



# Prevention Newslink

## **SOUTH DAKOTA PREVENTION RESOURCE CENTERS**

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## **40 YEARS OF PREVENTION WORK**

South Dakota has a long and proud history of substance misuse and mental health prevention. For the last several decades, dedicated professionals across the state have devoted themselves to improving their communities. It is important to recognize and honor how far we have come. South Dakota's Prevention Resource Centers were first opened in the 1980's operating primarily with small grants that usually funded only specific events. At this time, prevention was still new in the state without a long-term plan in place.



Improv 1999 - Storm Mt

In 1996, the SD Department of Human Services reevaluated prevention and created a statewide prevention plan and model. During this time, coalitions were recognized as an effective and important component of prevention thus leading to the creation of Community Mobilization Projects. Thirteen contracts were awarded, bolstering the prevention network. Shortly after, the diversion program was created to provide early intervention for youth with drug/alcohol offenses. Prime for Life was selected as the diversion program curriculum.



2000 SDFCS Conference - Orlando

Over the next twelve years the prevention network grew substantially. A fourth PRC was added, along with numerous school based programs, over a dozen Diversion sites, and several active community coalitions. The prevention partners of South Dakota were thriving, making great progress and establishing formal programs. Unfortunately, by 2010 deep funding cuts at the state and federal level had a drastic toll on prevention work. At the end of the fiscal year, nearly \$2.4 million had been cut from the annual prevention budget. The network suffered from a loss of State and Drug Free Schools and Communities funds, school-based prevention funds, and tobacco grants. However, there was a ray of hope when SD received Strategic Prevention Framework, State Incentive Grant (SPF-SIG). The SPF-SIG supported 26 coalitions and 3 PRCs.

# UPCOMING TRAININGS & EVENTS

## Two Spirit/ LGBTQ Training

Hosted by Oyate Prevention Coalition and  
the Drug Free Communities Project

February 27 | Rapid City

Email

[wcummings@youthandfamilyservices.org](mailto:wcummings@youthandfamilyservices.org)

## It's All About the Heart; Opportunities for Cardiac Care in the Dakotas

Great Plains QIN Webinar

February 27 | 3pm (CT)

Register [HERE](#)

## Poverty Simulation

March 7 | 9:00 – 10:30am (CT)

Sioux Falls | Free

Register [HERE](#).

## Spring Tobacco Institute

March 20 | 9:00 – 4:30pm (CT)

Arrowwood Resort - Oacoma, SD

For more information, email

[hilary.larsen@state.sd.us](mailto:hilary.larsen@state.sd.us)

## Spring Youth Leadership Conference (Formerly SADD)

March 21 | Rapid City

Email [cadkins@youthandfamilyservices.org](mailto:cadkins@youthandfamilyservices.org)

March 22 | Watertown

Register [HERE](#)

## Prevention Summit

May 1 | Chamberlain

Register [HERE](#)

## Youth Suicide: Prevention, Intervention & Postvention in Schools

May 30 | 9:00am – 12:00pm (CT)

Sioux Falls

Register at [sded.sd.gov](http://sded.sd.gov)

## SPF Application for Prevention Success Training (SAPST)

In-Person | Spring 2024

Pre-registration can use the QR Code below.



With this new funding opportunity, the early 2010s saw a re-organization of services, divisions and programs across South Dakota.

The Department of Social Services, Division of Behavioral Health

Prevention Program became the new department to oversee prevention and provided funding for regular activities, SADD programming, Diversion, trainings, and much more. To this day, our prevention community has remained strong and determined. On top of the dedication and care, South Dakota prevention offers an incredible range of programs, services, and assistance. Some of these programs include CMCA, Project SUCCESS, LifeSkills, CCAA, Strengthening Families, ASIST, QPR, TIPS, MHFA, Takoja Niwicayapi, ARCE, Iohila Omnicilyapi, Daughters of Traditions, Project Alert, S.A.F.E., Choices, Natural Helpers- and more!



2013 SADD Advisor Training



2020 CADCA National Conference - Washington DC

## HONORING PREVENTION PIONEER

LaVonne (Vonnie) L. Whitman-Ackerman was a pillar of the South Dakota prevention community and network. Vonnie began her career as a teacher at the South Dakota School of Mines before becoming a social worker. Vonnie then spent nearly a decade as the coordinator for the Western Prevention Resource Center where she provided support to countless individuals, schools, and organizations. Vonnie dedicated her life to her community and to prevention and mental health efforts. She will be greatly missed by both those who knew her and those who were touched by her legacy.



### OBITUARY FOR LAVONNE LEE ACKERMAN OF RAPID CITY





## SAMHSA CHALLENGE

SAMHSA is currently conducting the FentAlert: Empowering Youth for Safer Choices- SAMHSA Fentanyl Awareness Youth Challenge.

Submissions are open to youth ages of 14 and 18 to share their ideas on increasing youth awareness and education about fentanyl, fake pills, and overdose prevention.

Applications are open until Feb. 26, 2024. To learn more about this training opportunity, visit [SAMHSA FentAlert](#)

## FEBRUARY IS AMERICAN HEART MONTH



Valentine's Day is a time to celebrate our loved ones and snack on candy hearts. The other days of February are for American Heart Month- a time to bring awareness to heart disease, heart conditions, cardiac patients, and the work of medical professionals.

Heart conditions can be genetic, develop naturally overtime or through environmental factors, or they can be the result of substance abuse. Many drugs, such as cocaine, heroin, and different forms of amphetamine, have a substantial affect on the heart. Many substances can affect heart rate and blood pressure, cause arrhythmias, increase the likelihood of blood clots, cause heart attacks, and even stroke. Understanding the ways in which different substances impact the heart can help inform prevention and treatment practices.

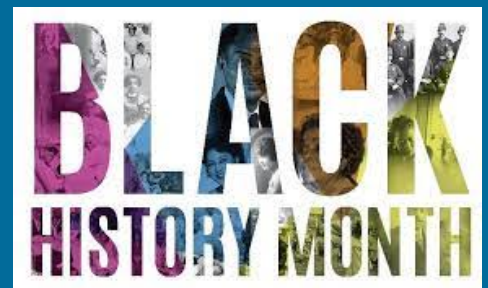
For information, tools, and resources, visit the [CDC's Website](#). For more information regarding substance use in connection with heart conditions, visit the [American Heart Association](#).

## SD DEPARTMENT OF HEALTH SCHOOL PROGRAMS AVAILABLE

Public Health Nursing Offices across the state partner with many schools to offer both preventive services and teachings, some of which are at no cost to the school. These services can include teen outreach programs, health assessments, scoliosis, vision, and hearing screenings, YMHFA, tMHFA, school security site assessments and PREPaRE workshops. If you are interested in any of these services please reach out either to your Public Health Nurse for your county or Lacey Wieczorek (School Health Coordinator) at [lacey.wieczorek@state.sd.us](mailto:lacey.wieczorek@state.sd.us) for more information.

## BLACK HISTORY MONTH

February is Black History Month. This is a time for education, reflection, and progress. Mental Health America explains that there has long been a stigma regarding mental health concerns of African Americans. In 2021, [SAMHSA](#) reported that African Americans reported having mental illness at roughly the same rate of non-Hispanic Whites. However, only 39% of African Americans received mental health services, compared to 52% of non-Hispanic Whites. Suicide was also reported as the third leading cause of death amongst African Americans. It is incredibly important for prevention providers to bridge care and service disparities. Linked below is a variety of prevention and treatment resources that provide historical information, statistics and data, culturally connected practices, and more.



[AFRICAN AMERICAN  
BEHAVIORAL HEALTH  
CENTER OF EXCELLENCE](#)

[CDC AFRICAN AMERICAN  
HEALTH EQUITY](#)

[BLACK PIONEERS OF  
MENTAL HEALTH](#)

[PTTC APPROACHES TO  
BUILD HEALTH EQUITY  
AND INCLUSION](#)

[2021 NSDUH ANNUAL  
NATIONAL REPORT](#)

[CULTURALLY-BASED  
PRACTICES](#)

[CAREGIVING IN  
BIPOC COMMUNITIES](#)

# SOUTH DAKOTA SUICIDE PREVENTION



## RESOURCES

**STATEWIDE WEBSITE**  
[SDSUICIDEPREVENTION.ORG](https://SDSUICIDEPREVENTION.ORG)

**THE HELPLINE CENTER**  
[HELPLINECENTER.ORG](https://HELPLINECENTER.ORG)

If you or someone you know  
needs help with:

- Depression
- Grief
- Relationship Conflicts
- Drugs
- Alcohol
- Suicidal Thoughts

Call/text 988 or [chat online](#)



# Suicide in Rural Areas

Suicide in rural America is a complex issue influenced by various factors such as access to mental health care, economic hardship, social isolation, and cultural attitudes toward seeking help. Rural communities often face unique challenges compared to urban areas, including limited access to healthcare services, higher rates of poverty and unemployment, and stigma surrounding mental health issues. In the past two decades, suicide rates have been consistently higher in rural America than in urban America. Between 2000-2020, suicide rates increased 46% in non-metro areas compared to 27.3% in metro areas. White non-Hispanic people have the highest suicide rates in urban areas while non-Hispanic American Indian and Alaska Native people have the highest rates in rural areas. Rural residents have 1.5 times higher rate of emergency department visits for nonfatal self-harm than urban residents. The CDC reports that suicide is the 11th overall leading cause of death in the U.S. and the American Association of Suicidology shows that suicide rates are highest in states with mostly rural areas including Alaska, Montana, New Mexico and Wyoming.

One significant factor contributing to higher suicide rates in rural areas is the shortage of mental health professionals and limited access to mental health services. Many rural communities lack sufficient resources for mental health care, including counseling services and psychiatric facilities. This lack of access can make it difficult for individuals in rural areas to receive timely and appropriate treatment for mental health conditions.

Economic factors also play a role in rural suicide rates. Economic recessions, job loss, and financial instability can contribute to feelings of hopelessness and despair, increasing the risk of suicide. In rural areas where industries like agriculture or manufacturing dominate, economic fluctuations can have a significant impact on the well-being of residents.

Social isolation is another important factor in rural suicide rates. Rural communities often have smaller populations and fewer social support networks, which can worsen feelings of loneliness and isolation, particularly for individuals who may already be struggling with mental health issues. Additionally, cultural attitudes toward mental health and help-seeking behavior can influence whether individuals feel comfortable reaching out for support.

Addressing suicide in rural America requires an approach that addresses the unique challenges faced by these communities. Increasing access to mental health services through telehealth, expanding outreach and education efforts to reduce stigma, improving economic opportunities and support services for struggling individuals and families, and fostering stronger social connections within rural communities are all helpful approaches to solving this issue. It is essential to recognize the complexities of this issue and work to implement solutions that address the underlying factors contributing to suicide in rural America.

Suicide in rural America. (2010). In Modern Healthcare (Vol. 40, Issue 39, pp. 22-0022). Crain Communications, Inc.  
Wang, J., Brown, M. M., Ivey-Stephenson, A. Z., Xu, L., & Stone, D. M. (2022). Rural-Urban Comparisons in the Rates of Self-Harm, U.S., 2018. American Journal of Preventive Medicine, 63(1), 117-120. <https://doi.org/10.1016/j.amepre.2021.12.018>

## South Dakota Tobacco Control Program

### Regional Contacts

#### Southeast Region

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#### Western Region

**Kayla Bolstad**  
605-721-4584  
[kbolstad@bhssc.org](mailto:kbolstad@bhssc.org)



[Quittobaccosd.com](http://Quittobaccosd.com)

## Tobacco RFA Announcement 24/25

The Tobacco Disparities RFA is to promote health equity by incorporating a long-term change aimed at reducing disparate commercial tobacco use among the following SD Tobacco Control Program priority populations: American Indians, pregnant and postpartum women, people of low socioeconomic status (SES), and the behavioral health populations. Funding maximum is \$25,000.

The Tobacco Youth & Community Engagement RFA is designed to focus on engaging youth and young adults as well as their community in tobacco efforts including tobacco prevention (including e-cigarettes) and cessation. Applicants should focus their efforts on supporting and implementing evidence-based interventions and activities that are specifically for youth (under 18 years old), young adults (18-24 years old), or community-based efforts to learn about tobacco prevention and cessation. Funding maximum is \$25,000.

These two RFA opportunities will open for application submissions on January 19, 2024 and will close at 5pm (CST) on March 15, 2024. To view more details visit:

<https://quittobaccosd.com/resources/request-for-application>

## America's Healthiest Schools Award Tobacco/Vaping

Has your school implemented evidence-based practices in physical, mental, or social-emotional health? Healthier Generation is accepting applications for 2024 America's Healthiest Schools.

School teams may apply for one or more topic areas to celebrate their outstanding efforts to support the health and well-being of students, staff, and families. The deadline to apply is April 16. Get started with the America's Healthiest Schools Award today at <https://www.healthiergeneration.org/award>.

## Upcoming Events and Trainings

- February 2024: Heart Health Month
- February 18-24: Through with Chew Week
- February 22: Great American Spit Out
- **March 20: Spring Tobacco Control Institute**
- March 17-23: National Poison Prevention Week
- April 1: Take Down Tobacco Nation Day of Action