

SOUTH DAKOTA BOARD OF SOCIAL SERVICES

Meeting Minutes

Tuesday, April 10, 2018

10:00 am – 2:00 pm CT

Dial in: 1-866-410-8397

Conference code: 986-314-4547

Kneip Building, 1st Floor Kneip Conference Room #3, Pierre

Board Members Present: Hugh Grogan; Kaye Neller; Steven Deming; Cecelia Fire Thunder; and Linda Wordeman.

Others Present: Lynne Valenti, Department of Social Services (DSS) Cabinet Secretary; Brenda Tidball-Zeltinger, DSS Deputy Secretary; Amy Iversen-Pollreisz, DSS Deputy Secretary; Carrie Johnson, Economic Assistance Division Director; David Gall, Energy and Weatherization Program Administrator; Bill Snyder, Medical Services Division Director; Tiffany Wolfgang, Behavioral Health Division Director; Marilyn Kinsman, DSS Senior Policy Analyst; and Jason Simmons, Budget Analyst, Legislative Research Council.

Call to Order and Declaration of Quorum: The meeting was called to order by Hugh Grogan, at 10:04 AM.

Approval of Minutes from the October 16, 2017 Board Meeting: Motion to approve minutes by Steve Deming, seconded by Kaye Neller. Motion carried.

Appointment of a Chair: Nominations for the appointment of a Board Chair were sought due to the resignation of the previous Chair, Julie Dvorak. Steve Deming nominated Hugh Grogan to fulfill the role of Board Chair, seconded by Kaye Neller. Motion carried. Members unanimously agreed that the Board Chair position should be reviewed annually for chair considerations.

Featured Division-Behavioral Health: The Division of Behavioral Health (DBH) employs 80 staff and is the Single State Agency for South Dakota providing both mental health and substance use disorder treatment services. 57 staff provide correctional behavioral health services while 23 staff provide community behavioral health services. DBH oversees the publically funded behavioral health services in South Dakota. Through a network of accredited and contracted substance use providers, the DBH provides a full continuum of mental health and substance use services. There are 11 private, non-profit Community Mental Health Centers (CMHCs) within South Dakota's community-based mental health delivery system. Primary populations include adults with serious mental illness (SMI) and children with serious emotional disturbances (SED) and their families, including those with co-occurring mental health and substance use disorders. In addition, DBH is the direct provider of behavioral health services in the state's prison facilities. Core services include outpatient mental health counseling services provided to individuals of all ages; Children, Youth and Family (CYF) Services which are specialized outpatient services (e.g. provide intense case management) and are provided to youth living with SED; Comprehensive Assistance with Recovery and Empowerment (CARE) Services for adults with SMI; and Individualized Mobile Program of Assertive Community Treatment (IMPACT) for adults living with SMI. There are six centers (Sioux Falls, Rapid City, Pierre, Huron, Yankton and Aberdeen) that provide

IMPACT services to people who need a level of intense supports (e.g. at risk for hospitalization).

DBH accredits and contracts with addiction treatment agencies across the state. The Criminal Justice Initiative (CJI) was established as a result of the Public Safety Improvement Act. DSS collaborated with the Department of Corrections and the Unified Judicial System to identify evidence-based treatment and intervention programs for parolees and probationers. Cognitive Behavioral Interventions for Substance Abuse (CBISA) is a cognitive behavioral approach to teach participants skill-building activities and strategies for avoiding substance abuse. Moral Reconciliation Therapy (MRT) addresses patterns of negative thoughts and behaviors. The Juvenile Justice Reinvestment Initiative (JJRI) provides three primary services including Functional Family Therapy that focuses on building skills to improve family relationships, reduce behavioral issues, and improve school performance; Aggression Replacement Training designed to alter behaviors of chronically aggressive youth by using guided group discussions to correct anti-social thinking; and Moral Reconciliation Therapy to address negative behaviors. They are also piloting a system of care model in targeted areas.

Cecelia Fire Thunder shared concern about outreaching younger South Dakotans at an earlier age, especially those children who experience trauma. She said this is important for all children - not just those on the reservation - and it can help address issues early and prevent problems in adulthood. The Department also receives grants through the federal government that are used to focus on prevention activities throughout the state (e.g. suicide grant, mental health training, underage drinking focus, primary care education and screening tools). The month of September is recognized as Suicide Prevention month and a current initiative is the Suicide Prevention campaign. The BeThe1SD campaign will be launching in the next week to 10 days. This is a time when BHS will saturate schools with tools and resources to address suicide prevention. Suicide data collected by the State's Epidemiologist is available online and will be forwarded to members.

The Department of Social Services *Meth Changes Everything* awareness campaign targets school age kids by visiting schools and communities across the state to provide education and information about meth use in South Dakota. Key outcomes were identified to support individuals in recovery, educating others on the myths and misperceptions to decrease stigma associated with treatment, forming and organizing community coalitions and providing education and information for youth. Additionally, the Department put out a Request for Proposal to solicit proposals to develop additional intensive methamphetamine treatment programs beyond the two programs located in Rapid City and Sioux Falls. The Department's intent is to expand intensive methamphetamine treatment services utilizing evidence based treatment practices. The Department continues to look at opportunities for leveraging available funding to effectively deal with addiction, prevention and treatment.

2018 Legislative Update: During this legislative session, DSS had a couple clean up bills with no substantive changes (HB 1038 and HB 1039). The Board of Counselors and Marriage and Family Therapist Examiners had HB 1040 which provided for the licensing of a professional counselor, professional counselor-mental health, or marriage and family therapist licensed in another state through reciprocity when the other state's licensing is relatively the same as South Dakota's and allows endorsement. SB 105

authorized a health care practitioner to administer toxicology tests to infants and specified that a provider could do this test if there was evidence of controlled substance. SB 106 established certain provisions regarding the placement of a foster child with a relative or close family friend. As a result of the work done by the Chief Justice and Governor Daugaard through the Task Force on Community Justice and Mental Illness, the Department received funding to fund the treatment piece of a pilot mental health court in Pennington county. The goal is early identification of people with mental illness who were criminalized and are in the system due to their mental illness so they can be converted from the criminal justice system to the mental health system. Other areas that impacted the budget include the receipt of federal fund authority to enhance the Medicaid eligibility system. This funding allows the Department to move forward with technology and get off the outdated and antiquated mainframe system. The Department also received funding to address weekend staffing shortages and gaps at HSC. During this legislative session, HB 1160 was passed to move Victims' Services from DSS to the Department of Public Safety effective July 1, 2018. Additionally, the crime victims' compensation surcharge for a Class 1 or Class 2 misdemeanor or a felony conviction will increase from two dollars and fifty cents to five dollars. And finally, HB 1126 clarified that the county where an alleged rape occurs is responsible for any costs associated with rape collection.

Coalition Work Update: In 2015 a large stakeholder workgroup led by Kim Malsam-Rysdon, Governor's Senior Advisor, and co-chaired by Jerilyn Church, Chief Executive Officer of the Great Plains Tribal Chairman's Health Board, convened. The focus of this workgroup initially focused around a federal policy change to allow the state to garner existing dollars in Medicaid to move forward with Medicaid expansion; however, there was a lack of legislative support for expansion. The workgroup continued to meet to look at opportunities. In February 2016, the federal government changed the national Medicaid funding policy to cover more services for Indian Health Service (IHS) eligibles with 100% federal funds. Medicaid is funded through approximately federal (55%) and state general (45%) funding. People can be eligible for IHS and SD Medicaid if they meet the requirements for both programs. Under this new guidance, 100% federal funding is available for services provided outside IHS if the following is met: services are provided via a written care coordination agreement; medical records are shared with IHS; and IHS maintains responsibility for the patient's care. We are starting with the care referred from IHS today. Referred care (referral by IHS) is targeted to the three largest health systems (Sanford, Avera and Rapid City Regional) and three dialysis providers. Savings will be used to support provider participation and reinvest in the Medicaid program. In SFY19, the savings will address service gaps in the Medicaid program by expanding access to key services. Tribal 638 programs can also enroll and provide services covered by Medicaid. The federal policy implementation provides an opportunity for providers to enhance revenues and will expand access to care (e.g. add services for substance abuse for approximately 1,900 adults; add licensed mental health and family therapists to serve an estimated 465 people; and in the area of community health workers, add services to serve about 1,500 people (e.g. help people understand and manage diabetes, get prescription medications and needed health care). Services will be staggered in phases so not all services will start July 1, 2018. These changes do not add more people to Medicaid; rather, they address service gaps for the current population served by Medicaid. Steve Deming asked for clarification on licensed mental health and family therapists and noted these behavioral health services are a positive addition to the program. Cecelia Fire Thunder also noted that more

funding through third party billing for Tribal providers will be key in meeting the demand for services. The policy change and the general fund savings allows for increased rates for Medicaid providers (e.g. increases for assisted living, in-home services, emergency transportation, group care, or outpatient psychiatric services for people of all ages). The provider rate changes were approved by the legislature to be implemented effective April 1, 2018. A workgroup that convened during legislative session is working to look at nursing home, community support, and psychiatric residential treatment services over the next several months to determine what opportunities may be available to leverage savings for these services.

Medicaid Work Requirement: Federal regulations currently prohibit work requirements as a condition of eligibility of Medicaid; however, recently the Centers for Medicare and Medicaid Services (CMS) indicated they would consider flexibility using 1115 waiver authority, for states to implement a mandatory work component. South Dakota is applying for an 1115 demonstration waiver that will require able-bodied parents with children age 1 or older to participate in an intensive employment and training program as a condition of Medicaid eligibility. DSS is proposing a two year pilot in Minnehaha and Pennington counties where there is the greatest availability of jobs and employment and training resources. DSS is partnering with the Department of Labor and Regulation (DLR) and is targeting to start the work component on a voluntary basis effective July 1, 2018 while awaiting approval of the 1115 waiver. It is estimated that 1,300 recipients will be impacted in these two counties. The idea is to enroll recipients in intensive employment and training services with DLR where employment specialists would work with recipients to address barriers and be connected to employment and training services. Transitional services including child care assistance or potential for premium assistance for employer sponsored coverage would be available to help families transition successfully from the program as their income increases. Cecelia Fire Thunder noted that these transitional services will be important and she was pleased to see these offered. In addition, the recognition that general equivalency diploma (GED) classes, literacy classes, etc. are included in meeting the requirements of the program is positive. In her work, literacy is an area often overlooked, but important in being able to enter the workforce. DSS is targeting July 1, 2018 to submit an 1115 waiver application. Under the 1115 waiver demonstration, we have the flexibility to design our program in a way that makes sense for South Dakota while promoting health and demonstrating success through measurable outcomes.

Weatherization State Plan: The Weatherization Assistance Program is designed to help low income South Dakota households overcome the high cost of energy by making their homes more energy efficient. Eligibility is based on household income and priority is given to the elderly, individuals with disabilities, and families with children. Families with an annual income of up to 200% of the federal poverty level are eligible for assistance. The Department contracts with the four community action programs to provide statewide coverage. Services may include anything from weather stripping doors and windows to insulating walls or replacing non-functional heating systems. It is estimated that weatherization services provide \$400 to \$500 savings on energy bills annually. Cecelia Fire Thunder asked if information was provided to consumers as to how they can do their own weatherization or energy saving measures. An *Energy Saving Tips* brochure is made available to consumers on the DSS website. It provides tips on how consumers can make their homes more safe and energy efficient using cost effective measures like adding insulation or sealing air leaks.

Additional Agenda Items: The recent Family First Prevention Services Act reforms the federal child welfare financing streams, Title IV-E and Title IV-B of the Social Security Act to provide services to families who are at risk of entering the child welfare system. DSS is just beginning work to analyze these changes; unsure how much funding will be available to South Dakota for this effort.

DSS appealed to the Eighth Circuit Court of Appeals and is awaiting a decision regarding the Indian Child Welfare Act (ICWA) lawsuit. In the time since the lawsuit was initiated, practices have changed.

A request was made for the Department to share information that may pertain to the Social Services Board (e.g. Medicaid topics) with members throughout the year. The Department will share future DSS Newsletters with Board members as the newsletters become available and the 2017 DSS strategic plan outcomes. As always, if members have particular items that are of interest, let Lynne know.

Establish Next Meeting Date: The next meeting date was set for Tuesday, October 23, 2018 from 10:00 AM to 2:00 PM (CDT).

Adjourn: The meeting was adjourned at 1:18 PM.