

**SOUTH DAKOTA DEPARTMENT of HEALTH (DOH)
DOH Prescription Drug Overdose: Data-Driven Prevention Initiative (DDPI)
Needs Assessment Evaluation Design**

Program Logic Model

Programmatic impacts will be measured using a formative and summative evaluation plan beginning in Year 1. The plan will be led by the DOH staff and an external evaluator. The evaluation plan objectives will be (a) assessing the situation in South Dakota, (b) informing the strategic plan, and (c) evaluating the strategic plan objectives and interventions. The logic model outlined below drives the evaluation components.

Inputs	<ul style="list-style-type: none"> ▪ CDC funding ▪ DOH staff ▪ Advisory Committee ▪ Existing data infrastructure (e.g., PDMP, hospital/healthcare, law enforcement) ▪ Agency partners including but not limited to health care, pharmacies, behavioral health, and law enforcement
Activities	<ul style="list-style-type: none"> ▪ Alert potential misuse through PDMP surveillance system. ▪ Write guidelines for opioid prescribers. ▪ Provide education to opioid prescribers. ▪ Provide education to law enforcement. ▪ Provide education and awareness to opioid users and public. ▪ Leverage intelligence sharing between health care and law enforcement. ▪ Respond to opioid users who misuse or abuse drugs. ▪ Provide recovery options for opioid users. ▪ Provide support to family members.
Outputs	<ul style="list-style-type: none"> ▪ Policies that support surveillance, prevention education, response, and recovery ▪ Processes and systems that support surveillance, prevention education, response, and recovery ▪ Educated and equipped health care providers ▪ Educated and equipped law enforcement officers ▪ Educated opioid users who do not misuse or abuse opioids ▪ Educated family members
Outcomes	<ul style="list-style-type: none"> ▪ Reduced hospitalizations due to opioid misuse and abuse ▪ Reduced deaths due to opioid misuse and abuse ▪ Less cost to healthcare system

Evaluation Methods

[1] Logic Model. A draft logic model has been developed to guide the overall evaluation strategy. The initial draft complete; evaluator will update annually and base summative report on model outline.

[2] Asset Mapping. List and map all resources for providers, law enforcement, opioid users, and families including but not limited to: breadth and depth of surveillance systems; public, health care, and law enforcement education and prevention measures; health care and law enforcement response, and recovery access.

[3] Outpatient and Inpatient Hospital Discharge Data. De-identified ER data are part of the outpatient data the DOH receives on a yearly basis through a contract with the South Dakota Association of Healthcare Organizations (SDAHO). Data includes information on ER visits by ICD 9 and ICD 10 codes and also includes data regarding hospitalized patients (e.g., severe care of drug overdose requiring hospitalization). However, the data is only received on an annual basis so real-time reports are not available. Two years (2014 and 2015) will be analyzed.

[4] Death Certificate Data. The DOH Office of Data, Statistics and Vital Records maintains the vital records system for the state including death certificates. Questionable accuracy of death certificate data reported in literature and lack of timely laboratory confirmation (e.g., toxicology reports) can limit the usefulness of death certificate data. While the Vital Records Office does work with physicians to assist with cause of death coding, further communication and training may be needed.

[5] Surveillance Assessment. Determine status and gaps in policies, processes, and education including but not limited to recommended strategies by CDC and National Governors Association:

- Use and effectiveness of state prescription drug monitoring programs.
- Use of public health and law enforcement data to monitor trends and strengthen prevention efforts.
- Legislation that increases oversight of pain management clinics to reduce “pill mills.”
- Collaborative information sharing environment across state agencies.
- Asset leverage from partner entities to improve data collection and intelligence sharing.
- Law enforcement partnership expansion and data access to better target over-prescribers.

[6] Prevention Assessment. Determine status and gaps in policies, processes, and education including but not limited to recommended strategies by CDC and National Governors Association:

- Guidelines for all opioid prescribers.
- Limitation of new opioid prescriptions for acute pain, with exceptions for certain patients.
- Comprehensive opioid management program in Medicaid and other state-run health programs.
- Methadone removal for managing pain from Medicaid preferred drug lists.
- Expansion of access to non-opioid therapies for pain management.
- Education and training for all opioid prescribers.

- Expand statutory tools for prosecuting major distributors.
- Intergovernmental cooperation in narcotics investigations.
- Stakeholder coalitions to ensure policies and processes are in place to prevent opioid misuse and abuse.

[7] Response and Recovery Assessment. Determine status and gaps in policies, processes, and education including but not limited to recommended strategies by CDC and National Governors Association:

- Access to naloxone.
- Workforce and infrastructure for providing evidence-based MAT and recovery services.
- Linkages to evidence-based MAT and recovery services.
- Authorization to provide support to syringe serve programs. Reduce stigma by changing the public's understanding of substance use disorder.
- Law enforcement personnel empowerment, education, and equipment to prevent overdose deaths and facilitate access to treatment.
- Reinforcement of use of best practices in drug treatment courts.
- Access to MAT in correctional facilities and upon reentry.
- Pre-trial drug diversion programs to offer individuals the opportunity to enter into substance use treatment.
- Compliance with Good Samaritan laws.

SECONDARY DATA SOURCES:

The evaluation team will use multiple sources of data including the outpatient and inpatient hospital discharge data and death certificate data as outlined above. PDMP, Medicaid/Third Party Payer Data, and SD Health Link data will also be utilized and are described below:

Prescription Drug Monitoring Program – The SD PDMP can provide valuable data to medical practitioners and pharmacists to review prior to prescribing and dispensing controlled substances. The ultimate goal of PDMP is to have all South Dakota licensed prescribers and pharmacists registered for access and actively querying the PDMP system prior to prescribing or dispensing. However, only 8.5% of practitioners who write controlled substance prescriptions are utilizing the tool. One of the major areas of focus of the Board of Pharmacy and the SD PDMP is making access to PDMP data easier for practitioners.

The SD PDMP is currently working on a pilot project with Avera Health (one of the three major health systems in South Dakota) to integrate PDMP data with the health system's electronic health record (EHR). This will provide a pathway for sound clinical decisions regarding opioid prescribing for practitioners without disturbing clinical workflow. The Board of Pharmacy has also applied for additional PDMP enhancement grant funds from the U.S. Department of Justice to develop a similar integration with Sanford Health (another of the state's major health systems). Once these projects are accomplished with Avera and Sanford, over 50% of prescribers, hospitals and emergency (ER)

departments in South Dakota will have their EHR integrated with PDMP. This will significantly increase the number of PDMP users and ultimately will increase use of PDMP data to impact patient care and reduce drug misuse, abuse, and diversion.

Medicaid/Third Party Payer Data – Medicaid/Third Party Payer utilization data can be utilized to help measure overall burden of opioid exposure in South Dakota or a substantial fraction of it. The South Dakota Medicaid program covers approximately 12% of the state’s population. As was mentioned earlier, the DOH looked at Medicaid pharmacy claims data provided a snapshot on age groups at risk and opioids frequently used in the state. Even though Medicaid data cannot be generalized to overall state population, it can serve as a useful adjunct to other data sources to measure age-specific rates for different opioid drugs and different age and racial groups to identify patient characteristics that put them at greater risk of being prescribed an opioid.

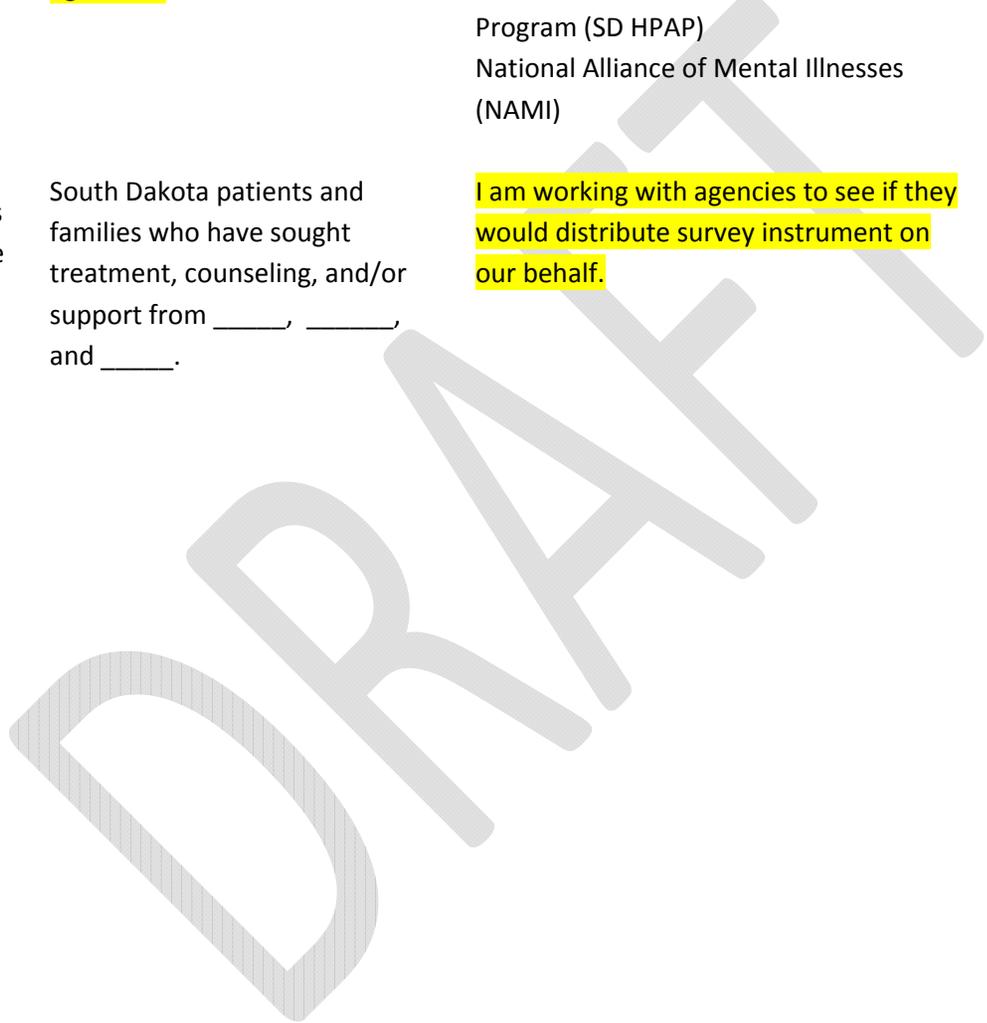
South Dakota Health Link – Health Link serves as South Dakota’s Health Information Exchange (HIE). One service Health Link provides is a list of medications that a patient has filled at a pharmacy in the last 12 months. The query searches through multiple national pharmacy benefits managers, insurance companies, claims processors, and retail pharmacy systems to create an aggregated medication history record for each patient and displayed in Health Link’s HIE web portal. This medication history service also alerts HIE end-users to other important information such as possible interactions, duplications, and when the medication history was last updated. South Dakota healthcare providers can utilize the HIE web portal and medication history service to improve care coordination, reduce potential interactions, and improve accountability in the care setting. Many patients receive care from more than one provider and use more than one pharmacy for filling their prescriptions. Having access to an aggregated medication history helps reduce errors of omission and aids the provider with the medication reconciliation process. Health Link also has an event notification service that provides centralized management of rule-based electronic ADT (admit, discharge, transfer) notifications sent from diverse data sources and delivered through Health Link’s IT platform. While there have been discussions between the SD PDMP and Health Link, the two systems are not currently integrated.

PRIMARY DATA COLLECTION

Primary data collection methods (surveys and interviews) will be required to complete [2] Asset Mapping; [5] Surveillance Assessment; [6] Prevention Assessment; and [7] Response and Recovery Assessment. Below is a proposed sampling approach.

<u>Population</u>	<u>Study Population</u>	<u>Sample</u>	<u>Survey or Interview</u>
South Dakota Licensed Pharmacists	South Dakota Pharmacists Association Members	South Dakota Pharmacists Association Members with valid e-mail addresses	Appendix A
South Dakota Medical Providers - just physicians?	South Dakota State Medical Association Members -or- South Dakota Board of Medical and Osteopathic Examiner List	Dr. Dietrich, Margaret, and Kristen - do you have advice on how to distribute?	Appendix B
South Dakota Behavioral Health – Substance Abuse Providers	South Dakota Department of Social Services Accredited Substance Abuse Providers	100% of all accredited agencies Prevention services? Gib?	Appendix C
South Dakota Law Enforcement and Criminal Justice	Police Chief’s Association members, Sherriff’s Association members, Division of Criminal Investigation Agents	Brian – how narrow or broad should we go here? Distribution advice?	Appendix D
South Dakota State Agencies and Legislature	Dept. of Health Dept. of Social Services Attorney General’s Office Legislative Research	One representative per agency	Appendix E
South Dakota Non-	Where do we get a	Lutheran Social Services (LSS)	Appendix F

<u>Population</u>	<u>Study Population</u>	<u>Sample</u>	<u>Survey or Interview</u>
Profits who serve opioid abuse / misuse patients	comprehensive list of these agencies?	Face It Together (FIT) SD Health Professionals Assistance Program (SD HPAP) National Alliance of Mental Illnesses (NAMI)	Appendix G
South Dakota patients and families who have experienced opioid abuse/misuse	South Dakota patients and families who have sought treatment, counseling, and/or support from _____, _____, and _____.	I am working with agencies to see if they would distribute survey instrument on our behalf.	



APPENDIX A | Pharmacist Survey¹

E-mail Invitation

Dear _____:

In 2017, the South Dakota Opioid Abuse Advisory Committee will be conducting a planning process to set strategies to prevent, survey, and respond to opioid abuse and misuse. We are also creating a comprehensive list of recovery resources to assist in the referral process. A critical part of that process is getting feedback.

I strongly encourage you to take 10 minutes of your time and complete the online survey linked below. Your responses will drive the next steps in our strategic planning process.

[LINK]

Your anonymity and confidentiality will be maintained. The survey software will not record IP addresses and only our strategic planning consultant will see the raw data generated by the survey. I encourage you to be candid in your thoughts about what State and key stakeholders should be doing to prioritize efforts.

If you have any problems with the survey or would prefer to speak to someone over the phone, please contact Sharon at 605-271-0611 or sharon@sageprojectconsultants.com.

1. What county do you work?
2. Describe your pharmacy setting.
 - a. Retail – Independent
 - b. Retail – Chain
 - c. Hospital
 - d. Traveling
 - e. Other: _____
3. How often do you access the Prescription Drug Monitoring Program (PDMP) website?
 - a. More than once a day
 - b. Once a day
 - c. Once a week

¹ Questions were sourced from the South Dakota Board of Pharmacy and the Alabama Prescription Drug Monitoring Program.

- d. Once a month or less
- e. I rarely use the website
- f. Other

4. How many patients have you “dismissed” or “fired” as a result of accessing the PDMP Database website in the last 12 months?

- a. 0
- b. 1 – 5
- c. 6 -10
- d. 11 – 20
- e. 21 – 30
- f. 31 - 40
- g. 41 – 50
- h. More than 50

5. How many patients have you reported to a law enforcement agency as a result of accessing the PDMP Database website in the last 12 months?

- a. 0
- b. 1 – 5
- c. 6 -10
- d. 11 – 20
- e. 21 – 30
- f. 31 - 40
- g. 41 – 50
- h. More than 50

6. How many patients have you referred to a substance abuse agency as a result of accessing the PDMP Database website in the last 12 months?

- a. 0
- b. 1 – 5
- c. 6 -10
- d. 11 – 20
- e. 21 – 30
- f. 31 - 40
- g. 41 – 50
- h. More than 50

7. **PDMP Database.** Please rate your level of agreement with each statement. (Melissa – help! Can you add / edit questions?)

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Not Applicable	Do not Know
The registration process for obtaining access to the PDMP database was easy.							
I believe the PDMP database reduces drug abuse in South Dakota.							
I believe the PDMP database reduces doctor shopping in South Dakota.							

8. Overall, how would you rate the PDMP Database Website?

- a. Excellent
- b. Good
- c. Fair
- d. Poor
- e. Other: _____

9. What do you like most about the website?

10. What do you like least about the website?

11. How would you suggest improving the PDMP database website?

12. **Medical Provider.** Check the rating of your relationship with the medical prescribers. (Help!)

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Not Applicable	Do not Know
I have consulted with medical providers on patients who may have misuse or abuse opioids.							
I feel comfortable consulting with medical providers on patients who may misuse and abuse opioids.							

13. **Law Enforcement.** Check the rating of your relationship with the law enforcement. ([Help!](#))

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Not Applicable	Do not Know
I know when to contact law enforcement based on PDMP data.							
I know who to call if I need to contact law enforcement.							
I feel comfortable contacting law enforcement.							
I would like to know more about law enforcement processes regarding prescription drug abuse and misuse.							

14. **Behavioral Health – Substance Abuse Treatment and Counseling** Check the rating of your relationship with the behavioral health and addiction treatment. ([Help!](#))

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Not Applicable	Do not Know
I have counseled clients regarding substance abuse.							
I know who to refer clients to if I believe a client needs substance abuse counseling and treatment.							
I feel comfortable referring clients to substance abuse counseling and treatment.							
I would like to know more about substance abuse counseling and treatment services in my region.							

Policies and Programs. Grade the following policies or programs for the State of South Dakota. If an A, B, or C grade is assigned, please note specific legislation, policy, or procedure. Refer to attached strategy definition and examples. **ADD "DO NOT KNOW" COLUMN.**

National Governors Association Strategy	"A" In place and being implemented	"B" In place and gaining momentum	"C" In place and slow progress"	"D" Being considered but not in place	"F" No action
Guidelines for all opioid prescribers. (Strategy 1)					
Limit new opioid prescriptions for acute pain, with exceptions for certain patients. (Strategy 2)					
Expand access to non-opioid therapies for pain management. (Strategy 5)					
Enhance education and training for all opioid prescribers. (Strategy 6)					
Expand law enforcement partnerships and data access to better target over-prescribers. (Strategy 14)					
Change payment policies to expand access to evidence-based medication assisted treatment (MAT) and recovery services. (Strategy 17)					
Increase access to naloxone. (Strategy 18)					
Expand and strengthen the workforce and infrastructure for providing evidence-based MAT and recovery services. (Strategy 19)					
Create new linkages to evidence-based MAT and recovery services. (Strategy 20)					
Consider authorizing and providing					

National Governors Association Strategy	“A” In place and being implemented	“B” In place and gaining momentum	“C” In place and slow progress”	“D” Being considered but not in place	“F” No action
support to syringe service programs. (Strategy 21)					
Ensure access to MAT in correctional facilities and upon reentry. (Strategy 25)					
Strengthen pre-trial drug diversion programs to offer individuals the opportunity to enter substance use treatment. (Strategy 26)					
Ensure compliance with Good Samaritan laws. (Strategy 27)					

Please note specific legislation, policy, or procedures that address the above strategies:

Public Education. Grade the following public awareness or education efforts in the State of South Dakota. If an A, B, or C grade is assigned, please note specific programs. Refer to attached strategy definition and examples.

National Governors Association Strategy	“A” In place and being implemented	“B” In place and gaining momentum	“C” In place and slow progress”	“D” Being considered but not in place	“F” No action
Raise public awareness about the dangers of prescription opioids and heroin. (Strategy 10)					
Reduce stigma by changing the public’s understanding of substance use disorder.(Strategy 22)					

Please note specific programs that address the above strategies:

Collaborative Efforts. Grade the following collaborative efforts in the State of South Dakota. If an A, B, or C grade is assigned, please note specific venues where collaborative efforts take place. Refer to attached strategy definition and examples.

National Governors Association Strategy	“A” In place and being implemented	“B” In place and gaining momentum	“C” In place and slow progress”	“D” Being considered but not in place	“F” No action
Establish a collaborative information sharing environment across state agencies. (do we need to be more specific?) (Strategy 11)					
Leverage assets from partner entities to improve data collection and intelligence sharing. (Strategy 12)					
Establish and enhance stakeholder coalitions. (Strategy 16)					

Please note specific venues that address the above strategies:

APPENDIX B | Medical Providers²

E-mail Invitation

Dear _____:

In 2017, the South Dakota Opioid Abuse Advisory Committee will be conducting a planning process to set strategies to prevent, survey, and respond to opioid abuse and misuse. We are also creating a comprehensive list of recovery resources to assist in the referral process. A critical part of that process is getting feedback.

I strongly encourage you to take 10 minutes of your time and complete the online survey linked below. Your responses will drive the next steps in our strategic planning process.

[LINK]

Your anonymity and confidentiality will be maintained. The survey software will not record IP addresses and only our strategic planning consultant will see the raw data generated by the survey. I encourage you to be candid in your thoughts about what State and key stakeholders should be doing to prioritize efforts.

If you have any problems with the survey or would prefer to speak to someone over the phone, please contact Sharon at 605-271-0611 or sharon@sageprojectconsultants.com.

Dr. Dietrich, Margaret, and Kristen – can you edit language?

1. What is your understanding of the South Dakota Board of Medical and Osteopathic Examiners Administrative Rules 20:78:06 – Opioid Overdose Prevention that were put into place in October 2016? (Strategy 1)
 - a. I am very familiar with the rules.
 - b. I am somewhat familiar with the rules.
 - c. I have not had the opportunity to review them.
2. What county do you primarily work?
3. Describe your work setting.
 - a. Clinic
 - b. Hospital
 - c. Both clinic and hospital

² Questions were sourced from the South Dakota Board of Pharmacy, Alabama Prescription Drug Monitoring Program, and members of the South Dakota Opioid Abuse Advisory Committee.

- d. Other: _____
4. How often do you access the Prescription Drug Monitoring Program (PDMP) website?
- a. More than once a day
 - b. Once a day
 - c. Once a week
 - d. Once a month or less
 - e. I rarely use the website
 - f. Other
5. How many patients have you “dismissed” or “fired” as a result of accessing the PDMP Database website in the last 12 months?
- a. 0
 - b. 1 – 5
 - c. 6 -10
 - d. 11 – 20
 - e. 21 – 30
 - f. 31 - 40
 - g. 41 – 50
 - h. More than 50
6. How many patients have you reported to a law enforcement agency as a result of accessing the PDMP Database website in the last 12 months?
- a. 0
 - b. 1 – 5
 - c. 6 -10
 - d. 11 – 20
 - e. 21 – 30
 - f. 31 - 40
 - g. 41 – 50
 - h. More than 50
7. How many patients have you referred to a substance abuse agency as a result of accessing the PDMP database website in the last 12 months?
- a. 0
 - b. 1 – 5
 - c. 6 -10
 - d. 11 – 20
 - e. 21 – 30
 - f. 31 - 40
 - g. 41 – 50
 - h. More than 50

8. **PDMP Database.** Please rate your level of agreement with each statement. (Melissa – help! Can you add / edit questions?)

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Not Applicable	Do not Know
The registration process for obtaining access to the PDMP database was easy.							
I access the database every time I prescribe opioids to a patient.							
I believe the PDMP database reduces drug abuse in South Dakota.							
I believe the PDMP database reduces doctor shopping in South Dakota.							

9. Overall, how would you rate the PDMP Database Website?

- a. Excellent
- b. Good
- c. Fair
- d. Poor
- e. Other: _____

10. What do you like most about the website?

11. What do you like least about the website?

12. How would you suggest improving the PDMP database website?

13. **Pharmacists.** Check the rating of your relationship with pharmacists in my region. (Help!)

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Not Applicable	Do not Know
I have consulted with pharmacists on patients who may have misuse or abuse opioids.							
I feel comfortable consulting with pharmacists on patients who may misuse and abuse opioids.							

14. **Law Enforcement.** Check the rating of your relationship with the law enforcement. (Help!)

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Not Applicable	Do not Know
I know when to contact law enforcement based on PDMP data.							
I know who to call if I need to contact law enforcement regarding prescription drug abuse and misuse.							
I feel comfortable contacting law enforcement regarding prescription drug abuse and misuse.							
I would like to know more about law enforcement processes regarding prescription drug abuse and misuse.							

15. **Behavioral Health – Substance Abuse Counseling and Treatment.** Check the rating of your relationship with the behavioral health and addiction treatment. (Help!)

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Not Applicable	Do not Know
I have counseled clients regarding substance abuse.							
I know who to refer clients to if I believe a client needs substance abuse counseling and treatment.							
I feel comfortable referring clients to substance abuse counseling and treatment.							
I would like to know more about substance abuse counseling and treatment services in my region.							

DRAFT

Policies and Programs. Grade the following policies or programs for the State of South Dakota. If an A, B, or C grade is assigned, please note specific legislation, policy, or procedure. Refer to attached strategy definition and examples. **ADD "DO NOT KNOW" COLUMN.**

National Governors Association Strategies	"A" In place and being implemented	"B" In place and gaining momentum	"C" In place and slow progress"	"D" Being considered but not in place	"F" No action
Guidelines for all opioid prescribers. (Strategy 1)					
Limit new opioid prescriptions for acute pain, with exceptions for certain patients. (Strategy 2)					
Expand access to non-opioid therapies for pain management. (Strategy 5)					
Enhance education and training for all opioid prescribers. (Strategy 6)					
Expand law enforcement partnerships and data access to better target over-prescribers. (Strategy 14)					
Change payment policies to expand access to evidence-based medication assisted treatment (MAT) and recovery services. (Strategy 17)					
Increase access to naloxone. (Strategy 18)					
Expand and strengthen the workforce and infrastructure for providing evidence-based MAT and recovery services. (Strategy 19)					
Create new linkages to evidence-based MAT and recovery services. (Strategy 20)					
Ensure access to MAT in correctional					

National Governors Association Strategies	“A” In place and being implemented	“B” In place and gaining momentum	“C” In place and slow progress”	“D” Being considered but not in place	“F” No action
facilities and upon reentry. (Strategy 25)					
Strengthen pre-trial drug diversion programs to offer individuals the opportunity to enter substance use treatment. (Strategy 26)					
Ensure compliance with Good Samaritan laws. (Strategy 27)					

Please note specific legislation, policy, or procedures that address the above strategies:

Public Education. Grade the following public awareness or education efforts in the State of South Dakota. If an A, B, or C grade is assigned, please note specific programs. Refer to attached strategy definition and examples.

National Governors Association Strategies	“A” In place and being implemented	“B” In place and gaining momentum	“C” In place and slow progress”	“D” Being considered but not in place	“F” No action
Raise public awareness about the dangers of prescription opioids and heroin. (Strategy 10)					
Reduce stigma by changing the public’s understanding of substance use disorder. (Strategy 22)					

Please note specific legislation, policy, or procedures that address the above strategies:

Collaborative Efforts. Grade the following collaborative efforts in the State of South Dakota. If an A, B, or C grade is assigned, please note specific venues where collaborative efforts take place. Refer to attached strategy definition and examples.

	“A” In place and being implemented	“B” In place and gaining momentum	“C” In place and slow progress”	“D” Being considered but not in place	“F” No action
Establish a collaborative information sharing environment across state agencies. (do we need to be more specific?) (Strategy 11)					
Leverage assets from partner entities to improve data collection and intelligence sharing. (Strategy 12)					
Establish and enhance stakeholder coalitions. (Strategy 16)					

Please note specific legislation, policy, or procedures that address the above strategies:

APPENDIX C | Behavioral Health- Substance Abuse Providers³

E-mail Invitation

Dear _____:

In 2017, the South Dakota Opioid Abuse Advisory Committee will be conducting a planning process to set strategies to prevent, survey, and respond to opioid abuse and misuse. We are also creating a comprehensive list of recovery resources to assist in the referral process. A critical part of that process is getting feedback.

I strongly encourage you to take 10 minutes of your time and complete the online survey linked below. Your responses will drive the next steps in our strategic planning process.

[LINK]

The data regarding your facility will be listed in the recovery resource list. Your anonymity and confidentiality will be maintained for the remaining survey regarding opinions on state policies and relationships with law enforcement and medical providers. The survey software will not record IP addresses and only our strategic planning consultant will see the raw data generated by the survey. I encourage you to be candid in your thoughts about what State and key stakeholders should be doing to prioritize efforts.

If you have any problems with the survey or would prefer to speak to someone over the phone, please contact Sharon at 605-271-0611 or sharon@sageprojectconsultants.com.

Fill out a survey for each of your stand-alone facilities.

1. Agency Name
2. Is this agency the main office or satellite office?
3. Agency Address
4. Agency Phone Number
5. Agency Email
6. Agency Website

³³ Questions were sourced from the City of Albuquerque Opioid Needs Assessment.

7. What substances do you treat? Check all that apply.
- a. Alcohol
 - b. Cocaine
 - c. Opioid
 - d. Marijuana
 - e. Methamphetamine
 - f. Stimulants
 - g. Other: _____
8. What is your treatment orientation? Check all that apply.
- a. Abstinence
 - b. Medication Assisted Therapy
 - c. Harm-Reduction
 - d. Other
9. Please list the number of full-time equivalent (FTE) positions. FTE equals forty hours per week. (One full time counselor (at 40 hours per week) and one part time counselor (at 20 hours per week) would be 1.5 FTE)
- a. Substance Abuse Counselors
 - i. Number of FTE positions
 - ii. Open positons
 - b. Licensed Mental Health Providers
 - i. Number of FTE positions
 - ii. Open positions
 - c. Licensed Addiction Counselors
 - i. Number of FTE positions
 - ii. Open positions
 - d. Psychiatrists
 - i. Number of FTE positions
 - ii. Open positions
 - e. Other _____
 - i. Number of FTE positions
 - ii. Open positions
10. Have you had any issues filling open positions with professionals who obtained their license from a different state? If yes, what states? (open response)
11. Do you offer telehealth services to South Dakota communities?
- a. No
 - b. Yes
- Please list the communities you offer telehealth services.
12. Are your services accredited by the South Dakota Department of Social Services? If yes, check all levels of accredited services?

- a. No – not accredited by the South Dakota Department of Social Services.
- b. ASAM Level .5 Early Intervention
 - i. Adult
 - ii. Adolescent
- c. ASAM Level 1.0 Outpatient Services
 - i. Adult
 - ii. Adolescent
- d. ASAM Level 2.1 Intensive Outpatient Services
 - i. Adult
 - ii. Adolescent
- e. ASAM Level 2.5 Partial Hospitalization Services
 - i. Adult
 - ii. Adolescent
- f. ASAM Level 3.1 Clinically Managed Low-Intensity Residential Services
 - i. Adult
 - ii. Adolescent
- g. ASAM Level 3.3 Clinically Managed Population Specific High-Intensity Residential Services
 - i. Adult
 - ii. Adolescent
- h. ASAM Level 3.5 Clinically Managed Medium Intensity Residential Services
 - i. Adult
 - ii. Adolescent
- i. ASAM Level 3.7 Clinically Managed Medium Intensity Residential Services
 - i. Adult
 - ii. Adolescent
- j. ASAM Level 4.0 Medically Managed Intensive Inpatient Services
 - i. Adult
 - ii. Adolescent
- k. Prevention
 - i. Adult
 - ii. Adolescent
- l. Criminal Justice Initiative (CBISA)
- m. Other: _____

13. Do you offer residential services?

- a. We do not offer residential services.
- b. Yes - Long-term residential (>28 days)
 - i. ___ - ___ months
 - ii. Capacity
- c. Yes - Short-term (<28 days)
 - i. ___ - ___ months
 - ii. Capacity

14. Do you provide housing services (non-residential)?

- a. Sober/Half-way
- b. Formal/In-house counselor
- c. Other

15. Do you accept dual-diagnosis patients? (e.g., substance abuse and mental health)

- a. No
- b. Yes

16. Do you offer bilingual or translation services?

- a. No
- b. Yes
- c. If yes, what languages?

17. Do you facilitate peer-run recovery groups?

- a. Not applicable
- b. No
- c. Yes
 - i. AA
 - ii. SMART
 - iii. Other: _____

18. Agency/Service Funding:

- a. Self-pay _____%
- b. Medicaid _____%
- c. Medicare _____%
- d. Grants _____%
- e. Indian Health _____%
- f. Tribal _____%
- g. State (DSS) _____%
- h. County _____%
- i. City _____%
- j. Other: _____%

19. General Demographics

- a. Total number of current clients
- b. Maximum capacity of clients
- c. Capacity met
- d. Average wait time (in days)
- e. Percent of total clients who are heroin/opioid dependent: _____%

20. Demographics of Clients with Opioid Dependence

- a. Percent male: _____%
- b. Percent female: _____%

- c. Age
 - i. Percent <18 years old: ____%
 - ii. 18 – 25 years old: ____%
 - iii. 26 – 40 years old: ____%
 - iv. 41 – 65 years old: ____%
 - v. >65 years old: ____%
- d. Ethnic background
 - i. White, not of Hispanic origin ____%
 - ii. American Indian ____%
 - iii. Asian-American or Pacific Islander
 - iv. Hispanic
 - v. African-American/Black

21. Social economic status

- a. Low ____%
- b. Medium ____%
- c. High ____%

22. Type of opioid use

- a. Xxx_ ____%
- b. Yyy ____%
- c. Zzz ____%

23. Percent with co-morbid mental health issue

24. Most common other mental health issue

25. Where are your referrals coming from?

- a. Provider %
- b. Pharmacist %
- c. Criminal justice %
- d. Self %
- e. Family%
- f. Other

26. Prescription Drug Monitoring Program (PDMP) Database. Please rate your level of agreement with each statement. (Does this audience use the PDMP?)

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Not Applicable	Do not Know
The registration process for obtaining access to the PDMP database was easy.							
I believe the PDMP database reduces drug abuse in South Dakota.							
I believe the PDMP database reduces doctor shopping in South Dakota.							

27. How have these numbers (opioid dependent clients changed in the past two years?

28. What services appear most helpful for your opioid dependent clients?

29. What services are you hoping to provide more of for your opioid dependent clients?

30. What limitations are you experiencing in serving your opioid dependent clients?

31. How do opioid dependent client differ from other clients at your facility?

32. Where are the gaps in South Dakota for the treatment of opioid dependence?

33. Any other feedback.

Policies and Programs. Grade the following policies or programs for the State of South Dakota. If an A, B, or C grade is assigned, please note specific legislation, policy, or procedure. Refer to attached strategy definition and examples. **ADD "DO NOT KNOW" COLUMN.**

National Governors Association Strategies	"A" In place and being implemented	"B" In place and gaining momentum	"C" In place and slow progress"	"D" Being considered but not in place	"F" No action
Change payment policies to expand access to evidence-based medication assisted treatment (MAT) and recovery services. (Strategy 17)					
Increase access to naloxone. (Strategy 18)					
Expand and strengthen the workforce and infrastructure for providing evidence-based MAT and recovery services. (Strategy 19)					
Create new linkages to evidence-based MAT and recovery services. (Strategy 20)					
Ensure access to MAT in correctional facilities and upon reentry. (Strategy 25)					
Strengthen pre-trial drug diversion programs to offer individuals the opportunity to enter substance use treatment. (Strategy 26)					
Ensure compliance with Good Samaritan laws. (Strategy 27)					

Please note specific legislation, policy, or procedures that address the above strategies:

Public Education. Grade the following public awareness or education efforts in the State of South Dakota. If an A, B, or C grade is assigned, please note specific programs. Refer to attached strategy definition and examples.

National Governors Association Strategies	“A” In place and being implemented	“B” In place and gaining momentum	“C” In place and slow progress”	“D” Being considered but not in place	“F” No action
Raise public awareness about the dangers of prescription opioids and heroin. (Strategy 10)					
Reduce stigma by changing the public’s understanding of substance use disorder. (Strategy 22)					

Please note specific programs that address the above strategies:

Collaborative Efforts. Grade the following collaborative efforts in the State of South Dakota. If an A, B, or C grade is assigned, please note specific venues where collaborative efforts take place. Refer to attached strategy definition and examples.

National Governors Association Strategies	“A” In place and being implemented	“B” In place and gaining momentum	“C” In place and slow progress”	“D” Being considered but not in place	“F” No action
Establish a collaborative information sharing environment across state agencies. (do we need to be more specific?) (Strategy 11)					
Leverage assets from partner entities to improve data collection and intelligence sharing. (Strategy 12)					
Establish and enhance stakeholder coalitions. (Strategy 16)					

Please note specific legislation, policy, or procedures that address the above strategies:

APPENDIX D | Law Enforcement and Criminal Justice

E-mail Invitation

Dear _____:

In 2017, the South Dakota Opioid Abuse Advisory Committee will be conducting a planning process to set strategies to prevent, survey, and respond to opioid abuse and misuse. We are also creating a comprehensive list of recovery resources to assist in the referral process. A critical part of that process is getting feedback.

I strongly encourage you to take 10 minutes of your time and complete the online survey linked below. Your responses will drive the next steps in our strategic planning process.

[LINK]

Your anonymity and confidentiality will be maintained. The survey software will not record IP addresses and only our strategic planning consultant will see the raw data generated by the survey. I encourage you to be candid in your thoughts about what State and key stakeholders should be doing to prioritize efforts.

If you have any problems with the survey or would prefer to speak to someone over the phone, please contact Sharon at 605-271-0611 or sharon@sageprojectconsultants.com.

1. What county do you work?
2. What area of law enforcement or criminal justice system do you represent?
 - a. City Police
 - b. County Sherriff
 - c. Division of Criminal Investigation
 - d. Circuit Court
 - e. State's Attorney office
 - f. Other: _____
3. How often do you access the Prescription Drug Monitoring Program (PDMP) website?
 - a. More than once a day
 - b. Once a day
 - c. Once a week
 - d. Once a month or less
 - e. I rarely use the website
 - f. Other

4. **PDMP Database.** Please rate your level of agreement with each statement. (Melissa – help! Can you add / edit questions?)

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Not Applicable	Do not Know
The registration process for obtaining access to the PDMP database was easy.							
I believe the PDMP database reduces drug abuse in South Dakota.							
I believe the PDMP database reduces doctor shopping in South Dakota.							

5. Overall, how would you rate the PDMP Database Website?

- a. Excellent
- b. Good
- c. Fair
- d. Poor
- e. Other: _____

6. What do you like most about the website?

7. What do you like least about the website?

8. How would you suggest improving the PDMP database website?

9. **Medical Provider.** Check the rating of your relationship with medical prescribers. (Help!)

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Not Applicable	Do not Know
I have consulted with medical providers on patients who may have misuse or abuse opioids.							
I feel comfortable consulting with medical providers on patients who may misuse and abuse opioids.							

10. **Pharmacists.** Check the rating of your relationship with the law enforcement. ([Help!](#))

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Not Applicable	Do not Know
I have consulted with pharmacists on patients who may have misuse or abuse opioids.							
I feel comfortable consulting with pharmacists on patients who may misuse and abuse opioids.							
I have consulted with pharmacists on providers who over prescribe opioids.							
I feel comfortable consulting with pharmacists on providers who over prescribe opioids.							

11. **Behavioral Health – Substance Abuse Counseling and Treatment.** Check the rating of your relationship with the behavioral health and addiction treatment. ([Help!](#))

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Not Applicable	Do not Know
I know who to refer clients to if I believe a client needs substance abuse counseling and treatment.							
I feel comfortable referring clients to substance abuse counseling and treatment.							
I would like to know more about substance abuse counseling and treatment services in my region.							

Policies and Programs. Grade the following policies or programs for the State of South Dakota. If an A, B, or C grade is assigned, please note specific legislation, policy, or procedure. Refer to attached strategy definition and examples. . **ADD "DO NOT KNOW" COLUMN**

National Governors Association Strategies	"A" In place and being implemented	"B" In place and gaining momentum	"C" In place and slow progress"	"D" Being considered but not in place	"F" No action
Use public health and law enforcement data to monitor trends and strengthen prevention efforts. (Strategy 8)					
Enact legislation that increases oversight of pain management clinics reduce "pill mills." (Strategy 9)					
Expand statutory tools for prosecuting major distributors. (Strategy 13)					
Expand law enforcement partnerships and data access to better target over-prescribers. (Strategy 14)					
In narcotics investigations, implement best practices and ensure intergovernmental cooperation. (Strategy 15)					
Increase access to naloxone. (Strategy 18)					
Empower, educate, and equip law enforcement personnel to prevent overdose deaths and facilitate access to treatment. (Strategy 23)					
Reinforce use of best practices in drug treatment courts. (Strategy 24)					
Ensure access to MAT in correctional facilities and upon reentry. (Strategy 25)					

National Governors Association Strategies	“A” In place and being implemented	“B” In place and gaining momentum	“C” In place and slow progress”	“D” Being considered but not in place	“F” No action
Strengthen pre-trial drug diversion programs to offer individuals the opportunity to enter substance use treatment. (Strategy 26)					
Ensure compliance with Good Samaritan laws. (Strategy 27)					

Please note specific legislation, policy, or procedures that address the above strategies:

Public Education. Grade the following public awareness or education efforts in the State of South Dakota. If an A, B, or C grade is assigned, please note specific programs. Refer to attached strategy definition and examples.

National Governors Association Strategies	“A” In place and being implemented	“B” In place and gaining momentum	“C” In place and slow progress”	“D” Being considered but not in place	“F” No action
Raise public awareness about the dangers of prescription opioids and heroin. (Strategy 10)					
Reduce stigma by changing the public’s understanding of substance use disorder. (Strategy 22)					

Please note specific programs that address the above strategies:

Collaborative Efforts. Grade the following collaborative efforts in the State of South Dakota. If an A, B, or C grade is assigned, please note specific venues where collaborative efforts take place. Refer to attached strategy definition and examples.

National Governors Association Strategies	“A” In place and being implemented	“B” In place and gaining momentum	“C” In place and slow progress”	“D” Being considered but not in place	“F” No action
Establish a collaborative information sharing environment across state agencies. (do we need to be more specific?) (Strategy 11)					
Leverage assets from partner entities to improve data collection and intelligence sharing. (Strategy 12)					
Establish and enhance stakeholder coalitions. (Strategy 15)					

Please note specific legislation, policy, or procedures that address the above strategies:

DRAFT

APPENDIX E | STATE AGENCIES and LEGISLATURE

What state agency do you represent?

- a. Department of Health
- b. Department of Social Services
- c. Office of Attorney General
- d. Legislature
- e. Other: _____

Policies and Programs. Grade the following policies or programs for the State of South Dakota. If an A, B, or C grade is assigned, please note specific legislation, policy, or procedure. Refer to attached strategy definition and examples.

National Governors Association Strategies	“A” In place and being implemented	“B” In place and gaining momentum	“C” In place and slow progress”	“D” Being considered but not in place	“F” No action
Develop and adopt a comprehensive opioid management program in Medicaid and other state-run health programs. (Strategy 3)					
Remove methadone for managing pain from Medicaid preferred drug lists. (Strategy 4)					
Expand access to non-opioid therapies for pain management. (Strategy 5)					
Use public health and law enforcement data to monitor trends and strengthen prevention efforts. (Strategy 8)					
Enact legislation that increases oversight of pain management clinics reduce “pill mills.” (Strategy 9)					
Change payment policies to expand access					

to evidence-based medication assisted treatment (MAT) and recovery services. (Strategy 17)					
Increase access to naloxone. (Strategy 18)					
Expand and strengthen the workforce and infrastructure for providing evidence-based MAT and recovery services. (Strategy 19)					
Create new linkages to evidence-based MAT and recovery services. (Strategy 20)					
Consider authorizing and providing support to syringe service programs. (Strategy 21)					

Please note specific legislation, policy, or procedures that address the above strategies:

Public Education. Grade the following public awareness or education efforts in the State of South Dakota. If an A, B, or C grade is assigned, please note specific programs. Refer to attached strategy definition and examples.

National Governors Association Strategies	“A” In place and being implemented	“B” In place and gaining momentum	“C” In place and slow progress”	“D” Being considered but not in place	“F” No action
Raise public awareness about the dangers of prescription opioids and heroin. (Strategy 10)					
Reduce stigma by changing the public’s understanding of substance use disorder. (Strategy 22)					

Please note specific programs that address the above strategies:

Collaborative Efforts. Grade the following collaborative efforts in the State of South Dakota. If an A, B, or C grade is assigned, please note specific venues where collaborative efforts take place. Refer to attached strategy definition and examples.

National Governors Association Strategies	“A” In place and being implemented	“B” In place and gaining momentum	“C” In place and slow progress”	“D” Being considered but not in place	“F” No action
Establish a collaborative information sharing environment across state agencies. (do we need to be more specific?) (Strategy 11)					
Leverage assets from partner entities to improve data collection and intelligence sharing. (Strategy 12)					
Establish and enhance stakeholder coalitions. (Strategy 16)					

Please note specific legislation, policy, or procedures that address the above strategies:

APPENDIX F | Non-Profits

E-mail Invitation

Dear _____:

In 2017, the South Dakota Opioid Abuse Advisory Committee will be conducting a planning process to set strategies to prevent, survey, and respond to opioid abuse and misuse. We are also creating a comprehensive list of recovery resources to assist in the referral process. A critical part of that process is getting feedback.

I strongly encourage you to take 10 minutes of your time and complete the online survey linked below. Your responses will drive the next steps in our strategic planning process.

[LINK]

The data regarding your facility will be listed in the recovery resource list. Your anonymity and confidentiality will be maintained for the remaining survey regarding opinions on state policies and relationships with law enforcement and medical providers. The survey software will not record IP addresses and only our strategic planning consultant will see the raw data generated by the survey. I encourage you to be candid in your thoughts about what State and key stakeholders should be doing to prioritize efforts.

If you have any problems with the survey or would prefer to speak to someone over the phone, please contact Sharon at 605-271-0611 or sharon@sageprojectconsultants.com.

Fill out a survey for each of your stand-alone facilities.

1. Agency Name
2. Is this agency the main office or satellite office?
3. Agency Address
4. Agency Phone Number
5. Agency Email
6. Agency Website

7. What substances do you treat?

- a. All
- b. Alcohol
- c. Cocaine
- d. Opioid
- e. Marijuana
- f. Methamphetamine
- g. Stimulants
- h. Other: _____

8. What is your treatment orientation?

- a. Abstinence
- b. Medication Assisted Therapy
- c. Harm-Reduction
- d. Both
- e. Other

9. Please list the number of full-time equivalent (FTE) positions. FTE equals forty hours per week. (One full time counselor (at 40 hours per week) and one part time counselor (at 20 hours per week) would be 1.5 FTE)

- a. Substance Abuse Counselors
 - i. Number of FTE positions
 - ii. Open positions
- b. Licensed Mental Health Providers
 - i. Number of FTE positions
 - ii. Open positions
- c. Licensed Addiction Counselors
 - i. Number of FTE positions
 - ii. Open positions
- d. Psychiatrists
 - i. Number of FTE positions
 - ii. Open positions
- e. Other _____
 - i. Number of FTE positions
 - ii. Open positions

10. Have you had any issues filling open positions with professionals who obtained their license from a different state? What states? (open response)

11. Do you offer telehealth services to South Dakota communities?

- a. No
- b. Yes

Please list the communities you offer telehealth services.

12. What level of services do you offer. Check all that apply.

- a. Prevention
- b. ASAM Level .5 Early Intervention
 - i. Adult
 - ii. Adolescent
- c. ASAM Level 1.0 Outpatient Services
 - i. Adult
 - ii. Adolescent
- d. ASAM Level 2.1 Intensive Outpatient Services
 - i. Adult
 - ii. Adolescent
- e. ASAM Level 2.5 Partial Hospitalization Services
 - i. Adult
 - ii. Adolescent
- f. ASAM Level 3.1 Clinically Managed Low-Intensity Residential Services
 - i. Adult
 - ii. Adolescent
- g. ASAM Level 3.3 Clinically Managed Population Specific High-Intensity Residential Services
 - i. Adult
 - ii. Adolescent
- h. ASAM Level 3.5 Clinically Managed Medium Intensity Residential Services
 - i. Adult
 - ii. Adolescent
- i. ASAM Level 3.7 Clinically Managed Medium Intensity Residential Services
 - i. Adult
 - ii. Adolescent
- j. ASAM Level 4.0 Medically Managed Intensive Inpatient Services
 - i. Adult
 - ii. Adolescent
- k. Prevention
 - i. Adult
 - ii. Adolescent
- l. Criminal Justice Initiative (CBISA)
- m. Other: _____

13. Do you offer residential services?

- a. We do not offer residential services.
- b. Yes - Long-term residential (>28 days)
 - i. ___ - ___ months
 - ii. Capacity
- c. Yes - Short-term (<28 days)
 - i. ___ - ___ months
 - ii. Capacity

14. Do you provide housing services (non-residential)?
- Sober/Half-way
 - Formal/In-house counselor
 - Other
15. Do you accept dual-diagnosis patients? (e.g., substance abuse and mental health)
- No
 - Yes
16. Do you offer bilingual or translation services?
- No
 - Yes
 - If yes, what languages?
17. Do you facilitate peer-run recovery groups?
- Not applicable
 - No
 - Yes
 - AA
 - SMART
 - Other: _____
18. Agency/Service Funding:
- Self-pay _____%
 - Medicaid _____%
 - Medicare _____%
 - Grants _____%
 - Indian Health _____%
 - Tribal _____%
 - State (DSS) _____%
 - County _____%
 - City _____%
 - Other: _____%
19. General Demographics
- Total number of current clients
 - Maximum capacity of clients
 - Capacity met
 - Average wait time (in days)
 - Percent of total clients who are heroin/opioid dependent: _____%

20. Demographics of Clients with Opioid Dependence

- a. Percent male: ____%
- b. Percent female: ____%
- c. Age
 - i. Percent <18 years old: ____%
 - ii. 18 – 25 years old: ____%
 - iii. 26 – 40 years old: ____%
 - iv. 41 – 65 years old: ____%
 - v. >65 years old: ____%
- d. Ethnic background
 - i. White, not of Hispanic origin ____%
 - ii. American Indian ____%
 - iii. Asian-American or Pacific Islander
 - iv. Hispanic
 - v. African-American/Black

21. Social economic status

- a. Low ____%
- b. Medium ____%
- c. High ____%

22. Type of opioid use

- a. Xxx_ ____%
- b. Yyy ____%
- c. Zzz ____%

23. Percent with co-morbid mental health issue

24. Most common other mental health issue

25. Where are your referrals coming from?

- a. Provider %
- b. Pharmacist %
- c. Criminal justice %
- d. Self %
- e. Family%
- f. Other

Public Education. Grade the following public awareness or education efforts in the State of South Dakota. If an A, B, or C grade is assigned, please note specific programs. Refer to attached strategy definition and examples. **ADD "DO NOT KNOW" COLUMN.**

National Governors Association Strategies	"A" In place and being implemented	"B" In place and gaining momentum	"C" In place and slow progress"	"D" Being considered but not in place	"F" No action
Raise public awareness about the dangers of prescription opioids and heroin. (Strategy 10)					
Reduce stigma by changing the public's understanding of substance use disorder. (Strategy 16)					

Please note specific programs that address the above strategies:

Collaborative Efforts. Grade the following collaborative efforts in the State of South Dakota. If an A, B, or C grade is assigned, please note specific venues where collaborative efforts take place. Refer to attached strategy definition and examples.

National Governors Association Strategies	"A" In place and being implemented	"B" In place and gaining momentum	"C" In place and slow progress"	"D" Being considered but not in place	"F" No action
Establish a collaborative information sharing environment across state agencies. (do we need to be more specific?) (Strategy 11)					
Leverage assets from partner entities to improve data collection and intelligence sharing. (Strategy 12)					

Establish and enhance stakeholder coalitions. (Strategy 16)					
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Please note specific legislation, policy, or procedures that address the above strategies:

DRAFT

APPENDIX G | Patients and Families

I need help on this one – I have reaching out to USD, NAMI, Face It Together and Sioux Falls addiction treatment agencies (Carroll Institute, SE Behavioral Health, etc.)

E-mail Invitation

Dear _____:

In 2017, the South Dakota Opioid Abuse Advisory Committee will be conducting a planning process to set strategies to prevent, survey, and respond to opioid abuse and misuse. We are also creating a comprehensive list of recovery resources to assist in the referral process. A critical part of that process is getting feedback.

I strongly encourage you to take 10 minutes of your time and complete the online survey linked below. Your responses will drive the next steps in our strategic planning process.

Submission of the requested information is voluntary. You may elect not to answer any or all of the following questions. If you do not wish to complete the survey, you may exit the survey site. It is assumed that the submission of the survey responses is your consent for participation.

[LINK]

Your anonymity and confidentiality will be maintained for the remaining survey regarding opinions on state policies and relationships with law enforcement and medical providers. The survey software will not record IP addresses and only our strategic planning consultant will see the raw data generated by the survey. I encourage you to be candid in your thoughts about what State and key stakeholders should be doing to prioritize efforts.

If you have any problems with the survey or would prefer to speak to someone over the phone, please contact Sharon at 605-271-0611 or sharon@sageprojectconsultants.com.

ABOUT YOU

1. Are you a:
 - a. Patient
 - b. Family member

SURVEY LOGIC WILL ROUTE QUESTIONS

2. Gender
 - a. Male

b. Female

3. Age

- a. 18 – 25 years old: ____%
- b. 26 – 40 years old: ____%
- c. 41 – 65 years old: ____%
- d. >65 years old: ____%

4. Ethnic background

- i. White, not of Hispanic origin
- ii. American Indian
- iii. Asian-American or Pacific Islander
- iv. Hispanic
- v. African-American/Black

5. County

6. What substances did you use? Check all that apply.

- a. Alcohol
- b. Cocaine
- c. Opioid – Prescription
- d. Heroin
- e. Marijuana
- f. Methamphetamine
- g. Stimulants
- h. Other: _____

7. Have you or a family member received the following services? **See attached definitions.** Check all that apply. Also indicate how long you had to wait to receive services or be admitted.

Better describe

	Service within the day	1 – 2 days	3 – 7 days	1 – 2 weeks	3 – 4 weeks	Greater than a month	Cannot remember	Did not receive this service
Early Intervention Counseling								
Outpatient Services								
Intensive Outpatient Services.								
Partial Hospitalization Services								
Clinically Managed Low-Intensity Residential Services								

Clinically Managed Population Specific High-Intensity Residential Services								
Clinically Managed Medium Intensity Residential Services								
Medically Managed Intensive Inpatient Services								

8. Who referred you to the above program(s)?

- a. Medical Provider
- b. Pharmacist
- c. Criminal justice
- d. Self
- e. Family
- f. Other: _____

9. Please rate your level of agreement with each statement.

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Not Applicable	Do not Know
The counseling and/or treatment I received helped me to recover.							
I am working with my medical provider to manage my pain.							

10. Do you attend peer-run recovery groups?

- a. No
- b. Yes

11. How do you pay for services? Check all that apply.

- a. Self-pay
- b. Private insurance
- c. Medicaid
- d. Medicare
- e. Grants
- f. Indian Health
- g. Tribal Assistance
- h. State Assistance

- i. County Assistance
- j. City Assistance
- k. Other: _____

12. What barriers have you or your loved one faced in seeking and receiving treatment?

13. What went well when seeking and receiving treatment?

14. What do you believe we should done in South Dakota to prevent opioid misuse and abuse?

15. What do you believe we should done in South Dakota to help people recover from opioid misuse and abuse?

DRAFT

APPENDIX H | NATIONAL GOVERNORS ASSOCIATION
Finding Solutions to the Prescription Opioid and Heroin Crisis: A Road Map for States⁴

HEALTH CARE STRATEGIES for PREVENTION and EARLY IDENTIFICATION

Strategy 1: Develop and update guidelines for all opioid prescribers.

- Work with state health professional licensing boards to develop or update opioid prescribing guidelines with recommended dosing and day limits.
- Consider adopting or using CDC's Guideline for Prescribing Opioids for Chronic Pain to inform state guidelines.

Strategy 2: Limit new opioid prescriptions for acute pain, with exceptions for certain patients.

- Partner with health care providers to establish dosage and day limits for new opioid prescriptions for acute pain, with exceptions for certain patients and flexibility for prescribers to use their clinical judgement in determining when higher doses or longer prescriptions are appropriate.
- Limits may be established in statute, regulations, or guidelines.

Strategy 3: Develop and adopt a comprehensive opioid management program in Medicaid and other state-run health programs.

- Programs may require a treatment plan between doctors and patients, a risk assessment signed by the patient, prior authorization for high-dose prescriptions or those exceeding a certain number of days and the use of a single prescriber and pharmacy for all opioid prescriptions.
- Encourage or require commercial plans to implement similar programs (e.g., Blue Cross Blue Shield Massachusetts' Prescription Pain Medication Safety Program).
- Authorize public payers, including Medicaid and Medicare, and commercial plans to review PDMP data applicable to their enrollees.

Strategy 4: Remove methadone for managing pain from Medicaid preferred drug lists.

If methadone remains a preferred drug for managing pain, consider the use of step therapy, quantity limits and clinical criteria at the point of sale to limit its use to patients for whom the benefits outweigh the risks.

Strategy 5: Expand access to non-opioid therapies for pain management.

- In Medicaid and other state-run health programs, provide and consider increasing reimbursement for comprehensive pain management services that include non-opioid therapies for acute and chronic pain.
- Encourage or require commercial plans to implement similar reimbursement policies.

Strategy 6: Enhance education and training for all opioid prescribers.

⁴ K. Murphy, M. Becker, J. Locke, C. Kelleher, J. McLeod, and F. Isasi, *Finding Solutions to the Prescription Opioid and Heroin Crisis: A Road Map for States* (Washington, D.C.: National Governors Association Center for Best Practices, July 2016)

- Work with institutions that educate and train opioid prescribers (e.g., medical schools and residency programs) to develop curricula on pain management, safe opioid prescribing and substance use disorder that incorporates opioid prescribing guidelines.
- As a condition of licensure, require all opioid prescribers to complete high-quality continuing medical education courses in pain management, safe opioid prescribing that incorporates opioid prescribing guidelines.

Strategy 7: Maximize the use and effectiveness of state PDMPs.

- Require providers to check the PDMP before prescribing Schedule II, III and IV controlled substances.
- Require pharmacists to report to the PDMP within 24 hours.
- Use PDMP data to provide proactive analyses and reporting to professional licensing boards and law enforcement.
- Make PDMPs easier to use by integrating PDMP data into electronic health records and health information systems and by allowing prescribers to establish delegate accounts.
- Ensure PDMP interoperability with other states.

Strategy 8: Use public health and law enforcement data to monitor trends and strengthen prevention efforts.

- Ensure access to key data sources (e.g., de-identified PDMP data and toxicology and drug seizure reports) to identify geographical hot spots and alert law enforcement, public health entities, community coalitions, substance abuse prevention and treatment agencies and the public.
- Authorize medical examiners to obtain PDMP data for death investigations.
- Establish multidisciplinary overdose fatality review teams to conduct confidential case reviews and inform state and local overdose prevention.

Strategy 9: Enact legislation that increases oversight of pain management clinics to reduce “pill mills.”

- Define what constitutes a pain management clinic based on the volume and types of services provided.
- Require pain management clinics to register with the state or obtain a license or certificate from the state.
- Give the state health agency or licensing board authority to inspect pain management clinics and mandate unannounced inspections when receiving complaints of violations.
- Require pain management clinic owners and medical directors to meet training requirements and prohibit non-law-abiding or restricted licensees from becoming owners or employees.

Strategy 10: Raise public awareness about the dangers of prescription opioids and heroin.

- Use the bully pulpit to raise awareness about the risks associated with opioid use.
- Identify opportunities to require targeted education, such as middle and high-school health classes and annual safety trainings for student athletes and their parents.

- Work with community coalitions to provide evidence-based prevention programming to youth and other high-risk groups (e.g., Strengthening Families Program, PROPSER).
- Help publicize law enforcement-sponsored and pharmacy take-back programs as well as other opportunities for safe drug disposal.

PUBLIC SAFETY STRATEGIES FOR REDUCING THE ILLICIT SUPPLY OF and DEMAND FOR OPIOIDS

Strategy 11: Establish a collaborative information sharing environment that breaks down silos across state agencies to better understand trends, target interventions and support a comprehensive state response.

- Increase law enforcement, human services, forensic labs and public health expert collaboration and understanding of state drug data trends, patterns, implications and threats.
- Embed public health professionals with state drug intelligence units, automate drug data collection processes for real-time alerts and share data on law enforcement and emergency services administration of naloxone to identify and map potential spikes in drug overdoses.
- Use de-identified PDMP data to pin-point communities with elevated levels of high-risk opioid and benzodiazepine prescribing as areas at potential high risk for heroin use.

Strategy 12: Leverage assets from partner entities to improve data collection and intelligence sharing to restrict the supply of illicit opioids.

- Where possible, designate High Intensity Drug Trafficking Areas (HIDTAs) as the central source for state drug intelligence and enter state opioid investigative activities into the HIDTA Case Explorer.
- Utilize the El Paso Intelligence Center as a national-level opioid intelligence repository for state law enforcement and non-law enforcement partners, with HIDTAs providing and accessing data.
- Request criminal analyst and intelligence support from the National Guard Counterdrug Program for state law enforcement efforts.
- Harness the existing fusion center infrastructure to effectively communicate heroin supply intelligence within the state.
- Ensure that law enforcement data is shared with public health.

Strategy 13: Expand statutory tools for prosecuting major distributors.

- Establish or align legal definitions and criminal penalties for distribution of heroin and illicit fentanyl that results in fatal or nonfatal overdoses.
- Ensure state drug trafficking and conspiracy statutes are in place to target drug trafficking as part of an ongoing criminal enterprise.

Strategy 14: Expand law enforcement partnerships and data access to better target overprescribers.

- Investigate and prosecute opioid supply chain abuse, including high-risk providers, distributors, and manufacturers.
- Work with medical and other health professional licensing boards to improve collaboration on investigations of high-risk providers.

- While maintaining privacy rights, grant safe and proper law enforcement access to PDMP data without a search warrant for open investigations involving bad acting prescribers and dealers within the prescription opioid trade. Ensure law enforcement investigators are tracked, trained and certified to access PDMP data.

Strategy 15: In narcotics investigations, implement best practices and ensure intergovernmental cooperation.

- Reduce heroin and illicit fentanyl supply through law enforcement interdiction efforts by local, state and federal law enforcement partners, such as targeting major distribution networks and actors (e.g., Mexican cartels).
- Implement state and local law enforcement best practices for narcotics investigations, such as collecting cell phones and pocket trash, interviewing family members and improving coordination with patients before discharge.
- Ensure cooperation and collaboration on heroin and illicit fentanyl intelligence and investigations from state and local law enforcement with correctional facilities, DEA Drug Task Forces, FBI field offices, fusion centers, regional HIDTAs and the National Guard Counterdrug Program.

Strategy 16: Establish and enhance stakeholder coalitions.

- Bring together public health, law enforcement and community leaders to create a comprehensive public messaging strategy that addresses the opioid epidemic and risk factors within the community (e.g., DEA's 360 Strategy).
- Establish, support and coordinate drug take-back days with stakeholder and community groups.

HEALTH CARE STRATEGIES FOR TREATMENT and RECOVERY

Strategy 17: Change payment policies to expand access to evidence-based MAT and recovery services.

- Ensure that Medicaid and other state health programs adequately cover all FDA-approved MAT (methadone, buprenorphine, naltrexone) and evidence-based behavioral interventions. Encourage or require commercial health plans to adopt similar policies.
- Provide reimbursement for components of comprehensive evidence-based treatment and recovery, including medication, office visits, behavioral interventions and wrap-around services.
- Review and remove barriers to MAT, such as fail first and inappropriate prior authorization protocols, and encourage generic substitution when appropriate.
- Work with the department of insurance to enforce federal parity laws designed to ensure equal access to behavioral health care and medical/surgical care.
- Use payment strategies (e.g., pay for performance, quality metrics and separating behavioral health from payment bundles) to increase access to evidence-based MAT and behavioral interventions and promote integration of behavioral health and primary care.

Strategy 18: Increase access to naloxone.

- Review and remove Medicaid barriers to naloxone, such as prior authorization, and consider placing naloxone on the preferred drug list.
- Pass “Good Samaritan” laws to protect prescribers, first responders and bystanders from liability when prescribing or administering naloxone.
- Enact legislation allowing naloxone dispensing via standing orders, collaborative practice agreements, statewide protocols or pharmacist prescriptive authority.
- Train first responders to recognize signs of opioid overdose and administer naloxone.
- Partner with professional associations to promote coprescribing of naloxone when clinically appropriate.
- Permit third party prescribing of naloxone.
- Create a centralized naloxone procurement and distribution process at the state level and consider negotiating with manufacturers to obtain a competitive pricing agreement.

Strategy 19: Expand and strengthen the workforce and infrastructure for providing evidence-based MAT and recovery services.

- Require buprenorphine waiver training in primary care and other select medical residency programs.
- Establish a coordinated treatment system in which specialty treatment centers stabilize patients and refer to community providers for ongoing care (e.g., hub and spoke model).
- Provide ongoing education and support to primary care providers and other buprenorphine prescribers to expand MAT capacity (e.g., Project ECHO telehealth model).
- Increase the number of office- and community-based opioid treatment programs through collaboration with community health centers and new state funding.
- Expand the reach of peer and family support organizations (e.g., Learn to Cope) through Medicaid and other state funding.

Strategy 20: Create new linkages to evidence-based MAT and recovery services.

- Begin MAT in emergency departments following an opioid overdose or related drug event, and ensure immediate linkages to behavioral services and community supports.
- Establish peer-based recovery programs in emergency departments to support individuals following an opioid overdose or related drug event.
- Train first responders to refer patients to high-quality MAT and harm reduction services following an overdose reversal.
- Provide information and assistance to help health care providers and the public identify treatment and recovery options in their communities (e.g., a call line).

Strategy 21: Consider authorizing and providing support to syringe service programs.

- Work with state health experts to assess the benefit of authorizing syringe service programs and providing state funding and technical assistance.
- Where syringe service programs are authorized, consider linking individuals accessing such programs to services such as human immunodeficiency virus (HIV) and hepatitis C testing, substance use disorder treatment, and overdose prevention.

Strategy 22: Reduce stigma by changing the public’s understanding of substance use disorder.

- Develop targeted public awareness campaigns with messaging to help reframe substance use disorder as a chronic medical disease that requires ongoing treatment.
- Messaging should focus on MAT and behavioral health services as effective, evidence-based strategies for treating substance use disorder.

PUBLIC SAFETY STRATEGIES FOR RESPONDING TO THE OPIOID CRISIS

Strategy 23: Empower, educate and equip law enforcement personnel to prevent overdose deaths and facilitate access to treatment.

- Authorize and train law enforcement officers in overdose prevention and response, especially with illicit fentanyl, which may require multiple naloxone doses.
- Encourage law enforcement to partner with hospitals and health care systems to ensure individuals who overdose are connected to treatment and harm-reduction services.
- Educate law enforcement personnel on naloxone to avoid over- or under-dosing, relapse to overdose and seizures of naloxone.
- Where authorized, track naloxone rescues and ensure adequate budgeting for naloxone.
- Educate first responders and law enforcement on how to treat overdose response locations as potential crime scenes, preserving evidence for potential criminal prosecution of drug dealers supplying drugs to overdose victims.

Strategy 24: Reinforce use of best practices in drug treatment courts.

- Educate judges on the evidence-based research around MAT, as well as behavioral interventions and wrap-around services.
- Encourage evidence-based drug courts that provide access to MAT and do not force defendants to stop MAT as a condition of participation.
- Facilitate behavioral health specialist interaction with drug court judges to provide updates on the latest opioid use disorder research and integrate psychosocial, mental health and other support services, as well as drug test monitoring.
- Ensure that drug courts can access PDMP data to monitor defendants who may try to obtain prescription controlled substances outside of treatment programs.

Strategy 26: Ensure access to MAT in correctional facilities and upon reentry into the community.

- Increase access to MAT in prisons and correctional settings.
- Consider suspending, rather than terminating, Medicaid coverage during incarceration to facilitate access to treatment upon release.
- Provide sufficient substance use support and recovery units within state correctional substance use disorder programs.
- Ensure continued access to MAT for ex-offenders upon reentry into the community, and provide overdose education and naloxone for offenders during the re-entry process, when they are most vulnerable to overdose.

- Amend swift and certain sanction guidelines to include additional responses (e.g., deploying case managers) for individuals released on probation and parole whose offenses relate to a substance use disorder.

Strategy 27: Strengthen pre-trial drug diversion programs to offer individuals the opportunity to enter into substance use treatment.

- Promote culture change within state and local law enforcement by improving understanding of substance use disorder and increasing collaboration with public health.
- Where possible, implement programs to divert individuals convicted of low-level drug offenses to community-based treatment and support services.
- Train law enforcement on referral to treatment following overdose intervention and build linkages to treatment through partnerships with community organizations.

Strategy 28: Ensure compliance with Good Samaritan laws.

- Raise awareness in key stakeholder communities (e.g., law enforcement, prosecutors, public health, hospitals and prescribers) regarding Good Samaritan laws that provide protections for naloxone prescribers and individuals who administer naloxone during an opioid overdose.
- Implement academy and in-service trainings for law enforcement personnel on applicable Good Samaritan laws.
- Encourage prosecutors to strengthen coordination and communication with law enforcement regarding application of the law.

APPENDIX I | American Society of Addiction Medicine Continuum of Care Levels

The ASAM (American Society of Addiction Medicine) Criteria⁵ text describes treatment as a continuum marked by four broad levels of service and an early intervention level. Within the five broad levels of service and an early intervention level. Within the five broad levels of care, decimal numbers are used to further express gradations of intensity of services. These levels of care provide a standard nomenclature for describing the continuum of recovery-oriented addiction services.

ASAM Level 0.5	Early Intervention. This level of care constitutes a service for individuals who, for a known reason, are at risk of developing substance-related problems, or a service for those for whom there is not yet sufficient information to document a diagnosable substance use disorder. ⁶
ASAM Level 1	Outpatient Services. This level of care typically consists of less than 9 hours of service per week for adults, or less than 6 hours a week for adolescents for recovery or motivational enhancement therapies and strategies. Level 1 encompasses organized services that may be delivered in a wide variety of settings. ⁷
ASAM Level 2.1	Intensive Outpatient Services. This level of care typically consists of 9 or more hours of service a week or 6 or more hours for adults and adolescents respectively to treat multidimensional instability. Level 2 encompasses services that are capable of meeting the complex needs of people with addiction and co-occurring conditions. It is an organized outpatient service that delivers treatment services during the day, before or after work or school, in the evening, and/or on weekends. ⁸
ASAM Level 2.5	Partial Hospitalization Services. This level of care typically provides 20 or more hours of service a week for multidimensional instability that does not require 24-hour care. Level 2 encompasses services that are capable of meeting the complex needs of people with addiction and co-occurring conditions. It is an organized outpatient service that delivers treatment services usually during the day as day treatment or partial hospitalization services. ⁹
ASAM Level 3.1	Clinically Managed Low-Intensity Residential Services. This level of care provides a 24-hour living support and structure with available trained personnel, and offers at least 5 hours of clinical service a week. Level 3 encompasses residential services that are described as co-occurring capable, co-occurring enhanced, and complexity capable services, which

⁵ Continuum of care model was sourced from ASAM website on December 9, 2016.

<http://asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care/>

⁶ The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions. P.179

⁷ The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions. P.184

⁸ The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions. P.198

⁹ The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions. P.208

	are staffed by designated additional treatment, mental health, and general medical personnel who provide a range of services in a 24-hour living support (DM1) setting. ¹⁰
ASAM Level 3.3	Clinically Managed Population-Specific High-Intensity Residential Services. This adult only level of care typically offers 24-hour care with trained counselors to stabilize multidimensional imminent danger along with less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community. Level 3 encompasses residential services that are described as co-occurring capable, co-occurring enhanced, and complexity capable services, which are staffed by designated addition treatment, mental health, and general medical personnel who provide a range of services in a 24-hour treatment setting. ¹¹
ASAM Level 3.5	Clinically Managed Medium-Intensity Resident Services for Adolescents and Clinically Managed High-Intensity Residential Services for Adults. This level of care provides 24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Patients in this level are able to tolerate and use full active milieu or therapeutic communities. Level 3 encompasses residential services that are described as co-occurring capable, co-occurring enhanced, and complexity capable services, which are staffed by designated addiction treatment, mental health, and general medical personnel who provided a range of services in a 24-hour treatment setting. ¹²
ASAM Level 3.7	Clinically Managed Medium-Intensity Residential Services for Adolescents and Clinically Managed High-Intensity Residential Services for Adults. This level of care provides 24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Patients in this level are able to tolerate and use full active milieu or therapeutic communities. Level 3 encompasses residential services that are described as co-occurring capable, co-occurring enhanced, and complexity capable services, which are staffed by designated addition treatment, mental health, and general medical personnel who provide a range of services in a 24-hour treatment setting. ¹³
ASAM Level 4	Medically Managed Intensive Inpatient Services. This level of care offers 24-hour nursing care and daily physician care for severe, unstable

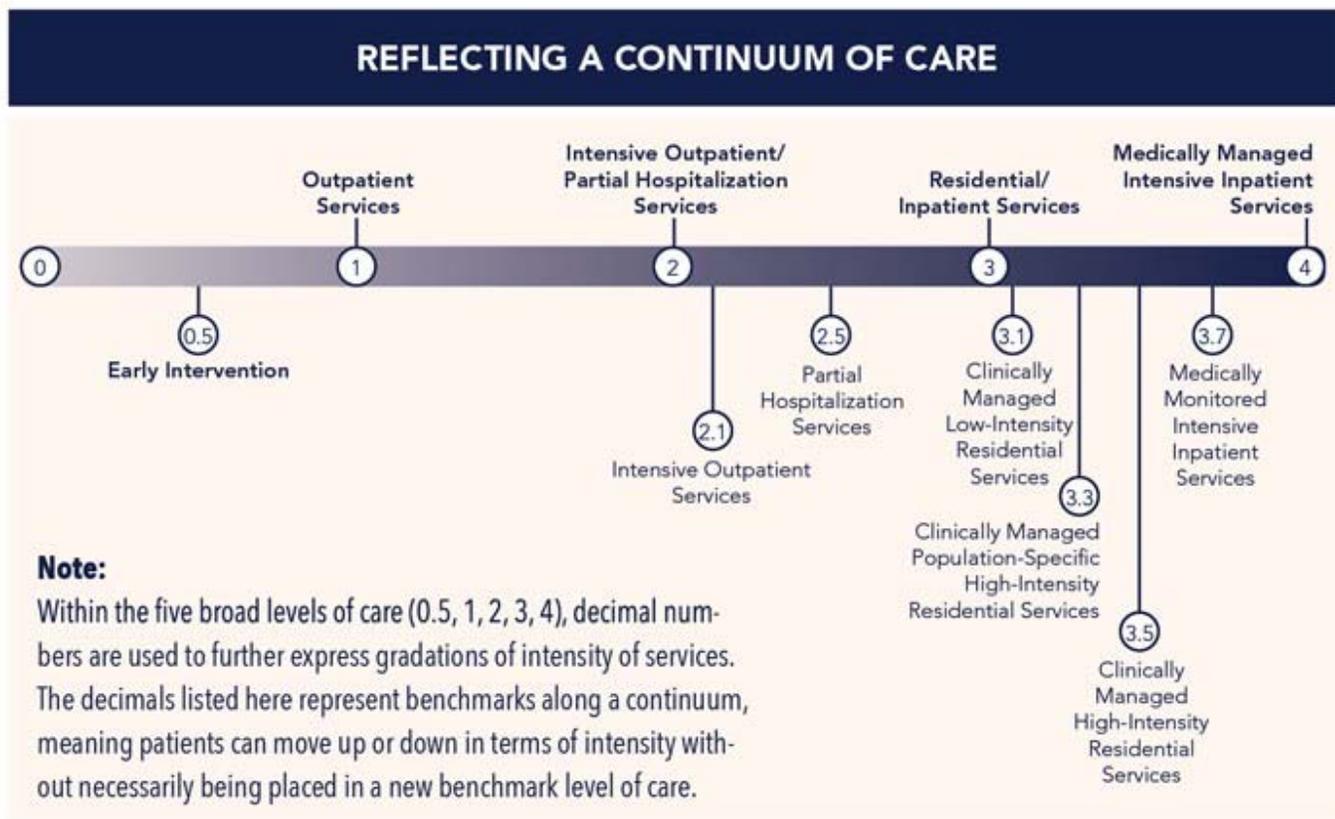
¹⁰ The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions. P.222

¹¹ The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions. P.234

¹² The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions. P.244

¹³ The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions. P.244

problems in ASAM Dimensions 1, 2, or 3. Counseling is available to engage patients in treatment.¹⁴



¹⁴ The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions. P.280