

State of South Dakota
**Annual
Report**

Federal Opioid Funding and
National Opioid Settlement

2024

Jointly prepared by the
Departments of Health and Social Services





On behalf of the Department of Health and Department of Social Services, please find the enclosed report outlining Federal Opioid Funding and National Opioid Settlement Funding for the previous, current, and future federal fiscal years (2023-2025). The report lists accomplishments, planned activities, and key outcomes associated with funds managed by our departments in support of four shared strategies, all of which aim to impact opioid misuse and opioid use disorder in South Dakota:

1. Prevention and Early Identification
2. Treatment and Recovery
3. Reducing Illicit Supply
4. Response to Opioid Misuse

We are grateful to those who have gone before us as the systems established and maintained through federal opioid funding since 2016 have significantly changed the landscape of opioid treatment and recovery supports available to South Dakotans. The addition of National Opioid Settlement Funding has further enhanced these objectives in alignment with our strategic plan. The preceding year has brought forth many accomplishments we are excited to share with you.

1,513 individuals are known to have had an improved condition following administration of naloxone in a suspected opioid overdose, made possible through equipping first responders with this life-saving medication since the start of our efforts in October 2017 through September 2024. Our efforts to ensure South Dakotans have access to naloxone in emergency situations continues in the coming year through targeted efforts to equip our most vulnerable communities with a supply of naloxone, and to identify the best spaces and ways in which the public can access this medication.

Treatment providers and recovery support systems benefit hundreds of South Dakotans annually through their use of evidence-based methodologies and their continued focus on those with limited means to pay for these life-saving measures. A small sampling of their stories of personal impact are featured in this report.

Providing safe, supported housing for individuals in recovery continues to be a key strategy. Out of the 300+ state-funded supported housing beds available, more than two-thirds are attributed to State Opioid Response grant funding. Just three years ago, there were very few recovery home options available that were accepting of individuals being treated for opioid use disorder with medications. In the year ending September 30, 2024, South Dakota's 19 homes in five different communities grew to 28 homes in seven different communities using SOR grant funding.

As of May 2024, South Dakota has received more than \$19 million in Opioid Settlement Funding, disbursed directly to more than 60 counties and cities and to the state directly. A full breakdown of how these funds have been distributed is provided in this report. With the launch of the Opioid Settlement Community Grant Program and developing Overdose Follow-Up Program efforts, our teams continue to seek and support ways for communities across our state to best meet their local prevention, treatment, and recovery support needs.

No two South Dakota communities are the same. Our efforts continue to use methods that empower each community to provide its own unique response, connecting local treatment resources and recovery supports with local residents. Additional efforts with emergency departments, first responders, and others continue through training and education. Expanded access to safe medication storage and disposal options continue, and our team promotes awareness of these free resources to all South Dakotans.

We are excited to oversee these two departments' shared strategic efforts into the coming year, and we commit to ensuring services and supports along the full continuum of care are available statewide so that they might accompany South Dakotans journeying along the path of recovery.

Melissa Magstadt
Secretary of Health

Matt Althoff
Secretary of Social Services



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ACRONYMS AND ABBREVIATIONS



CDC	Centers for Disease Control and Prevention, U.S. Department of Health & Human Services
DATA	Drug Addiction Treatment Act of 2000
DEA	Drug Enforcement Administration
DDPI	Prescription Drug Overdose: Data Driven Prevention Initiative
DOH	South Dakota Department of Health
DOJ	U.S. Department of Justice
DSS	South Dakota Department of Social Services
EMS	Emergency Medical Services
FFY	Federal Fiscal Year
MOA	Memorandum of Agreement
MOUD	Medications for Opioid Use Disorder
NARCAN	NARCAN® (naloxone HCl)
NASADAD	National Association of State Alcohol and Drug Agency Directors
OD2A	Overdose Data to Action Grant
OD2A-S	Overdose Data to Action in States Grant
OEND	Overdose Education and Naloxone Distribution
OUD	Opioid Use Disorder
PDMP	Prescription Drug Monitoring Program
SAMHSA	Substance Abuse and Mental Health Services Administration, U.S. Department of Health & Human Services
SDAHO	South Dakota Association of Healthcare Organizations
SOR	State Opioid Response Grants
SUD	Substance Use Disorder



BACKGROUND

In 2016, DOH was awarded the Prescription Drug Overdose: Data-Driven Prevention Initiative planning grant from the CDC to support and build efforts to track and understand the full impact of opioid use and misuse in the state. The purpose of the grant was to: a) conduct a needs assessment; b) complete a strategic plan that responds to those needs and strengthens South Dakota's capacity to prevent misuse of opioids; and c) develop a strategy to enhance and integrate current surveillance efforts for more accurate and timely data. An Advisory Committee was formed to oversee this work. In October 2021, the committee was restructured and expanded from 13 members to 17 members. In July 2022, pursuant to the terms of the National Settlement Agreement, the committee was expanded to 22 members (Appendix A).

When DSS had the opportunity to apply for federal funds through SAMHSA, the decision was made to combine efforts. In May 2017, DSS was awarded the State Targeted Response to the Opioid Crisis Grant from SAMHSA; additional grant funding continues through the State Opioid Response Grants, also issued by SAMHSA. Federal funding priorities focus on increasing access to treatment, reducing unmet treatment needs, and reducing opioid overdose-related deaths through the provision of prevention, treatment, and recovery activities for Opioid Use Disorder. SOR funding may also be used to address stimulant use disorder.

In 2019, DOH was awarded the Overdose Data to Action grant from CDC. The purpose of the grant is to support the collection of high-quality, complete, and timely data on opioid and all drug overdoses, and to use that data to inform prevention and response efforts to reduce opioid overdose deaths through partnerships with communities and other state partners. Work continues through the Overdose Data to Action in States grant from CDC.

DOH and DSS have each applied for and successfully received additional federal opioid funds since the initiation of these efforts in 2016, allowing for continued service delivery, strategic focus on informed initiatives, and expansion of key programs supported by the work. Opioid Settlement Funds, initial disbursement occurring late 2022, have also contributed to the implementation of the state's Opioid Strategic Plan.

OPIOID SETTLEMENT FUNDS

Overview

Between 2022 and 2040, South Dakota will receive approximately \$54 million from the National Settlement Agreement involving Johnson & Johnson, AmerisourceBergen, Cardinal Health, McKesson, and a Bankruptcy Resolution concerning Purdue Pharma, L.P. During the 2022 Legislative Session, [House Bill 1038](#) directed the Department of Social Services to distribute these funds to address opioid misuse within the State. Codified in SDCL 34-20B-116, 70% (Statewide Share) will be appropriated to the State and 30% (Localized Share) to Participating Local Governments.

Eligible governments included all South Dakota counties, and cities and towns with populations over 10,000 (based on the U.S. Census Bureau's Vintage 2019 population totals pursuant to the National Settlement Agreement). Appendix B features a list of participating local governments. Eligible governments not listed opted not to participate in the National Settlement Agreement.

The Memorandum of Agreement (MOA), based on the National Settlement Agreement provisions, was fully executed November 2022 after receiving all Participating Local Governments' signatures. The first disbursements were received in December 2022 by the State and Participating Local Governments.

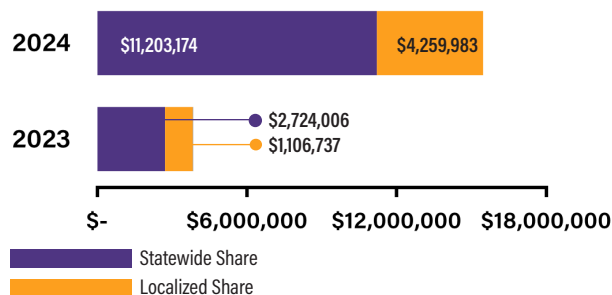
Per the MOA:

- By January 31 of each calendar year, Participating Local Governments shall certify to the Opioid Abuse Advisory Committee that all opioid funds expended during the preceding calendar year were used in accordance with the MOA on projects, programs, and strategies that constitute Approved Uses. In addition to the below summary, please reference Appendix C for an accounting of the Localized Share.
- By December 31, the State shall publish in a report online detailing for the preceding fiscal year: (1) the amount of the Statewide Share received; (2) the amount of the Statewide Share expended and a description for each program or activity receiving funds; and (3) the amount of any grants awarded—listing the recipients, amounts awarded, amounts disbursed, disbursement terms, and programs, strategies, and projects funded. In addition to the below summary information, please reference Appendix D for an accounting of the Statewide Share.
- An advisory committee is required to provide formal recommendations to the Secretary of DSS for use of the Statewide Share. The Opioid Abuse Advisory Committee serves this role and adopted [bylaws](#) to reflect that scope in its August 2023 meeting.
- DSS is tasked with oversight of the funding and assurance that it is used in a manner that in its judgment will best address the opioid crisis within the state. DSS is also tasked with adhering to the state's normal budgeting process.

Summary of Disbursements through State Fiscal Year 2024

More than **\$19.3 MILLION** in opioid settlement funding was disbursed to participating local governments and to the state by May 31, 2024.

Information and updates on the settlement disbursements are available online, including projections of future settlement amounts as available.



Disbursements made to the Statewide Share are kept in an interest-bearing account. An additional \$23,912.18 was received through interest proration in the 2024 state fiscal year.



South Dakota resources including payments and projections for disbursements can be found on the DSS website, content managed by Division of Behavioral Health. <https://dss.sd.gov/behavioralhealth/grantinfo.aspx>

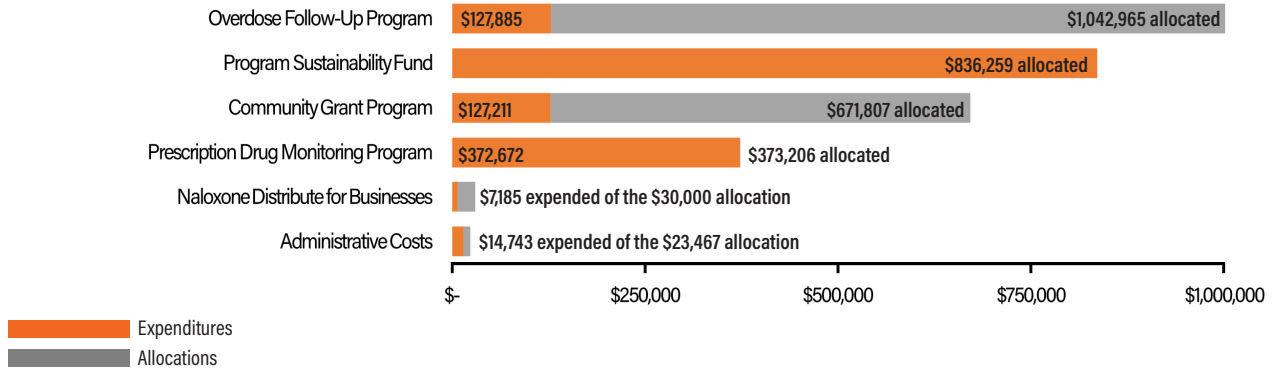


National settlement information including copies of settlement agreements, FAQs, documents, and other information is available and managed by the Plaintiffs' Executive Committee. <https://nationalopioidsettlement.com/>

Statewide Share Allocations

As of May 31, 2024, **\$13,927,180 was disbursed to the Statewide Share**. In January 2023, the Opioid Abuse Advisory Committee approved **\$2,977,704 in allocations** towards several key programs as identified below. In State Fiscal Years 2023 and 2024, **\$649,696 was expended** through various contracts held through the Department of Social Services.

FISCAL YEAR 2023 (6/1/22-5/31/23) AND FISCAL YEAR 2024 (6/1/23-5/31/24) ALLOCATIONS & EXPENDITURES



The state’s approach focused on several interventions: supporting prescription drug monitoring, supporting overdose follow-up programs, providing community grants, ensuring program sustainability, and increasing access to opioid overdose reversal medications. Each initiative was designed to contribute to the overall goal of mitigating the impact of opioid use and misuse across South Dakota communities.

The following provides a breakdown of these efforts, financial allocations, and the progress made throughout the preceding state fiscal year. A detailed accounting of individual awards made using Statewide Share funds, by strategy, is available in Appendix D.

Strategy	Program Purpose	Progress Made - 2024 State Fiscal Year
Overdose Follow-Up Program	To develop and support programs aimed at impacting individuals following a non-fatal opioid-related overdose, connecting them to resources that best meet their needs to support recovery.	A Request for Proposal process was used to solicit direct service providers for a pilot demonstration of innovative approaches. Contracts were awarded to two organizations to develop and pilot these programs: Emily’s Hope, serving Lincoln and Minnehaha Counties, and Project Recovery, covering Pennington, Meade, Custer, Butte, and Lawrence Counties. Much of the funding was spent building programmatic capacity for the delivery of follow-up services between late January 2024 through May 2024.
Program Sustainability Fund	To allow for continuation of key strategies in all areas of prevention, recovery, and treatment should federal funding end or lapse.	The funds are held in an interest-bearing account and accounted for by DSS in their biannual reporting to the Opioid Abuse Advisory Committee.
Prescription Drug Monitoring Program	To support prescribers in monitoring patient opioid access and provide accountability for prescribing practices.	Prescription Drug Monitoring Program supports included on-going payroll expenses for PDMP staff and costs associated with the PMP AWAReE technology that provides real-time information to prescribers to improve accuracy, reduce controlled substance misuse, and identify patients that may be at risk for overdose.
Community Grant Program⁽¹⁾	To make funding available to South Dakota-based organizations for targeted efforts that abate the opioid crisis at the local level.	The Opioid Settlement Community Grant Program was established in 2023 to provide local communities and organizations access to statewide share funding that may aid in their localized opioid abatement efforts.

⁽¹⁾ More information is available at <https://dss.sd.gov/behavioralhealth/grantinfo.aspx> under the Opioid Settlement Fund Community Grant Program.

Strategy	Program Purpose	Progress Made - SFY 2024
Naloxone for Businesses	To support businesses that a) implement a program to make naloxone available in the workplace in the event of an overdose, b) develop a policy for staff training and transport and storage of naloxone on site, and seek to c) purchase naloxone to have on-hand for use by trained employees.	In its August 2023 meeting, the Opioid Abuse Advisory Committee authorized statewide share funds to support DOH's proposal to support businesses in alignment with the intent and terms of House Bill 1162 . These funds were added to the WorkWell Mental Health Grant program managed by DOH. Organizations could receive up to \$2,000 to support this effort. There were five applicants awarded funds in State Fiscal Year 2024 for Naloxone for Business projects.
Administrative Costs	To support administrative costs associated with the accounting, coordination, and reporting of funded initiatives.	In its January 2024 meeting, the Opioid Abuse Advisory Committee authorized the use of up to 5% of received disbursements from the statewide share to be used for administrative costs. The initial allocation of \$23,467 was calculated by taking 5% of the first two disbursements from the Mallinckrodt settlement received April and November 2023. Subsequent allocations will be based off all settlement funds received thereafter and accounted for in subsequent annual reports.

Localized Share Allocations

In 2023, Participating Local Governments took steps in addressing the opioid crisis through strategic allocation of settlement funds. This funding, representing 30% of South Dakota's total settlement allocation, was distributed directly to eligible local governments. The state's approach, rooted in the principle that "no two South Dakota communities are the same," empowered local entities to tailor their responses to their unique needs while adhering to approved uses outlined in the MOA.

This report reflects an accounting of all disbursements made in both State Fiscal Year 2023 and State Fiscal Year 2024. Per the terms of the MOA, Participating Local Governments are required to report expenditure and award data to the Department of Social Services annually by January 31 for the preceding calendar year. Expenditures are categorized into three main areas - Treatment, Prevention, and Other Strategies - in alignment with the MOA Approved Uses.

DISBURSEMENT TOTAL

LOCALIZED SHARE DISBURSED THROUGH THE 2024 STATE FISCAL YEAR (5/31/2024): **\$5,366,721**

EXPENDED AND AWARDED TOTAL

LOCALIZED SHARE EXPENDED OR AWARDED THROUGH THE PRECEDING CALENDAR YEAR (12/31/2023): **\$399,441**

As of the end of calendar year 2023, 36 of the 66 Participating Local Governments reported no expenditures or allocations for their opioid settlement funds received.

Moving forward, these local initiatives, supported by the settlement funds, will continue to play a crucial role in South Dakota's comprehensive strategy to address opioid use and misuse. The ongoing reporting and oversight mechanisms, including annual certification to the Opioid Abuse Advisory Committee, ensure transparency and accountability in the use of these resources.

Appendix C features additional information on the Localized Share, the amounts disbursed to each Participating Local Government, and their reported expenditures and awards.

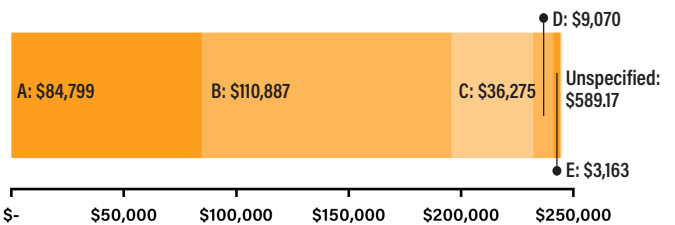
For more information, you may find the point of contact for each Participating Local Government at <https://dss.sd.gov/behavioralhealth/grantinfo.aspx>.

⁽²⁾ No awards or allocations were reported for the following Approved Use categories per the MOA: Prevention-F, Prevent over-prescribing and ensure proper prescribing of opioids; or Other Strategies-L, Research.

BREAKDOWN OF EXPENDED AND AWARDED FUNDS

TREATMENT

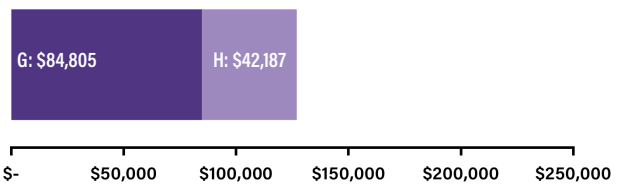
The largest portion of funds was directed towards expanding the availability of treatment for Opioid Use Disorder (OUD). Local governments invested a total of \$244,783 in this area.



- A: Treat Opioid Use Disorder
- B: Connect people who need help to the help they need
- C: Support people in treatment and recovery, and reduce stigma
- D: Address the needs of criminal justice-involved persons
- E: Address the needs of women who are or may become pregnant

PREVENTION ⁽²⁾

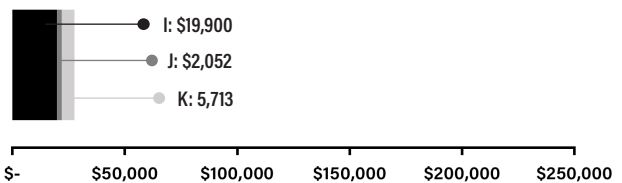
Local governments also allocated resources to prevention strategies, with \$126,992 invested in evidence-based prevention programs in schools and community education initiatives.



- G: Prevent misuse of opioids
- H: Prevent overdose deaths and other harms

OTHER STRATEGIES BREAKDOWN ⁽²⁾

An investment of \$27,665 was made in educating law enforcement and other first responders on appropriate practices when dealing with fentanyl or other substances. This allocation highlighted the critical role of emergency services in the state's opioid response strategy.



- I: First Responders
- J: Leadership Planning & Coordination
- K: Training

FEDERAL OPIOID FUNDING

Overview

The following federal funding sources have been leveraged to support the South Dakota Opioid Strategic Plan and are referenced throughout this report.

<p>SAMHSA SOR 2</p>	<p>Substance Abuse and Mental Health Services Administration State Opioid Response (SOR 2) Grant</p> <p>Award: \$4,001,239 per year Duration: 3 years Funding End Date: September 29, 2023 Federal Fiscal Years: FFY21 - FFY23 Lead Agency: DSS</p>	<p>CDC OD2A</p>	<p>Centers for Disease Control and Prevention Overdose Data to Action</p> <p>Award: \$2,622,603 each of Years 1-3; \$2,422,603 in Year 4 Duration: 4 years Funding End Date: August 31, 2023 Federal Fiscal Years: FFY20 - FFY23 Lead Agency: DOH</p>
<p>SAMHSA SOR 3</p>	<p>Substance Abuse and Mental Health Services Administration State Opioid Response (SOR 3) Grant</p> <p>Award: \$4,000,000 per year Duration: 3 years Funding End Date: September 29, 2025 Federal Fiscal Years: FFY23 - FFY25 Lead Agency: DSS</p>	<p>CDC OD2A-S</p>	<p>Centers for Disease Control and Prevention Overdose Data to Action in States</p> <p>Award: \$1,865,943 in Years 1-2 Duration: 5 Years Funding end date: August 31, 2028 Federal Fiscal Years: FFY24 - FFY28 Lead Agency: DOH</p>
<p>SAMHSA SOR 4</p>	<p>Substance Abuse and Mental Health Services Administration State Opioid Response (SOR 4) Grant</p> <p>Award: \$4,070,272 per year Duration: 3 years Funding End Date: September 29, 2027 Federal Fiscal Years: FFY25 - FFY27 Lead Agency: DSS</p>		

Accounting of Previous, Current, and Future Federal Fiscal Years

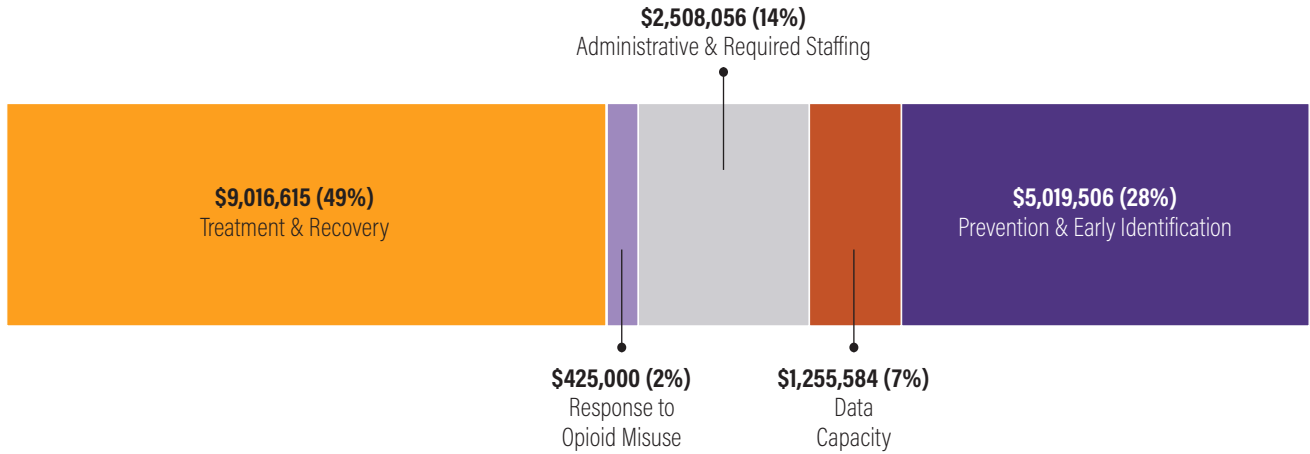
USE OF FUNDS BETWEEN FFY2023 AND FFY2025

Total Impact: \$18,224,761

Total Impact for previous reporting periods

FFY2022-2024: \$18,912,388

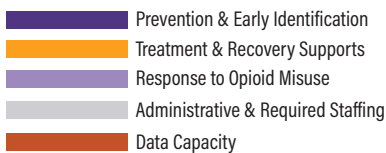
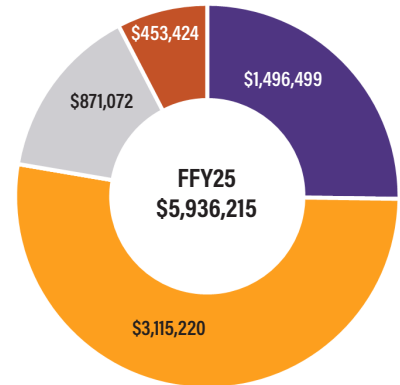
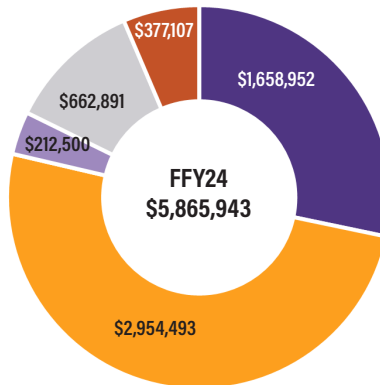
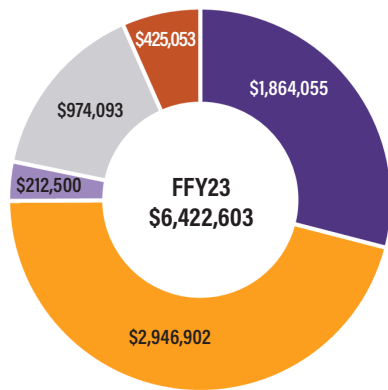
FFY2021-2023: \$19,962,279



BUDGET BREAKDOWN BY FFY

These graphs reflect federal dollars budgeted for each goal area within the South Dakota Opioid Strategic Plan, as well as funding to support data capacity efforts and grant administration.

Opioid Funding by FFY

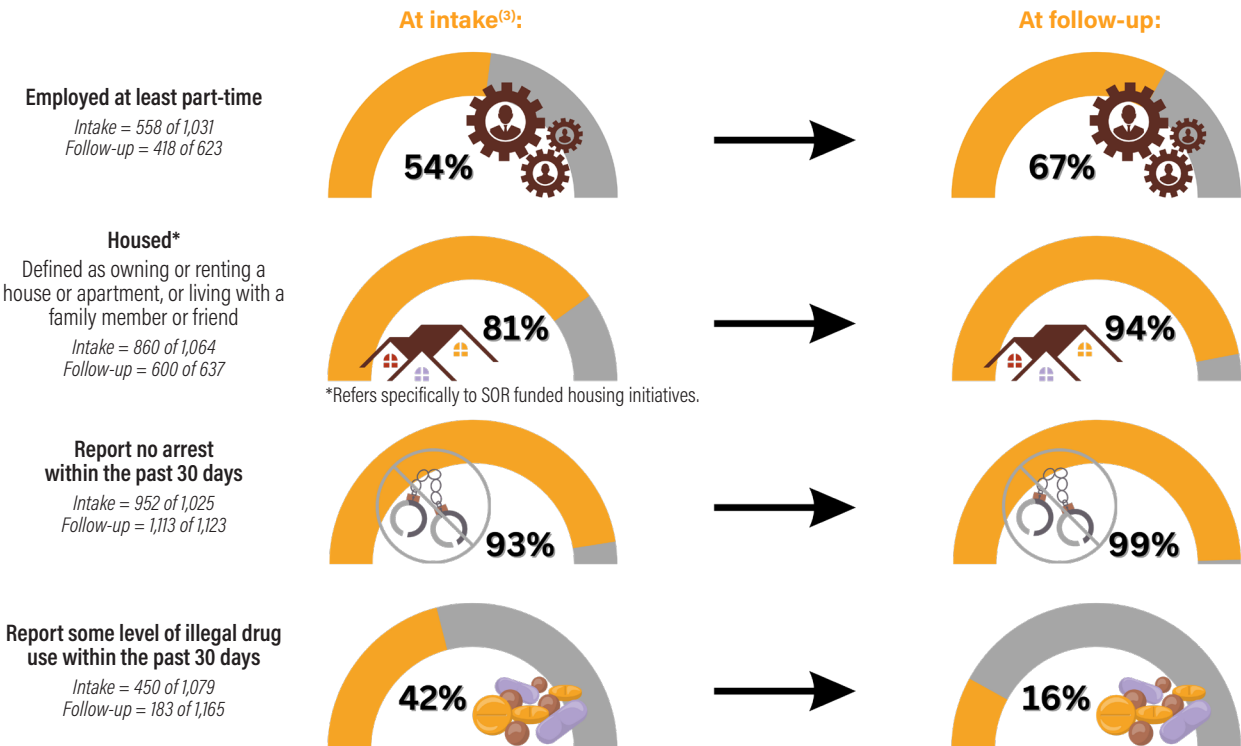


Note: Obligated but unexpended funds during FFY24 from the State Opioid Response grant were reallocated to support Response to Opioid Misuse strategies as a no cost extension to the FFY24 grant year; thus, they were not directly budgeted for using FFY25 funds.

IMPACT & OUTCOMES

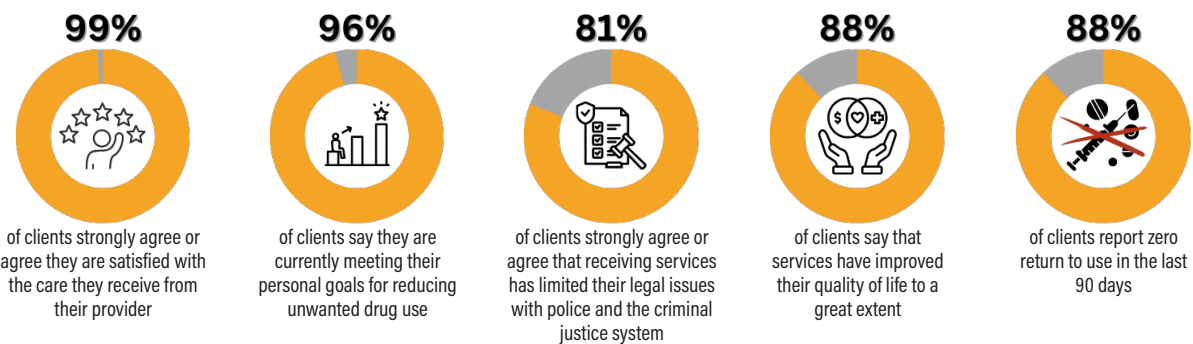
WHO ARE WE SERVING?

Federal opioid funding has been utilized to provide cost assistance as a payer of last resort for South Dakotans experiencing opioid or stimulant use disorder-related diagnoses through both treatment and recovery support services. Client outcome data is collected through administration of the Center for Substance Abuse Treatment Government Performance and Results Act (GPRA) Client Outcome Measures for Discretionary Programs Tool. The client-level tool collects information on substance use history, employment/education status, criminal justice involvement, social connectedness, health/behavioral/social consequences, and housing stability. The tool is administered through an interview between provider and patient at the point of intake (start of services), at follow-up (six months later), and again at discharge from services.



PERCEPTIONS OF CARE AND PERSONAL IMPACT

A new client-level outcome tool was developed in FFY24 by the SD State Opioid Response team, utilized among contracted providers in treatment and recovery support services to gain additional insight into the impact of services provided through SOR funding. The short, confidential, de-identified survey asks individuals about their perceptions of care and the impact the program(s) they are participating in are having on their personal recovery. The tool is offered to individuals on a quarterly basis. Since the tool's initial deployment in April 2024, approximately 75% of individuals served through SOR funding in that same time frame have voluntarily completed the survey.



⁽³⁾ Reflects client level outcome data associated with individuals receiving State Opioid Response-funded treatment cost assistance between the period of October 2022 and September 2024 who responded to the interview questions. Individuals who refused the questionnaire or did not answer the question were not included in this analysis.

Naloxone Administrations

1,513 individuals are known to have had an improved condition following administration of naloxone in a suspected opioid overdose between October 2017 and September 2024.

Overdose reversal is assessed through data provided by DOH's electronic medical record system utilized by licensed emergency management service units across South Dakota. Data is entered by the responding service unit, often in partnership with other first-responding agencies who may have administered naloxone prior to EMS arrival.

Expanded Access

Our rural and frontier geography creates challenges in providing sustainable treatment and recovery services. Prior to State Targeted Response and later State Opioid Response funding, Medications for Opioid Use Disorder (MOUD) was not prevalent across South Dakota. The Division of Behavioral Health within DSS contracts with providers that expand access to MOUD through office-based and telemedicine-based care statewide. Funds were initially utilized to build capacity for this service and now are primarily used to support treatment cost assistance on a fee-for-service basis for individuals without another payer.

The number of providers prescribing Medications for Opioid Use Disorder in South Dakota has increased by more than 600% since 2017⁽⁵⁾.

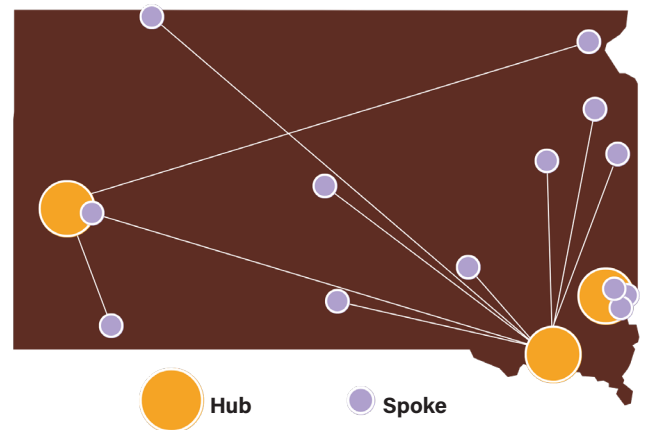
Known prescribers of buprenorphine as of February 2017: 15
Known prescribers of buprenorphine as of September 2024: 107

The Consolidated Appropriations Act of 2023 extended the ability to prescribe buprenorphine for the treatment of OUD to all practitioners with DEA Schedules II-V on their DEA Registration. This list is not inclusive of all practitioners able to prescribe buprenorphine.

Access to MOUD in South Dakota is aided by the expansion of the "Hub and Spoke" model, which provides clients seeking care for OUD with an individualized assessment and initiation of treatment at a "Hub" location specializing in substance use disorder treatment. Referrals are then made to community-based "spokes" for ongoing treatment to meet patient-specific needs including evaluation and treatment of mental disorders and other general medical conditions.

Each month in the past fiscal year, an average of 868 individuals were provided SOR-funded treatment or recovery support services related to their opioid or stimulant use disorder.

These individuals are not covered by commercial or public insurance programs and use this program as a payer of last resort. Individuals include those receiving treatment cost assistance or recovery support services including housing, case management, and peer coaching.



Supported Housing

Out of the 300+ state-funded supported housing beds available, more than two-thirds (212) are attributed to SOR funding, available across 28 MOUD-friendly recovery homes in seven South Dakota communities.

Just three years ago, there were very few recovery home options available that were accepting of individuals being treated for opioid use disorder with medications. Last year, there were 19 homes in five different South Dakota communities - this has increased to 28 as of the end of FFY24. Each home has provided safe, supported housing for more than 1,480 individuals to date as they navigate their personal recovery.

⁽⁴⁾ Reported by EMS units statewide between December 2017 through September 2024.

⁽⁵⁾ Reported by SAMHSA's Buprenorphine Practitioner Locator as of 9/30/2023, reflecting practitioners who previously held a 2000 waiver to prescribe buprenorphine for the treatment of OUD.

WHAT ARE THEIR STORIES?



"This patient, while in jail, discovered she was pregnant and was given information about the ReNew Program. When released from jail she returned to her partner and the father of her unborn child. ReNew offered support to the couple and they had short-term stints of stability, but they were not committed to making permanent changes in their life together. Eventually, her baby was born and they lived with the father's parents until the baby was taken into CPS custody. This event seemed to be the catalyst for change. This mother sought out the services of a local domestic violence shelter, and for the first time in her life started doing things for herself and not living on the run. Today, this mother is working on getting her GED, she is compliant with her probation requirements, and reunification with her son is in the near future. ReNew has held the steps while she decided when she was ready to start climbing them. It has been a privilege to walk beside this mother on her journey."

- Client story from Bethany Christian Services



"This member first contacted Face It Together around the start of the pandemic. She was using meth and recently lost her job because of it. She engaged with a peer coach for about five months, but then disengaged without any word. In 2022, after her substance use led to a tragic loss and legal issues, she reconnected with Face It. She was using meth as a form of self-medication while awaiting trial, yet only stayed engaged with a FIT coach for a couple of months again this time before not showing up to appointments. In early 2024, she reached out again. Now homeless and unemployed, still using meth and struggling significantly with her emotional wellbeing, FIT continued to be a resource for her and after a little bit of off and on coaching, she reached a place where she became consistent in meeting her scheduled sessions, which has continued to today. In conjunction with her peer coach, she worked on taking a different direction in her recovery. Her coach helped her identify that she needed some medical assistance with her anxiety and attention disorders and assisted her during her sessions in completing the process to obtain health insurance and to schedule with a doctor. Next, they worked together on identifying employment opportunities and drafting a resume. Together, they worked on positive thinking and setting short daily goals for what she could accomplish even when not at her best. Her positive attitude came back, and even grew during these months. Just recently, this member secured a job working in an environment that she is really excited about where she can help others. This work with her coach allowed her to discover that change was more than just stopping the use of the drug. It was about changing the way she thought about the drug, then changing the way she thought about everything."

- Client story from Face It Together

"[Project Recovery] has friendly, helping, and compassionate staff. They are giving people a chance to get their life back, and a way to continue learning how to live your life again! I am so grateful for everyone there, everyone!!! Project Recovery has continued to help me live a fulfilled and fruitful life again. I thought at one point before them I would never know how to live a life without addiction. With Project Recovery I have my life back and I'm not alone. They care so much and I'm so thankful!"

- Testimonial from a patient of Project Recovery

"This member started to lose her battle with addiction in 2010. She lost her identity, self-worth and love for herself, which ultimately led to the loss of her marriage of 14 years. She tried several inpatient and outpatient treatment programs over the course of a decade, yet nothing seemed to work. In 2023, near giving up, she tried one last attempt to find freedom from alcohol and substance use and checked herself into inpatient treatment, which helped connect her to Oxford House. It was there that she found her forever friends and family. Today, thanks to Oxford's way of living, she now celebrates 13 months of sobriety. She has regained her health, self-love and most of all, the gracious acceptance of her children and family."

- Resident story from Oxford House, Inc.

"Our client is part of the drug court program and was struggling to progress through the phases of the program. Eventually, the drug court program supported his engagement in MOUD treatment, as the client had previous success maintaining sobriety with medication. This client was our first referral from this particular community partner. With the successful inclusion of MOUD in his recovery, the client is now in phase four of five of the drug court program and will be successfully completing the program in early 2025. His success has inspired the drug court to support individuals in their program being referred to MOUD, resulting in an increase in the number of their clients being treated via our MOUD program."

- Client story from Lewis & Clark Behavioral Health Services



SOUTH DAKOTA OPIOID STRATEGIC PLAN

GOALS & STRATEGIES

Prevention and Early Identification	Treatment and Recovery	Reducing Illicit Supply	Response to Opioid Misuse
<p>1. Promote and provide professional education and training on evidence-based practices for opioid misuse prevention and early intervention.</p> <p>2. Support continued practice improvement through tools that help providers and health systems implement evidence-based care for opioid use disorder such as prescription drug monitoring program utilization.</p> <p>3. Continue to raise awareness around resources and information available through community-based prevention and media strategies that address the risks associated with opioid misuse.</p> <p>4. Enhance supports for alternative pain management strategies through expanded partnerships and awareness efforts.</p>	<p>5. Support awareness of and access to Medications for Opioid Use Disorder and recovery supports through continued training and education, enhanced referral systems, linkages to care, connection to resources, and treatment cost assistance.</p> <p>6. Improve treatment engagement and retention through care coordination and follow-up services, peer and family support services, recovery housing, case management, and other recovery support services.</p>	<p>7. Increase access to safe medication storage and disposal through drug take-back programs and at-home medication storage and disposal.</p>	<p>8. Enhance overdose education and naloxone distribution across South Dakota through expanded training and continued coordinated distribution.</p>

This strategic plan is shared between DSS and DOH. Evidence-based strategies, a statewide needs assessment, and input from the Opioid Abuse Advisory Committee informed the objectives within the plan. View the entire Strategic Plan document and more information about specific projects at <https://www.AvoidOpioidSD.com/about/strategic-plan/>.

The plan was last updated in June 2021. Several strategies were combined into other initiatives at that time, including exploring the potential for a comprehensive opioid management program within South Dakota Medicaid (now part of strategies 4 and 5) and offering training on available treatment options to jails statewide (now part of strategies 1 and 2).

CAPACITY BUILDING EFFORTS: DATA SURVEILLANCE & ANALYSIS

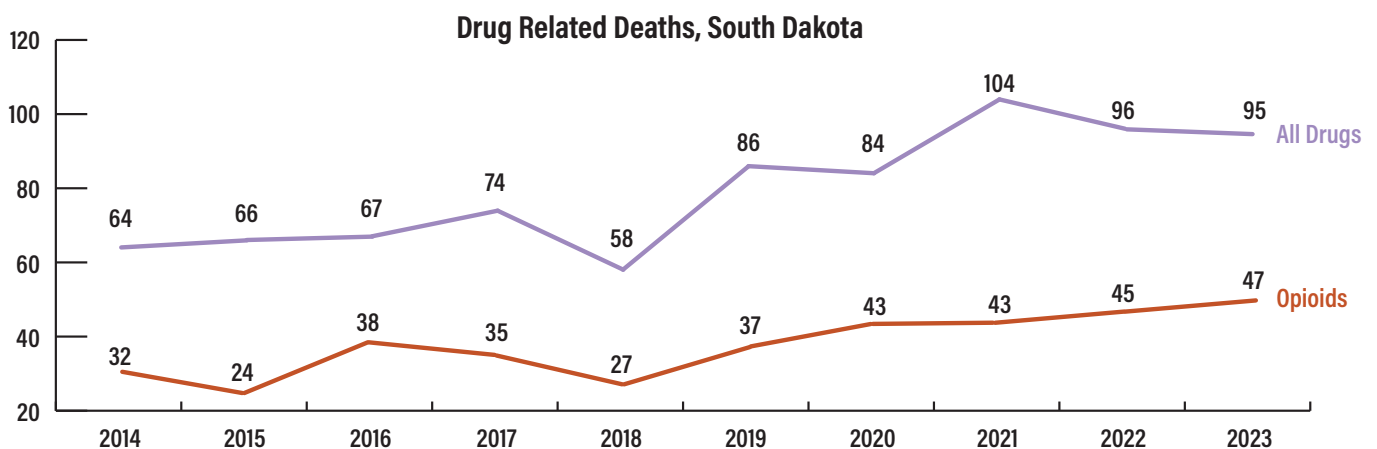
Data surveillance and analysis serves as the foundation to the strategic plan. The CDC DDPI Grant built state capacity to collect, analyze, and apply data to develop and support strategies for combating opioid misuse. These capacity-building efforts have continued through the CDC Overdose Data to Action in States (OD2A-S), which supports South Dakota in obtaining high-quality, more comprehensive, and timelier data on overdose morbidity and mortality.

Accomplishments

- ▶ Launched data dashboards on the Avoid Opioid SD website to provide stakeholders and the public with credible, regularly updated data, which includes drug related deaths, opioid specific deaths, clients with OUD receiving publicly funded treatment services, and more. The dashboards continue to be updated on a quarterly basis: <https://www.avoidopioidsd.com/key-data/>.
- ▶ Developed a system to utilize Syndromic Surveillance⁽⁶⁾ to track suspected opioid overdoses presenting to hospital emergency rooms.
- ▶ Established quarterly data abstracts from the Prescription Drug Monitoring Program.
- ▶ Enhanced the amount of relevant clinical data available to clinical end users of the South Dakota Health Link (the state's Health Information Exchange, or HIE), a one-of-a-kind network that allows secure consultations and sharing of test results between providers for better patient outcomes
- ▶ Created a Data to Action work group in November 2021 to examine provisional overdose data on a monthly basis to identify potential trends in fatal and non-fatal overdose. Since the beginning of the work group, seven counties were identified as being of concern, and local partners were notified and resources shared.

Current Activities & Future Plans

Collect, submit, and disseminate data on suspected drug overdoses and drug overdose deaths to the Drug Overdose Surveillance and Epidemiology (DOSE) System and the State Unintentional Drug Overdose Reporting System (SUDORS). County specific data reports have been disseminated to local communities to inform them of increases in drug overdoses and to identify ways to assist them with resources. Regional data reports have been created, in partnership with the Department of Public Safety Fusion Center, and disseminated to all local law enforcement agencies across the state.



⁽⁶⁾ Collection and analysis of chief complaint data from hospital emergency departments for the purpose of identifying and predicting trends as they are occurring. Note that chief complaint data from Indian Health Services, Veterans Affairs, and two hospitals across South Dakota are not included at present. For more information see: <https://www.AvoidOpioidSD.com/key-data/>



GOAL AREA 1

Prevention and Early Intervention

1. Promote and provide professional education and training on evidence-based practices for opioid misuse prevention and early intervention.

Accomplishments

In FFY22, DSS coordinated trainings for prevention professionals in early intervention programs, focusing on screening and brief interventions for substance use problems identified at an early stage. Facilitator training sessions were held on evidence-based practices, centered on promoting positive behavior change – Prime for Life from the Prevention Research Institute and Interactive Journaling® from The Change Companies®. Training materials were distributed to each of the Prevention Resource Centers to continue their utilization of Prime for Life and support the technical assistance they provide to other prevention professionals throughout South Dakota. Training opportunities remain available for prevention professionals to become trained to facilitate Prime for Life. The Prevention Resource Centers offered training in Interactive Journaling in FFY24.

In FFY23, the Opioid Abuse Advisory Committee authorized use of a portion of the statewide share of Opioid Settlement Funds to support the Community Grant Program, designed to provide funding to South Dakota organizations seeking to abate local opioid crisis concerns. The approved uses for opioid settlement funds include many opportunities related to professional education and training. Additional training needs beyond those supported through the Community Grant Program may be considered for use with federal or statewide share funding in the future based on needs identified.

In FFY24, DOH partnered with Avera Behavioral Health to implement and expand the Screening, Brief Intervention, and Referral to Treatment (SBIRT) process in 21 emergency departments across the state. At this point, all 25 Avera emergency departments are participating in the screening process.

Current Activities & Future Plans

SDAHO continues to engage in provider education, focusing on topics such as reducing stigma around OUD, identifying and diagnosing OUD, referral to treatment, and access and utilization of the Prescription Drug Monitoring Program, and prescribing guidelines for acute and chronic pain from subject matter experts for patients with OUD.

Key Outcomes & Metrics

- ▶ A total of 66 prevention professionals completed early intervention training between FFY22-FFY24.
- ▶ Expansion of SBIRT in Avera Behavioral Health Emergency Departments has resulted in over 130,000 screenings with over 1,500 individuals requesting follow up from the Navigation Program for linkages to care.
- ▶ In FFY24, a total of 284 healthcare professionals received training through SDAHO sponsored sessions addressing OUD diagnosis and treatment options, stigma reduction, and chronic pain management.

2. Support continued practice improvements through tools that help providers and health systems implement evidence-based care for opioid use disorder such as prescription drug monitoring program utilization.

Accomplishments

- Continued enhancement of the South Dakota Prescription Drug Monitoring Program (PDMP) by:
- providing quarterly Prescriber Reports and patient Clinical Alerts.
 - making NarxCare an available upgrade to the PMP AWARxE platform for South Dakota healthcare facilities and pharmacies. NarxCare is a comprehensive platform that helps prescribers and dispensers identify patients that may be at risk for SUD, overdose, and death, and equips them with the tools and technology they need to help those patients.
 - integrating the PDMP within electronic health records and pharmacy management systems, giving information at the point of care that enhances clinical decision-making. The PDMP has been integrated into the electronic health record platforms at all three of South Dakota's major health systems.
 - supporting connection of South Dakota's PDMP to 39 other PDMPs including 37 states, Puerto Rico, and the Military Health System. South Dakota's PDMP also shares data with Nebraska via the RxCheck hub.

Completed two PDMP assessments, one via a survey sent to registered users of the PDMP and the other via PDMP user interviews. Both assessments had results showing prescribers and pharmacists find the PDMP to be useful with a variety of tasks including patient management and communication.

Current Activities & Future Plans

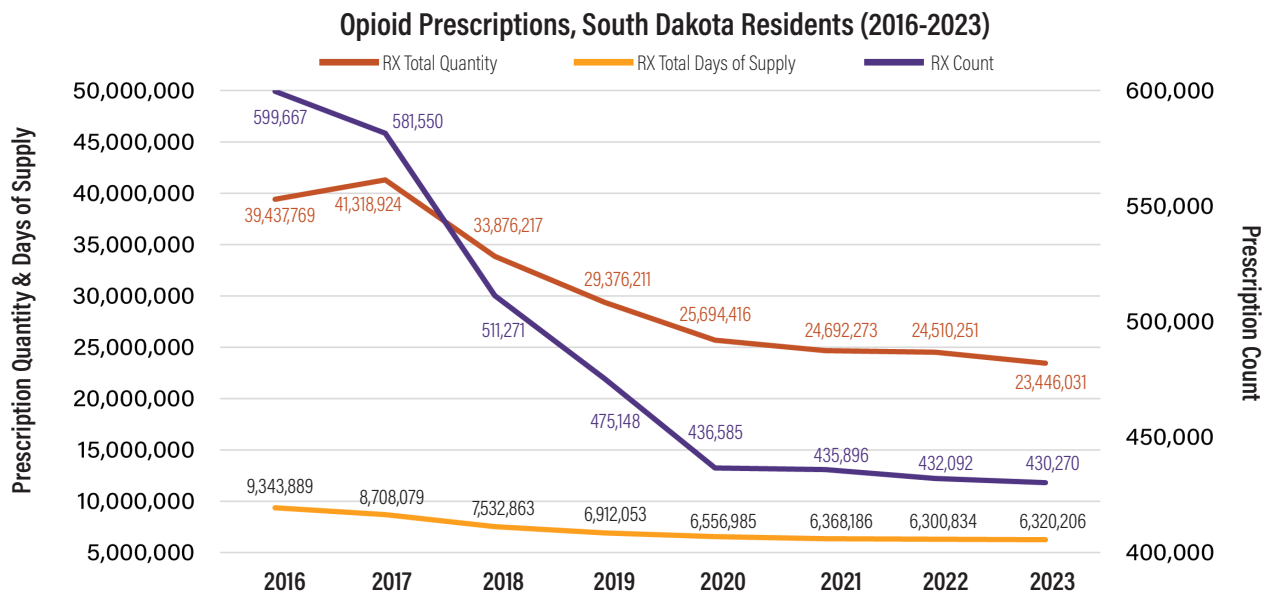
An assessment survey is being conducted in FFY25 among approved prescriber and pharmacist users of the PDMP. Survey feedback will help inform on the success of the current program and future enhancements to the program to best optimize the PDMP in patient care.

Continue to expand interstate data sharing through PMP InterConnect with additional participating PDMPs.

Continue efforts to have all South Dakota professional licensing boards live with the License Integration Enhancement Project, which supports automatic reverification processes for current users to maintain program user integrity and auto-approval of new accounts, enabling healthcare practitioners immediate access to this clinical decision-making tool.

Key Outcomes & Metrics

- ▶ Total approved, active users of the PDMP is 7,000.
- ▶ Utilization, measured by the number of patient queries performed, has more than doubled in five years. Two-thirds of queries by South Dakota prescribers and pharmacists are now done in-workflow through one click integration access.
- ▶ In the last five years, the total amount of Clinical Alerts for all prescribers have decreased, indicating there are lower numbers of prescriptions with a clinical risk involved.



3. Continue to raise awareness around resources and information available through community-based prevention and media strategies that address the risks associated with opioid misuse.

Avoid Opioid Awareness Campaign

Accomplishments

Media and public awareness efforts continued under the Avoid Opioid brand throughout FFY23 and FFY24, focused on messaging on overdose prevention, safe medication handling practices, and treatment and referral services and support. Topic-specific videos with corresponding social media ads and website content - such as but not limited to naloxone use and overdose recognition, and the dangers of counterfeit pills - were developed and implemented statewide, and many of these strategies yielded considerable increases in website visits and information downloads.

- In October 2023, media strategies were implemented to increase the public's awareness around the dangers of xylazine. Messaging also focused on reaching audiences who will see the effects of this drug firsthand such as law enforcement, first responders, educators, veterinarians, and others.
- In FFY23, a Drug Overdose Resource Packet of print materials was created to call attention to the dangers of counterfeit pills and polysubstance use to be distributed by law enforcement partners statewide, along with existing educational materials. Expansion of this project in FFY24 included distribution of packets by all EMS agencies in the state as well as all state Department of Public Safety Highway Patrol Troopers and Department of Corrections Parole Agents. Packets are ultimately distributed to people with substance use disorder or their families.
- In FFY24 media efforts were expanded to include placement of prevention assets on pharmacy bags throughout the state, digital video on GoodHealth TV within healthcare facilities, and youth targeted video on platforms such as Twitch. Treatment and recovery assets were placed through Google search ads and other display ads statewide. Awareness efforts were expanded through placement on a variety of platforms including Facebook, Instagram, Snapchat, Pinterest, and Reddit to target adults and general audiences.

Efforts to evaluate the current brand and its perception and understanding among South Dakotans began in FFY24, and plans are underway to transition to a new brand - Let's Be Clear - in FFY25.

- In FFY23, DOH and DSS released a Request for Proposal for opioid public awareness efforts. In March 2023, Lawrence & Schiller was awarded the Opioid Misuse Prevention Public Education Plan contract.
- In FFY24, public awareness research efforts were taken to: a) understand the opioid crisis through the perspectives of industry experts and individuals with lived experience, b) test awareness and perceptions of the Avoid Opioid brand, c) examine the effectiveness of opioid prevention messaging and creative executions, and d) identify key factors to be leveraged in future marketing and message development.
- In result, a new brand and transition plan was adopted in FFY24, taking the public awareness efforts from the Avoid Opioid platform to a new Let's Be Clear brand - clear about safety, support, and getting help; clear about myths and misinformation; and working together to spark moments of clarity, start open conversations, and be free of stigmas around substance use. Previously developed creative content was updated to reflect this transition, and care was taken to maintain consistency in colors, graphics, and other recognizable brand elements.

Current Activities & Future Plans

The Let's Be Clear transition will officially launch in November 2024. The 2024-25 media strategy encompasses four primary goals:

1. **Education:** Provide education and understanding behind opioid misuse and opioid use disorder.
2. **Stigma Reduction:** Create awareness of substance misuse by changing the narrative.
3. **Share Resources:** Show the full array of resources available.
4. **Provide Direct Support:** Connect our audiences with what to do to get help.

The campaign efforts will be measured through awareness metrics (reach and impressions made of messaging), engagements (comments, shares, and reactions to content), growth in social followers, and website referrals. Target audiences for social messaging include individuals in need, support systems (e.g., loved ones of those living with substance use disorders or those in recovery looking for resources), providers, and the general public. The primary aim of the updated campaign efforts is to reduce the effects of personal opinions and biases on the way South Dakotans think about and address substance misuse and substance use disorders, based on direct, open, and clear messaging that is informative and inspiring.

Key Outcomes & Metrics

- ▶ 135% increase in website visits between FFY22 (84,564 visits) and FFY23 (198,927 visits), the majority of which occurred in the first six months of 2023 with more than 187,000 visits occurring after the launch of the counterfeit pills campaign.
- ▶ In FFY24, 5,420 Drug Overdose Resource Packets were distributed to law enforcement officials, emergency medical staff and state parole agents.
- ▶ In FFY24, the brand campaign focused on prevention and awareness that began to transition to a refreshed brand mark and message, increasing traffic on the Avoid Opioid website by 179.44%.
- ▶ The Xylazine awareness campaign brought 14,374 new visitors to the website landing page.

Prevention

Accomplishments

DSS supports prevention awareness and education across South Dakota in partnership with local community-based coalitions and the Prevention Resource Centers (PRCs). PRCs provide technical assistance and training to promote wellness within the communities of their region. Trained prevention professionals from local community-based coalitions work across the state to promote evidence-based opioid prevention programs and deliver educational materials to middle- and high-school youth. In FFY22 and FFY23, PRCs continued to educate, train, and increase public awareness on the dangers and risks associated with opioid misuse. Focus was made on increasing pharmacy participation and community utilization and awareness related to the statewide standing order for naloxone as an opioid overdose reversal agent.

Current Activities & Future Plans

DSS and DOH will continue to actively work with prevention professionals across the state to provide opioid prevention awareness and education. Supported activities are evidence-based and in alignment with SAMHSA's Opioid Overdose Prevention Toolkit.

In FFY25, DOH established partnerships with five Community Health Worker organizations to provide overdose prevention education, naloxone availability information and linkages to treatment and recovery resources in their communities to individuals with OUD and their families. This project includes organizations that serve people who are homeless, justice involved youth, and people who present in a healthcare setting.

Key Outcomes & Metrics

- ▶ As of September 30, 2024, more than 11,300 youth have been impacted by evidence-based prevention programming in schools or after school settings, and more than 5,700 individuals across dozens of towns in South Dakota participated in locally delivered training or town hall meetings regarding opioid education and awareness.
- ▶ More than 3,700 individuals - youth and adults - engaged with a PRC through universal prevention strategies addressing opioid and stimulant use in the last two academic years (August 2022-May 2024).

4. Enhance supports for alternative pain management strategies through expanded partnerships and awareness efforts.

There are no updates or planned activities for the previous, current, or future FFY supporting this goal area. Future efforts supporting this goal area may be supported through Participating Local Governments of the National Opioid Settlement using Localized Share funding, or may be considered for the Opioid Settlement Community Grant Program funded by the Statewide Share.



GOAL AREA 2 Treatment and Recovery

5. Support awareness of and access to Medications for Opioid Use Disorder and recovery supports through continued training and education, enhanced referral systems, linkages to care, connection to resources and treatment cost assistance.

Accomplishments

Expanded access to Medications for Opioid Use Disorder (MOUD) through enhanced referral systems, care coordination, and establishment of hub and spoke care delivery systems has been a central strategy funded by federal opioid funding (SOR).

- **MOUD is the use of medications in combination with counseling and behavioral therapies** to provide a “whole patient” approach to the treatment of opioid use disorder. Medications used are approved by the Food and Drug Administration and MOUD programs are clinically driven and tailored to meet each individual’s needs. Providers also offer integrated supports including but not limited to case management and peer support services.
- **Efforts have increased access to care through an expanded MOUD provider network and hub and spoke model.** Prior to 2018, MOUD was not prevalent across South Dakota; only 15 providers had attained their DATA waiver at the time, indicating they would treat individuals with buprenorphine in office based settings for opioid use disorder. The central priority of initial SOR funding aimed to change that, however the problem at hand was more complicated than simply training providers. South Dakota’s rural and frontier geography created challenges in providing sustainable treatment and recovery services across both the medical and behavioral health continuums. A hub and spoke model was implemented to alleviate some of these barriers, creating an infrastructure to support individuals in treatment closer to their home communities. Lewis & Clark Behavioral Health Services (Yankton, SD) built capacity in FFY18-19 to support its hub services and has since formed partnership with eight spoke sites whose combined service areas span nearly all of South Dakota’s 75,000 plus square miles. Another provider - Project Recovery (Rapid City) - has worked to build similar partnerships in tribal areas including Pine Ridge and Sisseton. The Division of Behavioral Health also assures that all Community Mental Health Centers offer MOUD as an available treatment option for patients.
- **DSS has worked to ensure MOUD is financially accessible through several strategies.** Contracted entities can leverage SOR funding to provide treatment cost assistance for their patients as a payer of last resort. The Indigent Medication Program through DSS provides temporary financial support for medication for the treatment of substance use disorders, maintenance treatment, and related lab costs to eligible individuals while other funding options are identified. This can be used to cover the costs associated with MOUD for individuals with no other funding source. MOUD is also an eligible service covered by Medicaid. With the expanded Medicaid eligibility criteria implemented in July 2023, providers worked with existing clients to evaluate their Medicaid eligibility and assist with enrollment for coverage as applicable.

Since 2018, the Treatment Resource Hotline & texting service in partnership with the Helpline Center has provided free, confidential supports, information, and referral to services for individual contacts, 24 hours a day, 365 days a year. This service started prior to 211 being available statewide, and prior to the launch of 988. Beginning in FFY25, promotion of this service is transitioning to 988 so as to streamline messaging and supports available to individuals upon contact.

In FFY22, DOH partnered with South Dakota Health Link and Avera Behavioral Health System to launch the Navigator program that provides coordination of services by being a point of contact for patients in the behavioral health system as well as providers across the system who may need assistance in directing their patients to behavioral health services. The Navigator program has hosted multiple community education sessions on mental health, substance use, and how to navigate the behavioral health system. The enhanced referral system receives referrals from hospitals, emergency departments, and individuals to help link patients to the appropriate level of care. The Navigator program has hosted trainings to teach professionals to utilize the South Dakota Health Link to connect providers to electronic health information from other providers to improve continuity of care among providers.

Since FFY22, DOH has partnered with SDAH0 to implement the Emergency Department Provider Toolkit, an interactive guide for providers and hospital administrators providing strategies to incorporate best practices for screening and diagnosis, referral to treatment, safe prescribing, and community resources in an Emergency Department setting.

In FFY22, DSS partnered with University of South Dakota to implement training and education related to OUD and reducing stigma associated with naloxone and MOUD on the college campus and in the community, including enhancements to the Physician Assistant (PA) curriculum through evidence-based practices.

Current Activities & Future Plans

Continued access to MOUD services remains a key strategy supported by SOR funding through DSS. Funds are primarily used to support temporary financial assistance for cost of treatment and medications for opioid use disorder using a fee-for-service reimbursement model that aligns with established Medicaid and Division of Behavioral Health rate structures.

DOH will continue its work with South Dakota Health Link and Avera Behavioral Health by further developing identified needs and agreements to put the framework into use. The Navigator program will enhance the Avera website to increase self-referrals and partner with the inpatient mental health programs at Avera to distribute pill reminders to increase medication compliance.

SDAH0 will implement the Emergency Department Provider Toolkit and provide technical assistance to hospitals across the state. This technical assistance work has expanded to include clinics and other healthcare settings in recognition of the need for education across the healthcare industry regarding screening, MOUD treatment, motivational interviewing, stigma reduction, and referral for patients with substance use disorder.

Key Outcomes & Metrics

- ▶ In FFY23 and FFY24, MOUD services were delivered by four partners contracted with SOR funds, including three community-based providers offering both office-based and telemedicine services for their clients and one jail setting offering MOUD and case management to individuals while incarcerated and as they reenter the community. A total of 1,098 individuals received SOR-funded treatment cost assistance in FFY24, marking the highest number of unduplicated clients served in a single fiscal year between FFY2019-FFY2024.
- ▶ Of the nearly 24,000 individual contacts to 988 between July 2022 and September 2024, 78% of individuals (1,515) have identified substance use as their primary reason for contacting 988. These contacts are connected to Care Coordination services at the Helpline Center for additional supports and follow-up.
- ▶ In FFY24, the Navigator program was used by over 5,648 people to identify if additional referrals would be needed after discharge from behavioral health urgent care or inpatient programs.
- ▶ In FFY24, Avera Behavioral Health distributed 2,000 pill minders and over 500 medication lock boxes to patients.
- ▶ In FFY24, a total of 69 healthcare professionals from six hospitals received individualized technical assistance from SDAH0 regarding Opioid Use Disorder screening, diagnosis and treatment.

6. Improve treatment engagement and retention through care coordination and follow-up services, peer and family support services, recovery housing, case management, and other recovery support services.

Accomplishments

Recovery support services are available statewide and focused on improving the health and wellness of individuals through treatment engagement and retention in care. Peer recovery support services are available to provide effective, evidence-based peer coaching for people living with substance use disorder, including their loved ones. South Dakota's peer support models that of SAMHSA, utilizing peer support workers, or individuals who have been successful in the recovery process. Peer support services are available via office-based and virtual coaching sessions. In February 2020, one of the contracted MOUD providers, Project Recovery, integrated peer recovery support services within their clinic.

Beginning in FFY22, SOR funding was used to establish MOUD-friendly recovery homes in partnership with Oxford House, Inc. across South Dakota. By the end of FFY22, nine Oxford Homes were available in three communities - Aberdeen, Sioux Falls, and Rapid City. This capacity grew to 19 Oxford Homes available statewide by the end of FFY23, with homes added in Mitchell and Brookings. As of the end of FFY24 there are a total of 28 homes available statewide, now in the communities of Yankton and Sturgis.

Beginning December 2020, Bethany Christian Services (BCS) was contracted to support expectant and new mothers impacted by substance use through evidence-based specialized case management services. The ReNew (Recovering Mothers with Newborns) Program - a signature prevention program managed by BCS that supports mothers through the integration of evidence-based specialized case management and practices - is available out of the Sioux Falls and Rapid City areas, providing services to women not just in those communities but also to those in the surrounding area. BCS accepts referrals from maternal and prenatal programs, substance use disorder treatment agencies, MOUD providers, Child Protection Services, probation/parole agents, among others.

Referrals to the Helpline Center's Care Coordination program have increased in FFY23 due primarily to the increase in contacts made through 988. If an individual contacts 988 and expresses concern with substance use, they are directly connected to Care Coordinators, who are more specialized in their training in navigating substance use-related cases.

Current Activities & Future Plans

Recovery support services are supported in partnership with several key providers:

- Helpline Center provides continued availability of care coordination and follow-up services.
- Oxford House, Inc. provides expanded access to MOUD-friendly recovery housing.
- Face It TOGETHER and Project Recovery provide continued access to recovery cost assistance for peer coaching via office-based and virtual pathways.
- Bethany Christian Services provides continuation of the ReNew Program.

Key Outcomes & Metrics

- ▶ Face It TOGETHER provided peer coaching services to 289 individuals impacted by opioid or stimulant use in FFY24. A total of 212 individuals initiated coaching services for the first time during that same time frame.
- ▶ Project Recovery integrated peer support services into its continuum of care beginning February 2020 and continues that approach today. In a typical month, 95% of Project Recovery's clients receive at least 15 minutes of peer coaching as part of their treatment plan.
- ▶ As of September 30, 2024, Oxford House has implemented and manages, through a peer-led model, 28 houses with a total capacity of 212 beds across South Dakota. A total of 682 individuals became a resident in one of the South Dakota Oxford Homes during FFY24.
- ▶ The ReNew Program engages with a pregnant woman as soon as possible in her pregnancy, and supports that woman and her child through one year postpartum. On average, program graduates received services for between 14 and 15 months.

175 unduplicated individuals have been provided services by BCS since December 2020. Of the 68 mothers served in FFY24, 15 individuals started the ReNew Program in that time frame.

A total of 54 women have successfully completed the ReNew Program through FFY24.



GOAL AREA 3

Reducing Illicit Supply

7. Increase access to safe medication storage and disposal through drug take-back programs, and at-home medication storage and disposal.

Accomplishments

Since 2017, the South Dakota Board of Pharmacy has placed 86 permanent drug take-back receptacles in retail pharmacies and hospitals across South Dakota and enrolled an additional five locations that already had their own receptacles to the South Dakota PharmaDrop Program. This brings the total number of locations managed through the program to 91. A comprehensive list of permanent drug take-back sites can be found on [AvoidOpioidSD.com](https://www.AvoidOpioidSD.com).

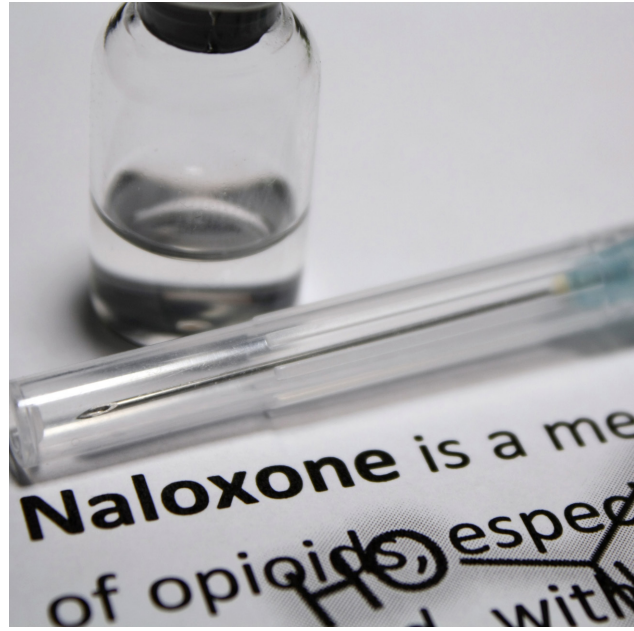
Continued to support access to safe medication storage and disposal with the option to order free DisposeRx packets for at-home disposal and free medication lock boxes through [AvoidOpioidSD.com](https://www.AvoidOpioidSD.com). Marketing and promotion in partnership with the Avoid Opioid SD campaign continues to increase public awareness of this resource and distribution upon request.

Current Activities & Future Plans

In partnership with DSS, the South Dakota Board of Pharmacy will continue to maintain the drug-take back receptacles placed through the program by supporting the costs of disposal and reloads. DSS will continue to offer free DisposeRx packets and medication lock boxes, as well as supporting take-back events throughout the state.

Key Outcomes & Metrics

- ▶ Since program inception in 2017 through September 2024, the PharmaDrop Program has returned a total of 60,701 pounds of drugs for destruction.
- ▶ Since launching the DisposeRx service in January 2020, more than 6,300 packets have been mailed out upon request or distributed to individuals at no cost for safe medication disposal.
- ▶ Since launching the lock box service in July 2020, more than 5,900 boxes have been mailed out at no cost for individuals to safely secure their medications.
- ▶ Promotional activities through the Avoid Opioid campaign and community partners supported two successful DEA National Take-Back Days on October 28, 2023, and April 27, 2024, where a total of 1,094 pounds of medication were collected for destruction through participating law enforcement locations. This was in addition to the 2,583 pounds collected through the PharmaDrop Program those same months.



GOAL AREA 4

Response to Opioid Misuse

8. Enhance overdose education and naloxone distribution across South Dakota through expanded training and continued, coordinated distribution.

Accomplishments

Continued to support the statewide standing order for naloxone (effective through September 2025), allowing pharmacies to dispense naloxone to anyone at risk of an opioid-related overdose or those in a position to assist someone at risk including family members, friends, or close third party. Partnering pharmacies can be reimbursed for the cost of medication in these instances. The goal of the statewide standing order is to prevent overdose deaths from opioids.

Expanded the OEND program to provide free NARCAN® to South Dakota organizations that serve clients who may be at risk of an opioid-related overdose.

Developed and updated a naloxone saturation plan between FFY23-FFY24. This plan uses surveillance and prevalence data associated with opioid overdose in alignment with national best practices in determining ideal level of saturation of communities statewide. The plan also considers distribution by county of pharmacy-based naloxone paid through SOR funds. DSS participated in numerous Learning Communities hosted by SAMHSA and the National Association of State Alcohol and Drug Agency Directors (NASADAD) to support states in their efforts in creating naloxone saturation plans applicable to their areas. The SD SOR team meets monthly to target county specific naloxone saturation based on overdose rates.

Implemented policies and developed staff training to support a Naloxone for Business program, with DOH and DSS working toward equipping state offices with naloxone to use in case of an overdose.

Current Activities & Future Plans

Increase access to all FDA-approved overdose reversal agents through:

- an updated standing order to encompass all FDA-approved prescription products for this purpose,
- expanded distribution of nasal spray naloxone (NARCAN) statewide, efforts guided by the state’s naloxone saturation plan, targeted to high need areas, and
- procurement and installation of publicly accessible storage solutions for naloxone and opioid overdose response tools to improve capacity of bystanders to a suspected overdose.

Continue to provide training in overdose education and naloxone distribution for targeted audiences as well as the general public.

Increase public awareness of how and where to access both over-the-counter and prescription-based opioid overdose reversal medications, and how to recognize signs of an opioid overdose and respond in emergency situations. Continue to engage with pharmacies to encourage enrollment as a partnering pharmacy on the standing order.

Continue piloting two overdose follow-up programs to provide non-clinical assistance, recovery supports, and appropriate referrals for additional care as needed to individuals who have been reversed from an opioid overdose.

Update and refine the naloxone saturation plan on a regular basis using data from DOH, DSS, and ODMaP, aimed at equipping counties most vulnerable for opioid overdose with life-saving overdose reversal medication.

Key Outcomes & Metrics

- ▶ Since December 2017, a total of 1,513 individuals at risk of an opioid-overdose related death have had an improved response in their condition following administration of NARCAN® by EMS personnel.
- ▶ 101 pharmacies have enrolled to participate in the statewide standing order. A comprehensive map of participating pharmacies can be found at <https://www.avoidopioidsd.com/take-action/reverse-overdose/find-a-naloxone-pharmacy/>.
- ▶ In FFY24, all DOH staff received training on recognizing the signs of an opioid overdose and how to administer Naloxone. Naloxone is available in each DOH office in the state for emergency purposes. DSS equipped two of its offices in FFY24 with efforts continuing into FFY25 to expand in other locations.



APPENDIX A: OPIOID ABUSE ADVISORY COMMITTEE MEMBERS



Lori Martinec, DOH, Committee Chair

Becky Heisinger, SDAH0

Sara DeCoteau, Sisseton Wahpeton Oyate of the Lake Traverse Reservation

Margaret Hansen, South Dakota Board of Medical & Osteopathic Examiners

Mallie Kludt, Volunteers of America-Dakotas

Tiffany Wolfgang, DSS

Charles McGuigan, Attorney General's Office Representative

Kristen Carter, South Dakota Pharmacists Association

Dayle Knutson, Great Plains Indian Health Services

Tyler Laetsch, South Dakota Board of Pharmacy

Representative Taylor Rehfeldt, Sioux Falls

Dr. Erin Miller, South Dakota State University, College of Pharmacy & Allied Health Professions

Tosa Two Heart, Great Plains Tribal Leaders Health Board

Dr. Jennifer Ball, PharmD, BCACP, BCGP, South Dakota State University, Center for Family Medicine

Brian Mueller, Pennington County Sheriff's Office

Joe Kippley, Sioux Falls Health Department

Susan Kornder, Northeastern Mental Health Center

Mary Beth Fishback, Brookings Behavioral Health and Wellness

Jason Jones, Pierre Police Department

Jason Foote, Yankton Police Department

Dr. John Rounds, PT, Pierre Physical Therapy & Rehabilitation

Dr. Melanie Weiss, OD, Weiss Eyecare Clinic



APPENDIX B: OPIOID SETTLEMENT PARTICIPATING LOCAL GOVERNMENTS



Participating Counties (53)		Participating Cities (13)
Aurora County	Jackson County	Aberdeen
Beadle County	Jerauld County	Box Elder
Bon Homme County	Jones County	Brandon
Brookings County	Lake County	Brookings
Brown County	Lawrence County	Huron
Brule County	Lincoln County	Mitchell
Butte County	McCook County	Pierre
Campbell County	McPherson County	Rapid City
Charles Mix County	Meade County	Sioux Falls
Clark County	Mellette County	Spearfish
Clay County	Minnehaha County	Vermillion
Codington County	Oglala Lakota County	Watertown
Corson County	Pennington County	Yankton
Custer County	Perkins County	
Davison County	Potter County	
Deuel County	Roberts County	
Dewey County	Sanborn County	
Edmunds County	Spink County	
Fall River County	Sully County	
Faulk County	Todd County	
Grant County	Tripp County	
Gregory County	Turner County	
Hand County	Union County	
Hanson County	Walworth County	
Harding County	Yankton County	
Hughes County	Ziebach County	
Hutchinson County		



APPENDIX C: OPIOID SETTLEMENT LOCALIZED SHARE FUNDS DETAIL



Report Timeline: State Fiscal Year 2023 - State Fiscal Year 2024

The trustees of the settlements distribute the Local Share directly to participating local governments. The first distribution was received 12/30/2022.

Participating City	DISBURSEMENTS			Funds Expended or Awarded as of 12/31/2023
	State Fiscal Year 2023	State Fiscal Year 2024	Total Disbursements Amount Received as of 5/31/2024	
Aberdeen	\$20,463.97	\$79,185.71	\$99,649.68	\$0.00
Box Elder	\$2,587.00	\$10,010.38	\$12,597.38	(\$2,823.02)
Brandon	\$4,611.71	\$17,845.10	\$22,456.81	\$0.00
Brookings	\$27,879.71	\$107,881.01	\$135,760.72	(\$30,476.26)
Huron	\$9,548.84	\$36,949.44	\$46,498.28	(\$2,011.44)
Mitchell	\$17,274.80	\$66,845.19	\$84,119.99	(\$1,305.10)
Pierre	\$7,144.35	\$27,645.18	\$34,789.53	(\$4,602.06)
Rapid City	\$79,862.64	\$309,029.92	\$388,892.56	(\$34,049.81)
Sioux Falls	\$249,074.16	\$963,796.96	\$1,212,871.12	\$0.00
Spearfish	\$9,433.56	\$36,503.30	\$45,936.86	(\$10,440.66)
Vermillion	\$6,795.11	\$26,293.81	\$33,088.92	(\$5,712.95)
Watertown	\$18,540.38	\$71,742.32	\$90,282.70	(\$20,267.12)
Yankton	\$14,043.39	\$54,341.13	\$68,384.52	(\$15,351.31)

*** Totals are included at the end of this section for distributions and awards for all participating local governments.***

Per the terms of the MOA, expenditure and award data was reported on the calendar year, and disbursement data is reported on the fiscal year. Future reports will aim to include additional data from participating local governments to provide accounting of funds on the same time frame.

DISBURSEMENTS				
Participating County	State Fiscal Year 2023	State Fiscal Year 2024	Total Disbursements <i>Amount Received as of 5/31/2024</i>	Funds Expended or Awarded <i>as of 12/31/2023</i>
Aurora	\$1,474.75	\$5,706.57	\$7,181.32	\$0.00
Beadle	\$10,047.70	\$38,879.74	\$48,927.44	\$0.00
Bon Homme	\$6,949.53	\$26,891.35	\$33,840.88	(\$7,155.00)
Brookings	\$3,220.61	\$12,462.19	\$15,682.80	(\$3,519.91)
Brown	\$20,415.45	\$78,997.94	\$99,413.39	\$0.00
Brule	\$9,246.32	\$35,778.80	\$45,025.12	\$0.00
Butte	\$10,258.59	\$39,695.82	\$49,954.41	(\$10,258.59)
Campbell	\$784.24	\$3,034.68	\$3,818.92	\$0.00
Charles Mix	\$9,290.82	\$35,951.00	\$45,241.82	(\$14,327.50)
Clark	\$2,930.82	\$6,760.18	\$9,691.00	\$0.00
Clay	\$5,074.04	\$19,634.11	\$24,708.15	(\$5,546.61)
Codington	\$10,022.68	\$38,782.92	\$48,805.60	\$0.00
Corson	\$3,941.06	\$15,249.96	\$19,191.02	\$0.00
Custer	\$12,490.29	\$48,331.42	\$60,821.71	\$0.00
Davison	\$7,832.48	\$30,307.92	\$38,140.40	\$0.00
Deuel	\$4,637.13	\$17,943.45	\$22,580.58	\$0.00
Dewey	\$4,252.12	\$16,453.66	\$20,705.78	\$0.00
Edmunds	\$2,906.78	\$11,247.16	\$14,153.94	(\$1,305.09)
Fall River	\$25,247.17	\$97,694.37	\$122,941.54	(\$125.85)
Faulk	\$3,186.19	\$12,329.03	\$15,515.22	\$0.00
Grant	\$7,956.35	\$30,787.20	\$38,743.55	(\$7,326.49)
Gregory	\$6,384.08	\$24,703.33	\$31,087.41	(\$6,978.65)
Hand	\$2,759.63	\$10,678.48	\$13,438.11	\$0.00
Hanson	\$1,705.75	\$6,600.45	\$8,306.20	\$0.00
Harding	\$713.44	\$2,760.67	\$3,474.11	(\$779.89)
Hughes	\$9,351.31	\$36,185.05	\$45,536.36	\$0.00
Hutchinson	\$6,503.72	\$25,166.29	\$31,670.01	(\$7,079.44)
Jackson	\$1,651.92	\$6,392.12	\$8,044.04	\$0.00
Jerauld	\$3,744.46	\$14,489.24	\$18,233.70	\$0.00
Jones	\$519.14	\$2,008.82	\$2,527.96	\$0.00
Lake	\$9,508.60	\$36,793.67	\$46,302.27	\$0.00
Lawrence	\$27,395.45	\$106,007.20	\$133,402.65	(\$10,808.42)
Lincoln	\$14,493.68	\$56,083.57	\$70,577.25	(\$15,000)
McCook	\$3,502.57	\$13,553.28	\$17,055.85	(\$3,828.78)
McPherson	\$1,853.91	\$7,173.73	\$9,027.64	(\$1,895.36)

*** Table continued on next page.***

Participating County	DISBURSEMENTS			
	State Fiscal Year 2023	State Fiscal Year 2024	Total Disbursements <i>Amount Received as of 5/31/2024</i>	Funds Expended or Awarded <i>as of 12/31/2023</i>
Meade	\$37,577.67	\$145,407.45	\$182,985.12	\$0.00
Mellette	\$2,124.06	\$8,219.06	\$10,343.12	(\$2,094.06)
Minnehaha	\$140,485.07	\$543,609.52	\$684,094.59	(\$153,574.02)
Oglala Lakota	\$15,996.83	\$61,900.02	\$77,896.85	\$0.00
Pennington	\$92,640.90	\$358,475.63	\$451,116.53	(\$4,496.77)
Perkins	\$4,315.76	\$9,954.68	\$14,270.44	\$0.00
Potter	\$2,175.99	\$8,420.03	\$10,596.02	\$0.00
Roberts	\$11,427.62	\$44,219.38	\$55,647.00	\$0.00
Sanborn	\$1,312.24	\$5,077.77	\$6,390.01	(\$1,238.17)
Spink	\$8,417.80	\$32,572.81	\$40,990.61	\$0.00
Sully	\$726.56	\$2,811.44	\$3,538.00	\$0.00
Todd	\$12,271.24	\$47,483.77	\$59,755.01	\$0.00
Tripp	\$7,185.60	\$16,574.25	\$23,759.85	\$0.00
Turner	\$7,512.43	\$29,069.51	\$36,581.94	\$0.00
Union	\$16,699.41	\$64,618.66	\$81,318.07	\$0.00
Walworth	\$6,453.01	\$24,970.06	\$31,423.07	\$0.00
Yankton	\$16,357.39	\$63,295.22	\$79,652.61	(\$15,062.47)
Ziebach	\$3,545.47	\$13,719.26	\$17,264.73	\$0.00
TOTAL Localized Share	\$1,106,737.45	\$4,259,983.34	\$5,366,720.79	(\$399,440.80)

Breakdown of Localized Share Expenditures or Awards

A total of 30 participating local governments reported expenditures or awards through 12/31/2023. Expenditures (money paid directly) made by the government are noted below, along with any awards (money allocated to a third party) they made, including the amount awarded and the strategy funded. The amount disbursed and terms of disbursements for awards allocated to a third party are available upon request to DSS or by contacting the Participating Local Government directly. Note that additional expenditures or allocations may have occurred after this reporting period, activities from which will be included in the next annual report.

MOA Approved Use categories reported as having expenditures or awards during the reporting period included the following (note that not all Approved Use categories had documented expenditures or awards):

- Part One: Treatment**
 - (A) Treat Opioid Use Disorder
 - (B) Connect People who Need Help to the Help They Need (Intervention)
 - (C) Support People in Treatment and Recovery and Reduce Stigma
 - (D) Address the Needs of Criminal-Justice-Involved Persons
 - (E) Address the Needs of Women who are or may become Pregnant
- Part Two: Prevention**
 - (G) Prevent Misuse of Opioids
 - (H) Prevent Overdose Deaths and Other Harms (Harm Reduction)
- Part Three: Other**
 - (I) First Responders
 - (J) Leadership, Planning and Coordination
 - (K) Training

Participating Local Government	Funds Expended or Awarded as of 12/31/2023	Expenditures & Awards Breakdown per Approved Use		
		Part One: Treatment	Part Two: Prevention	Part Three: Other
Bon Homme County	\$7,155.00	(A) \$7,155.00 awarded to Lewis & Clark Behavioral Health		
Box Elder City	\$2,823.02			(I) \$2,823.02 expended
Brookings City	\$30,476.26		(G) \$30,476.26 awarded to Team Lodge - Mobile Command Center	
Brookings County	\$3,519.91	(A) \$3,519.91 expended		
Butte County	\$10,258.59	(C) \$1,884.23 awarded to New Dawn (D) \$4,187.18 awarded to Teen Court	(G) \$4,187.18 awarded to Action for the Betterment of our Community	
Charles Mix County	\$14,327.50	(C) \$14,327.50 expended		
Clay County	\$5,546.61		(G) \$5,546.61 awarded to Lewis & Clark Behavioral Health	
Edmunds County	\$1,305.09			(I) \$1,305.09 expended
Fall River County	\$125.85		(G) \$125.85 expended	
Grant County	\$7,326.49		(G) \$7,326.49 awarded to Milbank School District	
Gregory County	\$6,978.65	(C) \$6,978.65 awarded to Southern Plains Behavioral Health Services		
Harding County	\$779.89	(A) \$309.57 awarded to Harding County Ambulance (A) \$150.00 awarded to Harding County Sheriff's Office (A) \$320.32 awarded to Harding County EMT Association		
Huron City	\$2,011.44		(G) \$1,005.72 expended (H) \$1,005.72 expended	
Hutchinson County	\$7,079.44	(A) \$1,011.40 and (B)-(E) \$1,011.34 each awarded to Lewis & Clark Behavioral Health	(G) and (H) \$1,011.34 each awarded to Lewis & Clark Behavioral Health	
Lawrence County	\$10,808.42	(A) \$2,247.42 awarded to Project Recovery (B) \$2,225.00 expended (C) \$6,336.00 awarded to Compass Point		

*** Table continued on next page.***

Participating Local Government	Funds Expended or Awarded as of 12/31/2023	Expenditures & Allocations Breakdown per Approved Use		
		Part One: Treatment	Part Two: Prevention	Part Three: Other
Lincoln County	\$15,000.00	(B) \$15,000.00 awarded to Sioux Empire Triage Center dba The Link		
McCook County	\$3,828.78		(G) \$2,256.20 awarded to McCook County School Districts (G) \$1,572.58 expended	
McPherson County	\$1,895.36		(H) \$569.40 expended	(I) \$348.96 awarded to McPherson County Sheriff's Office (I) \$977 awarded to West McPherson EMS
Mellette County	\$2,094.06		(H) \$2,094.06 awarded to Michael Glynn Memorial Coalition	
Minnehaha County	\$153,574.02	(A) \$63,074.98 and (B) \$90,499.04 awarded to Sioux Empire Triage Center dba The Link		
Mitchell City	\$1,305.10		(H) \$1,305.10 expended	
Pennington County	\$4,496.77	(A) \$4,496.77 expended		
Pierre City	\$4,602.06	(C) \$3,585.09 awarded to Capital Area Counseling Services	(G) \$1,016.97 awarded to Capital Area Counseling Services	
Rapid City	\$34,049.81		(H) \$34,049.81 expended	
Sanborn County	\$1,238.17	\$589.17 expended (unspecified purpose)		(I) \$649.00 awarded to Relentless LLC
Spearfish City	\$10,440.66			(I) \$10,440.66 expended
Vermillion City	\$5,712.95			(K) \$5,712.95 expended
Watertown City	\$20,267.12	(D) \$1,720.16 awarded to the Watertown Police Department	(G) \$18,546.96 awarded to the Watertown Police Department	
Yankton City	\$15,351.31	(A) \$361.54 awarded to Nartec, Inc.	(G) \$6,581.21 expended (G) \$3,000.00 awarded to Yankton School District	(I) \$3,356.61 expended (J) \$2,051.95 expended
Yankton County	\$15,062.47	(A) \$2,151.79 and (B)-(E) \$2,151.78 each awarded to Lewis & Clark Behavioral Health	(G) and (H) \$2,151.78 each awarded to Lewis & Clark Behavioral Health	
TOTAL⁽⁶⁾	\$399,440.80	\$244,783.20	\$126,992.36	\$27,665.24

⁽⁶⁾ A total of \$589.17 was reported as allocated or awarded but not specified at the time of reporting to a specific approved use in the MOA.



APPENDIX D: OPIOID SETTLEMENT STATEWIDE SHARE FUNDS DETAIL



Report Timeline: Preceding Fiscal Year (State Fiscal Year 2024)

The trustees of the settlements distribute the Statewide Share directly to DSS. In accordance with the MOA, this report includes an accounting of opioid funds distributed from the national settlement trustees to South Dakota via the statewide share for the preceding fiscal year.

Breakdown of Overdose Follow-Up Program Awards

Two (2) contracts were issued to pilot and demonstrate innovative strategies at the community level for overdose follow-up programs. Both contracts began January 1, 2024, and each are continuing their efforts into the current state fiscal year.

Organization	Amount Awarded	Amount Expended
Emily's Hope	\$124,634	\$89,488
Project Recovery	\$164,483	\$38,397
TOTALS	\$289,117	\$127,885

Breakdown of Community Grant Program Awards

A total of 12 community grant awards were made during this reporting period. Each of the recipient organizations were contracted funds beginning January 1, 2024, for a period of five (5) to twelve (12) months depending on the timeline requested by the organization to complete its approved scope of work. Of the 12 awards, seven (7) are continuing their work into the 2025 state fiscal year. Five (5) awards were completed as of the end of the 2024 state fiscal year.

Organization	Amount Awarded	Amount Expended	Project Description	Approved Use Area of the Settlement Agreement
Brookings County Youth Mentoring Program*	\$15,170	\$1,431	Provision of mentoring and individualized prevention services to an estimated 33 youth who have a family member that uses opioids or a family member with OUD.	Treatment - Support People in Treatment and Recovery, and Reduce Stigma
Emily's Hope*	\$78,100	\$21,587	Develop, implement, and disseminate a comprehensive Substance Use Prevention Curriculum for Grades 6-12 that addresses opioid misuse prevention.	Prevention - Prevent Misuse of Opioids
Michael Glynn Memorial Coalition	\$10,925	\$10,925	Facilitation of a community health fair regarding opioid prevention organized and staffed by area youth.	Prevention - Prevent Misuse of Opioids
Mitchell Technical College	\$10,829	\$7,864	Training in Overdose Education and Naloxone Distribution for its 120+ employees, and funds to purchase medication and co-located AED storage units for use in the event of a suspected overdose in its facilities.	Prevention - Prevent Overdose Deaths and Other Harms (Harm Reduction)
South Dakota School of Mines & Technology*	\$27,734	\$0	Provide prevention education and intervention (treatment cost assistance) to individuals impacted by opioid use on campus, guided by a to-be-completed strategic plan aimed at addressing overdose prevention, harm reduction, and overdose response on and near campus.	Prevention - Prevent Misuse of Opioids
Wagner Community Memorial Hospital	\$10,000	\$10,000	Provide access to education and materials supporting safe medication storage and disposal to both clinic and emergency room providers for distribution when prescribing opioids.	Prevention - Prevent Misuse of Opioids
Coteau des Prairies Hospital*	\$40,450	\$10,782	Provide opioid use disorder services through its Compass Care Program, expand telehealth services available to reduce barriers to care via transportation, and increase naloxone possession and utilization among the general population across its service area.	Other - Training
Minnehaha County Sheriff's Office: Jail Division	\$36,500	\$32,866	Purchase equipment to aid in monitoring individuals at high risk for overdose or medical complications from withdrawal from substances.	Prevention - Prevent Overdose Deaths and Other Harms (Harm Reduction)
Southeastern Behavioral HealthCare*	\$31,800	\$7,200	Provide transitional housing supports to individuals impacted by opioid use disorder and co-occurring substance or mental health issues, services including housing assistance, case management, and support in working through individual treatment plans.	Treatment - Support People in Treatment and Recovery, and Reduce Stigma
University of South Dakota - Physician Assistant Program*	\$32,653	\$5,759	Provide a conference for up to 25 healthcare professionals (Physician Assistants, Nurse Practitioners, or other prescribers) working in family practice and sub-specialties to further understanding and practice of Medications for Opioid Use Disorder in South Dakota communities.	Other - Training
Washed Clean Addiction and Recovery Ministries	\$17,100	\$17,100	Assist individuals in recovery from opioid use disorder and any co-occurring substance or mental health issues as they find long-term housing.	Treatment - Support People in Treatment and Recovery, and Reduce Stigma
Youth & Family Services, Inc.*	\$63,998	\$1,698	Work with children and other family members suffering trauma as a result of opioid misuse in the family, and provide effective, evidence-based trauma-focused treatment and services in order to achieve trauma resolution and improve overall behavioral health. Funds also supported training for Prevention Staff.	Treatment Other - Training
TOTALS	\$375,259	\$127,212		

* Organization received a no cost extension on their SFY24 awarded funds allowing additional time (through 12/31/2024) to complete their projects.