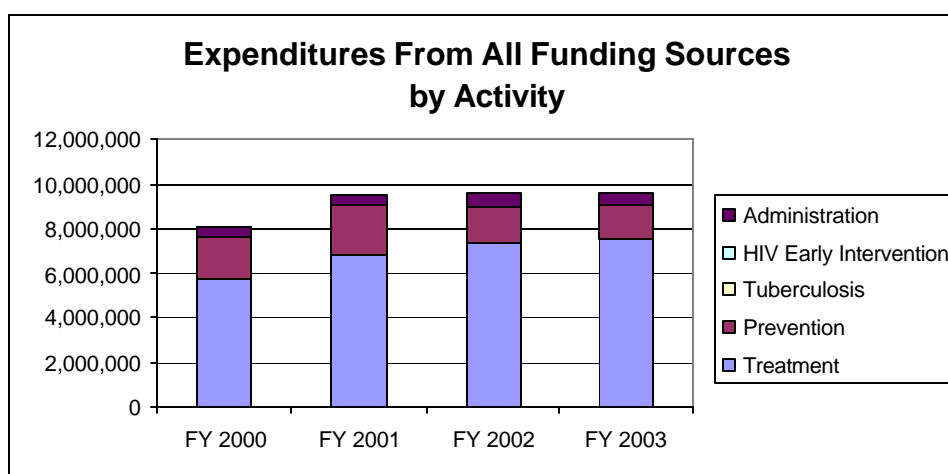
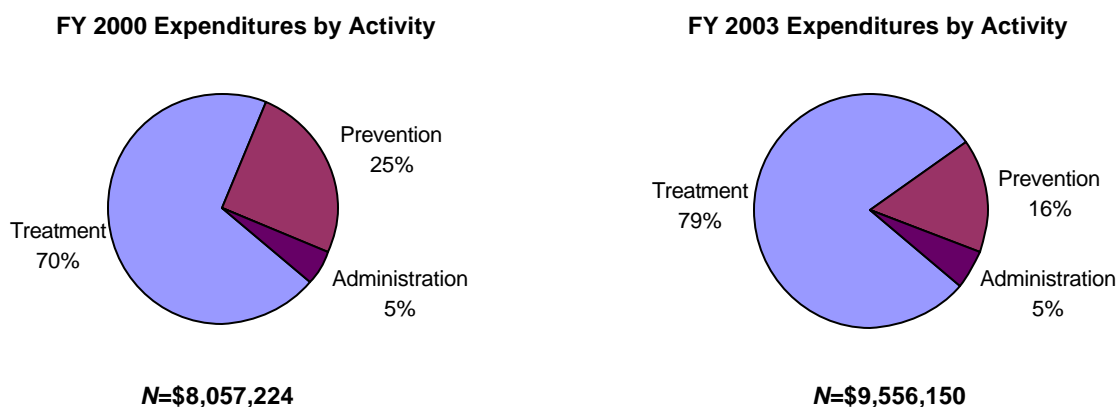
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	3,529,799	44	3,959,993	42	4,388,101	46	4,608,895	48
Medicaid	0	0	0	0	0	0	0	0
Other Federal	1,699,466	21	2,356,155	25	2,168,095	23	1,645,246	17
State	2,827,959	35	3,176,730	33	3,033,428	32	3,302,009	35
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
<b>Total*</b>	<b>8,057,224</b>	<b>100</b>	<b>9,492,878</b>	<b>100</b>	<b>9,589,624</b>	<b>100</b>	<b>9,556,150</b>	<b>100</b>

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

\* Totals may not equal 100 percent due to rounding.

## Activities and Expenditures From All Funding Sources

Most (79 percent) of SSA funds in FY 2003 were spent on treatment activities, 16 percent on prevention activities, and 5 percent on administration costs. By contrast, in FY 2000, only 70 percent of total SSA funds went toward treatment services, one-fourth went toward prevention services, and 5 percent toward administration costs.



### Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	3,017,368	37	3,872,138	41	7,359,924	77	7,554,638	79
Alcohol Treatment	1,328,373	16	1,487,989	16				
Drug Treatment	1,312,091	16	1,480,121	16				
Prevention	2,027,364	25	2,228,050	23	1,658,964	17	1,495,705	16
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	372,028	5	424,580	4	570,736	6	505,807	5
<b>Total*</b>	<b>8,057,224</b>	<b>100</b>	<b>9,492,878</b>	<b>100</b>	<b>9,589,624</b>	<b>100</b>	<b>9,556,150</b>	<b>100</b>

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

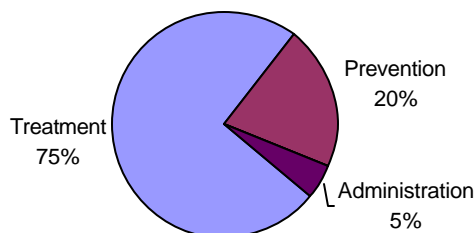
\* Totals may not equal 100 percent due to rounding.

## Expenditures of Block Grant and State Funds

### Expenditures of Block Grant Funds

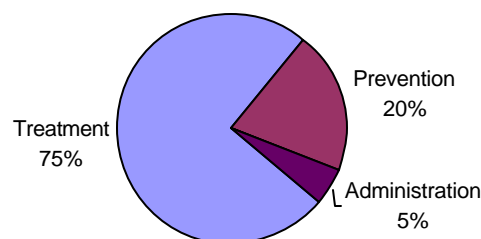
Block Grant expenditures rose by more than \$1 million between FYs 2000 and 2003 (from \$3.5 to \$4.6 million). However, during that time period the distribution of Block Grant funds remained stable: three-fourths went toward treatment services, 20 percent toward prevention activities, and 5 percent toward administration costs.

FY 2000 Block Grant Expenditures by Activity

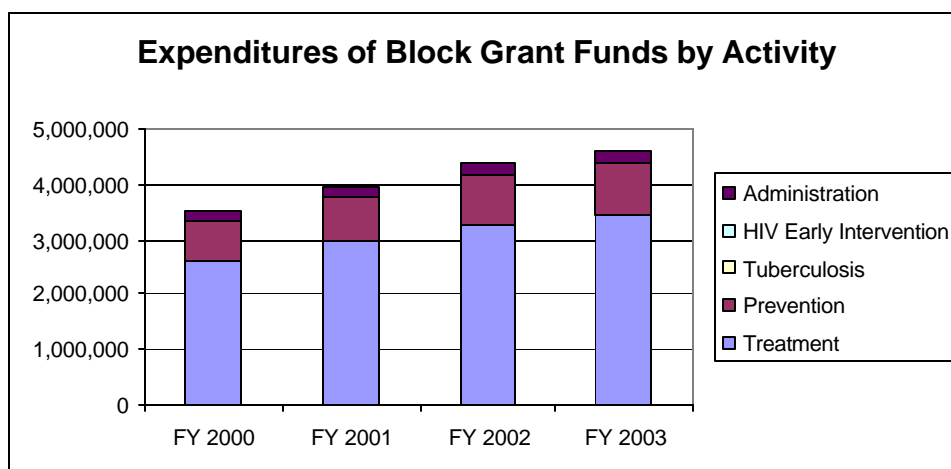


N=\$3,529,799

FY 2003 Block Grant Expenditures by Activity



N=\$4,608,895



### Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	0	0	3,291,159	75	3,450,509	75
Alcohol Treatment	1,328,373	38	1,487,989	38				
Drug Treatment	1,312,091	37	1,480,121	37				
Prevention	712,845	20	793,883	20	878,845	20	927,941	20
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	176,490	5	198,000	5	218,097	5	230,445	5
<b>Total*</b>	<b>3,529,799</b>	<b>100</b>	<b>3,959,993</b>	<b>100</b>	<b>4,388,101</b>	<b>100</b>	<b>4,608,895</b>	<b>100</b>

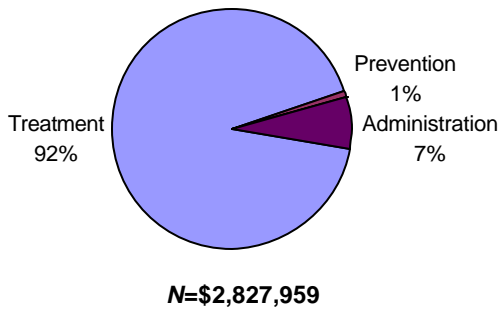
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

\* Totals may not equal 100 percent due to rounding.

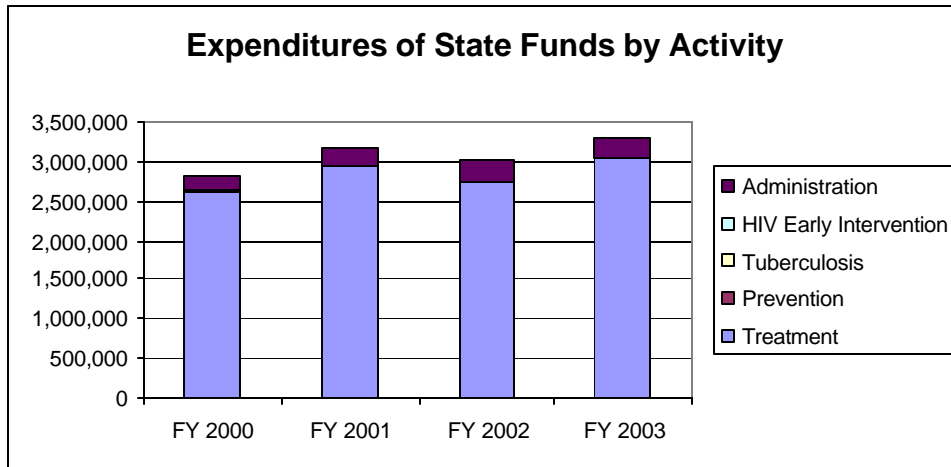
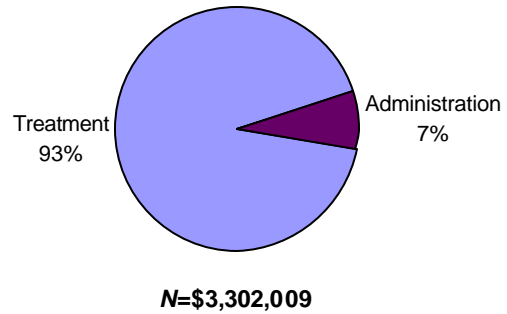
### Expenditures of State Funds

Between FYs 2000 and 2003, State expenditures on alcohol and drug abuse related services increased from \$2.9 to \$3.3 million. During this time period, nearly all (91 to 93 percent) of the funds went toward treatment, 0 to 1 percent went toward prevention activities, and 7 percent toward administration costs.

**FY 2000 State Expenditures by Activity**



**FY 2003 State Expenditures by Activity**



### Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	2,608,530	92	2,950,160	93	2,746,208	91	3,056,701	93
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	23,902	1	0	0	0	0	0	0
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	195,527	7	226,570	7	287,220	9	245,308	7
<b>Total*</b>	<b>2,827,959</b>	<b>100</b>	<b>3,176,730</b>	<b>100</b>	<b>3,033,428</b>	<b>100</b>	<b>3,302,009</b>	<b>100</b>

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

\* Totals may not equal 100 percent due to rounding.

## Prevention Services

DADA stresses evidence-based programs and strategies in its efforts to prevent substance abuse among its citizens. The recently approved statewide prevention plan is driven by client and program outcomes, rather than the historical emphasis on program process. South Dakota has focused its prevention efforts in four key areas.

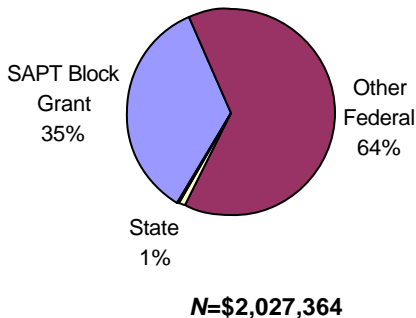
First, four Prevention Resource Centers (PRCs) distribute information; assist schools in developing alcohol, tobacco, and other drug (ATOD) policies, programming, and curricula; help community and parent groups develop prevention activities; and serve as Regional Alcohol and Drug Awareness Resource (RADAR) network sites throughout the State. Second, 12 Community Mobilization Projects (CMPs) work to establish community advisory committees, assist in local needs assessment, and develop short- and long-term goals in meeting the identified community needs. Finally, the two-tiered Diversion Program refers juveniles entering the court system for alcohol- or drug-related offenses to either a Primary Prevention Program (10 hours) or an Intensive Prevention Program (30 hours). (Each includes a family component and an early intervention strategy.) The fourth area is School-based Prevention Programming.

### Prevention Funding and Expenditures

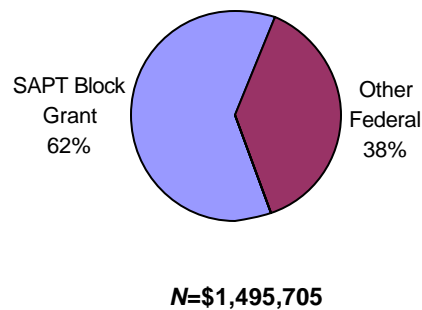
Prevention funding in South Dakota declined between FYs 2000 and 2003 from \$2 to \$1.5 million. In FY 2003, most (62 percent) of prevention expenditures derived from the Block Grant and 38 percent from other Federal sources. By contrast, in FY 2000, only 35 percent of prevention expenditures came from the Block Grant and 64 percent from other Federal sources.

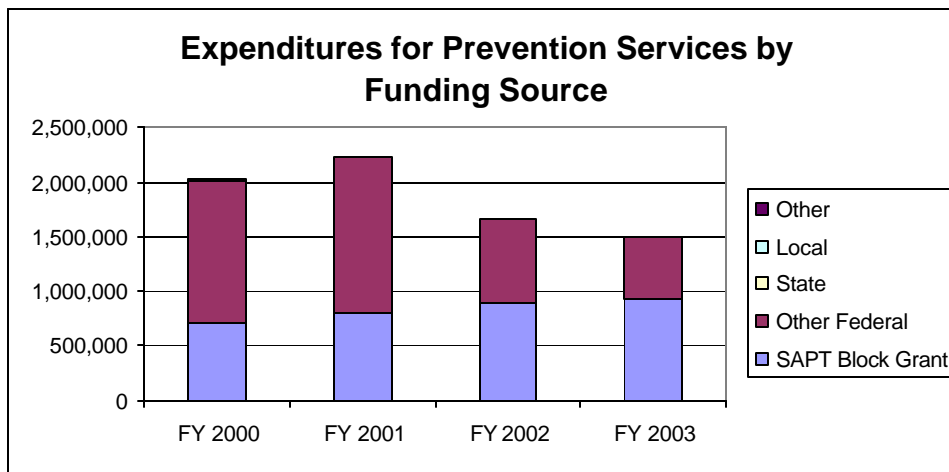
Between FYs 2000 and 2002, Block Grant prevention expenditures per capita rose from \$0.94 to \$1.16. In FY 2003, Block Grant expenditures on prevention services continued to increase to \$1.21 per capita.

**FY 2000 Prevention Expenditures by Funding Source**



**FY 2003 Prevention Expenditures by Funding Source**





### Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	712,845	35	793,883	36	878,845	53	927,941	62
Other Federal	1,290,617	64	1,434,167	64	780,119	47	567,764	38
State	23,902	1	0	0	0	0	0	0
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
<b>Total*</b>	<b>2,027,364</b>	<b>100</b>	<b>2,228,050</b>	<b>100</b>	<b>1,658,964</b>	<b>100</b>	<b>1,495,705</b>	<b>100</b>

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

\* Totals may not equal 100 percent due to rounding.

## Core Strategies

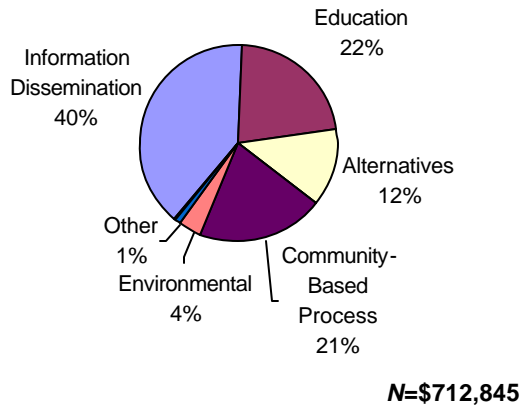
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Activities include media promotions, health fairs, newsletters, literature dissemination and the Red Ribbon campaign, primarily facilitated by the PRCs.
Education	Through the PRCs, DADA funds training programs for youth and adults on topics such as National Helpers, student assistance, Walking the Talk (Parenting as Prevention), risk and resiliency, Improvisational Theater, and principles of effectiveness.
Alternatives	Activities include two improvisational theater trainings and community-sponsored drug-free events through the local CMPs.
Community-Based Processes	Strategies include the funding of community prevention specialists through the Core Service Agencies and other agencies and partnerships between DADA and the city governments and school districts of Sioux Falls and Rapid City, which provide a range of prevention programming through the schools.
Environmental	DADA funds structured prevention programming for high-risk youth through contracts with local providers, support local task forces in the areas of policy development. DADA trains teachers and prevention advocates and works with local community, parent, and youth groups.
Problem Identification and Referral	Strategies include the Diversion Program for juvenile offenders and screenings and assessments of adult offenders.

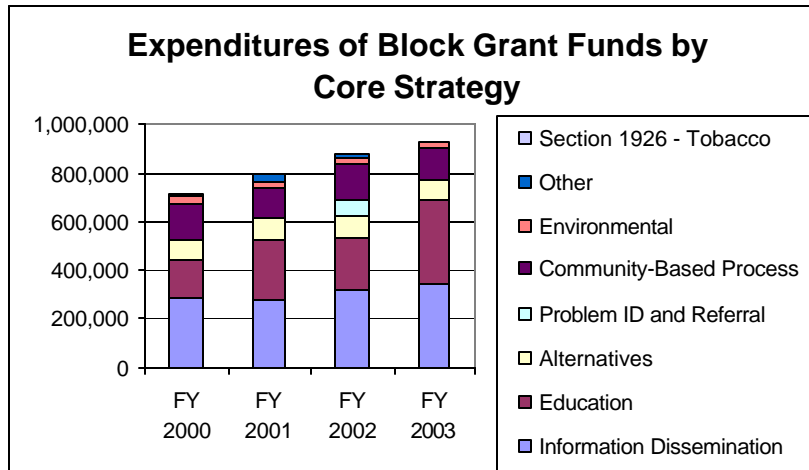
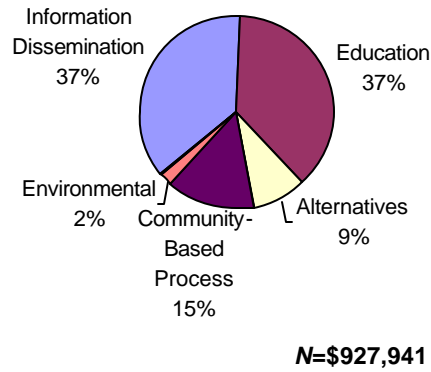
### Expenditures of Block Grant Funds for Core Strategies

Block Grant funding for prevention core strategies in South Dakota rose slightly from nearly \$713,000 in FY 2000 to nearly \$928,000 in FY 2003. The distribution of these funds went to a wide array of strategies, with most (37 percent each in FY 2003) going toward education and information dissemination.

**FY 2000 Block Grant Expenditures by Core Strategy**



**FY 2003 Block Grant Expenditures by Core Strategy**



### Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Information Dissemination	284,344	40	274,738	35	319,038	36	344,358	37
Education	157,873	22	253,923	32	215,242	24	344,390	37
Alternatives	88,083	12	90,740	11	90,493	10	82,724	9
Problem ID and Referral	0	0	0	0	63,450	7	0	0
Community-Based Process	147,494	21	120,233	15	149,620	17	134,719	15
Environmental	25,523	4	23,496	3	20,406	2	21,750	2
Other	9,528	1	30,754	4	20,596	2	0	0
Section 1926 - Tobacco	0	0	0	0	0	0	0	0
<b>Total*</b>	<b>712,845</b>	<b>100</b>	<b>793,884</b>	<b>100</b>	<b>878,845</b>	<b>100</b>	<b>927,941</b>	<b>100</b>

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a

\* Totals may not equal 100 percent due to rounding.



## Treatment and Rehabilitation Services

DHS' goal is to promote the highest level of independence for all individuals. To that end, DADA provides substance abuse treatment services in progressive levels of care, according to the unique needs of each individual. These services include clinically-managed residential detoxification programs, corrections substance abuse programs, outpatient treatment, day treatment, early intervention, gambling treatment, intensive outpatient treatment, clinically managed low-intensity residential programs, medically monitored intensive inpatient treatment, and core service agencies.

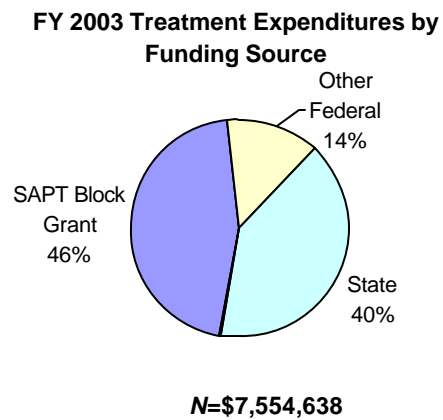
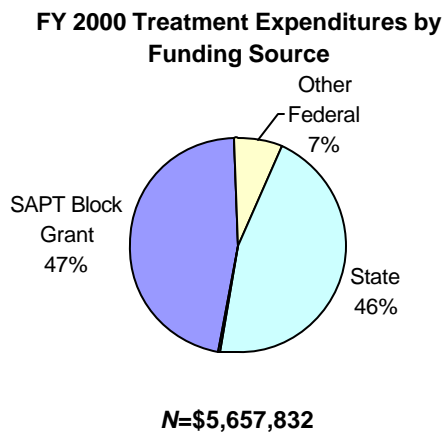
DADA's Corrections Substance Abuse Program provides a continuum of substance abuse services to adults and juveniles who are either incarcerated or on parole. Through this program, South Dakota works to equip these individuals to live substance- and crime-free lives.

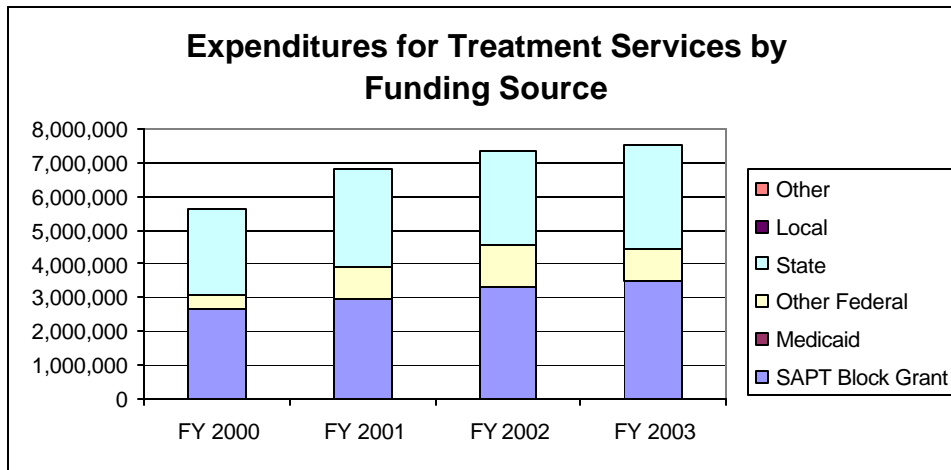
Approximately 30 percent of clients in State-funded treatment programs are Native American. As a result, DADA has recently partnered with tribal communities throughout the State to evaluate and enhance alcohol and substance abuse treatment resources. Additionally, DADA continues its recent emphasis on identifying and treating substance abusing pregnant women and teens.

### Treatment Funding and Expenditures

Between FYs 2000 and 2003, treatment funding in South Dakota increased from \$5.7 to \$7.6 million. In FY 2003, the largest source of treatment funding was the Block Grant (constituting 46 percent of treatment funds), followed by the State (at 40 percent) and other Federal sources (at 14 percent). This distribution varies slightly from the FY 2000 distribution.

Block Grant expenditures on treatment and rehabilitation increased substantially between FYs 2000 and 2002 from \$3.49 to \$4.33 per capita. In FY 2003, Block Grant expenditures on treatment continued to increase to \$4.51 per capita.





**Single State Agency Expenditures for Treatment Services From All Funding Sources**

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	2,640,464	47	2,968,110	43	3,291,159	45	3,450,509	46
Medicaid	0	0	0	0	0	0	0	0
Other Federal	408,838	7	921,978	13	1,322,557	18	1,047,428	14
State	2,608,530	46	2,950,160	43	2,746,208	37	3,056,701	40
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
<b>Total*</b>	<b>5,657,832</b>	<b>100</b>	<b>6,840,248</b>	<b>100</b>	<b>7,359,924</b>	<b>100</b>	<b>7,554,638</b>	<b>100</b>

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

\* Totals may not equal 100 percent due to rounding.

**Admissions**

South Dakota’s SAPT Block Grant application indicates that over 15,000 persons were admitted to treatment during FY 2002, most of which were admitted for outpatient (non-methadone) treatment services.

**Number of Persons Admitted by Type of Treatment Care**

Type of Care	Total Number Admissions by Primary Diagnosis (N=15,338)		
	Alcohol Problems	Drug Problems	None Indicated
<b>Detoxification (24-hour care)</b>			
Hospital inpatient	0	0	0
Free-standing residential	1,690	951	0
<b>Rehabilitation/Residential</b>			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	118	66	0
Long-term residential	572	322	0
<b>Ambulatory (Outpatient)</b>			
Outpatient (methadone)	0	0	0
Outpatient (non-methadone)	7,017	3,947	0
Intensive outpatient	1,028	578	0
Detoxification (outpatient)	0	0	0
<b>Total</b>	<b>10,425</b>	<b>4,913</b>	<b>0</b>

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data indicate nearly 7,000 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 21 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied only slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

**Percent of Admissions with a Psychiatric Problem by Primary Diagnosis**

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	2,933	18.9
Alcohol in combination with other drugs	4,050	21.6
<b>Total</b>	<b>6,983</b>	<b>20.5</b>

SOURCE: Treatment Episode Data Set, 2002

\*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 60,000 persons aged 12 and older (9.6 percent of South Dakota's population) needed, but did not receive, treatment for alcohol use and 15,000 persons (2.4 percent) needed, but did not receive, treatment for illicit drug use in South Dakota.

**Treatment Gap by Age Group**

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	9.59	8.55	24.04	6.92
Needing but not receiving treatment for illicit drug use	2.37	5.08	6.20	1.21

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

## Resource Development Activities

### Planning and Needs Assessment

South Dakota's prevention needs are assessed at the local level. As part of any funding application, communities must present a needs assessment, including objectives and strategies based on the identified needs. The primary assessment instruments are the Search Survey and the Tri-Ethnic Center (Colorado) survey. The Search Survey assesses the well-being of youth in grades 6 through 12 using a framework of 40 developmental assets. With the Tri-Ethnic Center, DADA conducted a State-wide evaluation of the impact of a Community Readiness Model to stimulate prevention activities in rural areas.

DADA periodically develops a statewide position paper on the prevention needs throughout South Dakota. Written with input from the Departments of Health, Commerce, and Social Services, the Attorney General's office, and local non-profit prevention entities, the report and its recommendations were disseminated to all prevention and treatment providers throughout the State.

To assess treatment needs, DADA utilizes the State Treatment Needs Assessment Program, which includes a household telephone survey and a face-to-face survey of Native American adults. DADA recently completed the second round of a statewide treatment prevalence and needs assessment analysis. The information helped the State identify those populations, areas, and localities in South Dakota with greatest need for alcohol and substance abuse services. Specifically, as a result of this assessment, DADA expanded treatment programming for pregnant substance-abusing women and funded two new residential treatment units.

### Evaluation

DADA works on an ongoing basis with the Departments of Corrections, Social Services, and Health, as well as local prevention and treatment professionals, to ensure that all services meet the needs of the individuals they serve. DADA also conducts biannual accreditation surveys to evaluate the effectiveness of prevention and treatment programs. For programs specifically serving women who are pregnant or who have dependent children, DADA conducts onsite program reviews and provides technical assistance. Additionally, DADA partners with Mountain Plains Research to conduct outcome studies of all individuals completing intensive outpatient, day treatment, and medically monitored inpatient treatment.

### Training and Assistance

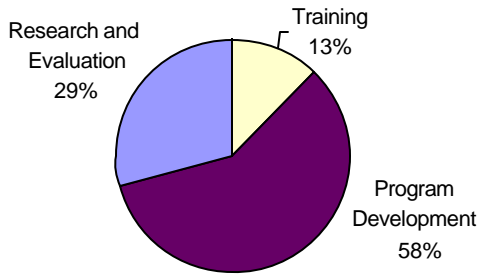
In general, DADA determines ongoing training needs based on the annual work plans submitted by local agencies. Through these plans, providers identify their general training needs, as well as specific needs based on current drug trends and rural issues.

DADA provides funding to the Chemical Dependency Association to provide two annual conferences and to local agencies for the training of prevention and treatment professionals. Recognizing recent trends, in 2004, DADA conducted a statewide conference on the prevention and treatment of methamphetamine use. DADA is also providing technical assistance to address cultural AOD needs, particularly with respect to the State's Native American citizens. Various reports and manuals are also available on the DADA Web site.

### Expenditures of Block Grant Funds for Resource Development Activities

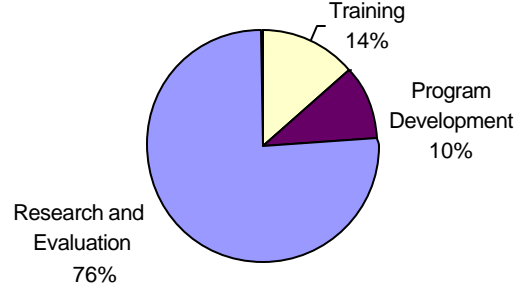
Block Grant funding for resource development activities in South Dakota increased from over \$39,000 in FY 2000 to over \$51,000 in FY 2003. The distribution of fund shifted during this time period. In FY 2003, three quarters of these funds went toward research and evaluation (compared with only 29 percent in FY 2000), 14 percent went toward training (similar to the proportion in FY 2000), and 10 percent toward program development (compared with 58 percent in FY 2000).

**FY 2000 Block Grant Expenditures on Resource Development Activities**

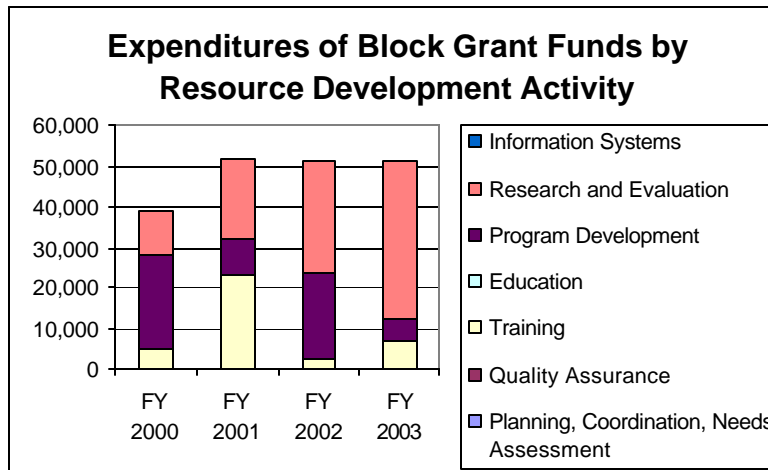


N=\$39,120

**FY 2003 Block Grant Expenditures on Resource Development Activities**



N=\$51,185



### Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Planning, Coordination, Needs Assessment	0	0	75	0	0	0	0	0
Quality Assurance	0	0	0	0	0	0	0	0
Training	4,905	13	22,791	44	2,550	5	6,920	14
Education	0	0	0	0	0	0	0	0
Program Development	22,689	58	9,176	18	21,033	41	5,320	10
Research and Evaluation	11,526	29	19,741	38	27,570	54	38,945	76
Information Systems	0	0	0	0	0	0	0	0
<b>Total*</b>	<b>39,120</b>	<b>100</b>	<b>51,783</b>	<b>100</b>	<b>51,153</b>	<b>100</b>	<b>51,185</b>	<b>100</b>

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b  
 \* Totals may not equal 100 percent due to rounding.

## Discretionary Funding

### Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) discretionary awards for the State totaled more than \$772,000 in FY 2004. More than half went toward CSAP 2004 earmarks.

#### Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
CSAP 2004 Earmarks	1	472,198
Drug Free Communities	3	249,968
Emergency Response	1	50,000
<b>Total</b>	<b>5</b>	<b>772,166</b>

SOURCE: [www.samhsa.gov](http://www.samhsa.gov)

### Center for Substance Abuse Treatment

In FY 2004, the Center for Substance Abuse Treatment (CSAT) awarded just under \$550,000 to South Dakota in discretionary funding for treatment. Most of these funds went toward CSAT 2004 earmarks.

#### Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
CSAT 2004 Earmarks	2	447,345
State Data Infrastructure	1	100,000
<b>Total</b>	<b>3</b>	<b>547,345</b>

SOURCE: [www.samhsa.gov](http://www.samhsa.gov)