

**SOUTH DAKOTA BOARD OF SOCIAL SERVICES**  
**Meeting Agenda**  
**Tuesday, October 22, 2019**  
**1:30pm – 3:30pm CT**  
**Teleconference**  
**Dial in: 1-866-410-8397**  
**Conference Code: 986-314-4547**  
**Kneip Building, 1<sup>st</sup> Floor Kneip Conference Room #3, Pierre**

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1. Call to Order and Declaration of Quorum
2. Adoption of Agenda
3. Approval of Minutes from April 16, 2019 Board Meeting
4. Medicaid Constituent Services- Teresa Campbell
5. Child Care Services- Program Overview and Enhancements- Carroll Forsch
6. Primary Care Innovation Grants- Brenda Tidball-Zeltinger
7. Behavioral Health Initiatives- Tiffany Wolfgang/Bill Snyder/Amy Iversen/Pollreisz
  - South Dakota Opioid Response
  - Prevention and Treatment of Methamphetamine Use
  - Legislative Summer Study Updates
8. Foster Parent Recruitment and Trends/Other Updates- Virgena Wieseler
9. Board Roles/Responsibilities
10. Future Agenda Items
11. Public Comment
12. Establish Next Meeting Date
13. Adjourn

**SOUTH DAKOTA BOARD OF SOCIAL SERVICES**  
**Meeting Minutes**  
**Tuesday, April 16, 2019**  
**1:30pm - 3:30pm CT**  
**Teleconference**  
**Dial in: 1-866-410-8397**  
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**Board Members Present:** Hugh Grogan; Patricia Johnson; Linda Wordeman; Barbara Garcia; Holly Bodenstedt

**Board Members Absent:** Cecelia Fire Thunder; Jesse Ronning

**Others Present:** Greg DeSautel, Department of Social Services (DSS) Cabinet Secretary; Brenda Tidball-Zeltinger, DSS Deputy Secretary; Amy Iversen-Pollreisz, DSS Deputy Secretary; Carrie Johnson, Director of Economic Assistance; David Gall, Administrator of Energy Assistance & Weatherization; Bill Snyder, Director of Medical Services; Tiffany Wolfgang, Director of Behavior Health; Marilyn Kinsman, Senior Policy Analyst, DSS

**Call to Order and Declaration of Quorum:** The meeting was called to order by Hugh Grogan, at 1:45 PM (CDT) and a quorum was determined.

**Adoption of Agenda:** Motion to approve agenda by Patricia Johnson, seconded by Linda Wordeman. Motion carried.

**Approval of Minutes from October 23, 2018 Board Meeting:** Motion to approve minutes by Barbara Garcia, seconded by Patricia Johnson. Motion carried.

**2019 Legislative Session Update:** Amy Iversen-Pollreisz provided an update regarding bills the Department was involved in during the 2019 Legislative Session. SB 30 removed unnecessary federal references and dates for certain statutes related to DSS. HB 1029 was a bill that required criminal background checks for all adults working in child care institutions as a result of changes to federal law. Per federal law - Family First Prevention Services Act - the bill added any adult working in a child care institution, including a group home, residential treatment center, intensive residential treatment center, or shelter care facility to the statute requiring background checks. Both bills passed.

Licensing Boards overseen by the Department also had bills they brought before the Legislature. SB 31 removed Federal Bureau of Investigation (FBI) criminal background check requirements for assistant behavior analysts and paraprofessionals. Current law was intended for private agencies who employ certified assistant behavior analysts and paraprofessionals to conduct background checks through the Division of Criminal Investigations (DCI). However, the current statute also requires an FBI background check, which cannot be requested by a private agency. This bill amends the statute to reflect current practice. SB 32 amended the board composition for the Board of Social Examiners, so the membership reflects the needs of the Board. Both bills passed.

HB 1028 was brought forward by the Counselors and Marriage and Family Therapists Examiners to revise provisions related to professional counselors and marriage and family therapists. Statutes pertaining to this Board had not been comprehensively updated in over 20 years. The majority of the revisions and updates were aimed at correcting inconsistencies and making general clean up amendments. Additionally, counselors are currently licensed under a dual-tier system. The Board's proposed changes would have created one level of licensure for applicants after July 1, 2019, and would have transitioned to one level of licensure, making the practice act consistent with neighboring states to allow for easier portability of licenses. HB 1028 was amended, and HB 1250 was brought forward; however, neither bill passed.

**Career Connector:** Carrie Johnson discussed progress made with the Career Connector program. The Department submitted a waiver in July 2018 which would require Medicaid adults in the Low Income Families group to participate in the work component (unless they qualify for an exemption) and meet monthly milestones. The Career Connector program will be piloted in Minnehaha and Pennington counties. These two counties were identified as pilot locations to operate the program based on population and access to employment and training. Both Minnehaha and Pennington counties have a Department of Labor and Regulation office that will provide supports for individuals in the program. The intent is for each participant to have an individualized plan, unique to the barriers and skill sets they have or need.

There are transitional benefits available for a year and potential premium assistance for another year after that (e.g. if the individual continues to be active in the program and meets certain milestones such as preventive health visits.) The Department began operating the work requirement in July 2018 as a voluntary program. Once the Centers for Medicare and Medicaid Services (CMS) approves the waiver, the work component will be implemented as mandatory. Since starting the volunteer program, the Department has made over 1,100 referrals to the Department of Labor for the two counties. Of the 124 appointments that were scheduled, 35 participants attended and 14 are currently actively participating. As we have been working with the individuals in the volunteer program, we are learning about barriers and challenges they face – they may have moved, their phones get shut off, etc.

South Dakota's waiver is unique from other states in the individualized plan approach. The program will also focus on improving health outcomes for participants by increasing identification and treatment of behavioral health conditions including substance use disorders and through promoting the utilization of preventative services. Participants are given multiple opportunities to comply before losing Medicaid eligibility. Failure to comply will result in a 90-day ineligibility period of the participant's Medicaid coverage.

**Weatherization State Plan:** David Gall presented information about South Dakota's Weatherization State Plan. The Weatherization Assistance Program is 100% federally funded. The US Department of Energy oversees the program and sets the guideline for eligibility at 200% of the federal poverty level. Dave provided an overview of the breakdown of the \$2,136,561 total budget. The Department contracts with four agencies that complete weatherization work throughout the state – Inter-Lakes Community Action Partnership; Northeast South Dakota Community Action Program, Rural Office of Community Services, Inc., and Western South Dakota Community Action Agency, Inc. The funding formula is based on 90% of low-income households in their service area; 10% is based on square miles in their service area. The average cost per home weatherized is \$9,538. Priority is given to the elderly, individuals with disabilities, and

families with children. Federal rule prohibits homes that were weatherized after September 30, 1994, to be weatherized again. Refer to the *Application for Federal Assistance SF-424* handout.

**Medicaid Community Health Worker:** Bill Snyder shared information regarding Medicaid Community Health Worker services. Funding for this program is made possible by care coordination between Indian Health Services (IHS) and other providers in South Dakota. A State Plan Amendment established coverage criteria and a reimbursement methodology for community health worker services that became effective April 1, 2019. Community health worker services are a preventive health service to prevent disease, disability, and other health conditions or their progression for individuals with a chronic condition or at risk for a chronic condition who are unable to self-manage the condition or for individuals with a documented barrier that is affecting the individual's health. A community health worker agency is required to be enrolled in Medicaid to be reimbursed for services. Individual community health workers must be employed and supervised by an enrolled community health worker agency. Covered services include resource coordination, health system navigation, health promotion and coaching, and health education to teach or promote methods and measure that have been proven effective in avoiding illness and/or lessening its effects. These services are available both on and off the reservation. Refer to the *Community Health Worker (CHW) Services* handout.

**Primary Care/Nursing Home Innovation Grants:** Bill Snyder presented information regarding the Department of Social Services publication of RFP #1661 Primary Prenatal Care Innovation Grants and the Department of Human Services plan regarding nursing home innovation grants. One-time funding (\$5 million for nursing homes and \$1 million for primary prenatal care) was appropriated to develop new and innovative approaches to care. The grant will test innovative service delivery models and evaluate outcomes over the length of the projects. The goal will be to identify cost effective strategies that could be sustained over the long term and for primary/prenatal care that reduce costs and achieve positive birth outcomes and increased preventive care. A grant application for nursing homes is in process by the Department of Human Services. A Request for Proposals for primary prenatal care grants was published on April 1, 2019. The requirement of a letter of intent was extended to Thursday April 18. The anticipated award decision/contract negotiation date is July 1, 2019. Refer to the *Innovation Grants* handout.

**Behavioral Health - New Initiatives:** Amy Iversen-Pollreis shared information regarding the Division of Behavioral Health's new initiatives that support Governor Noem's priority to address the meth crisis in South Dakota. Funding was requested and approved by the legislature related to this initiative, including one-time funding in the amount of \$1.3 million for the development of a meth prevention media campaign plus ongoing funding of \$250,000 to support the campaign. Additionally, \$731,000 will be used to implement school-based meth prevention activities, targeting middle school age youth and bringing educational information to youth across the state to help them understand the dangers of meth as well as other substances. In addition, funding of \$547,500 will be available to support sober living environments for individuals with substance use disorders. The Department will also receive funding to expand on school-based mental health services and is partnering with the Department of Education in this area. \$351,000 will be available to allow the addition of five more system of care coordinators to be placed in schools across South Dakota to screen and identify students who may need treatment and link them to treatment. Additionally, \$220,000 will be available to support activities previously funded through the Youth Suicide Prevention grant. Funding will be used to follow up on individuals hospitalized

due to suicidal ideations, help make sure they are getting to appointments, provide suicide training, and continue to support the *Be the 1* campaign.

SB 8 passed and will allow the Department of Social Services to partner with counties to implement a statewide call in resource network.

**Featured Program - DSS Opioid Grants:** Tiffany Wolfgang shared information regarding ongoing work the Department has done to address the opioid crisis. Enough doses of opiates were prescribed to South Dakotans in 2017 to medicate every South Dakota adult around-the-clock for 15 straight days (17 days in 2016 and 19 days in 2015). As shared during the last meeting, although South Dakota is not experiencing the opioid crisis other states are, we want to raise awareness so that South Dakota does not become a national statistic. We remain focused on being proactive in assessing the impact of the opioid epidemic in South Dakota and have been providing coordinated efforts in the areas of education, prevention, treatment and recovery. Tiffany provided an overview of the Department's work with the Federal State Targeted Response to the Opioid Crisis grant as well as the State Opioid Response Grant. Activities include supporting evidence-based prevention and treatment across the state of South Dakota including community and school-based educational events; professional development and training; and raising awareness and access to Medication Assisted Treatment. Information can be found at <https://www.avoidopioidsd.com/>. Refer to the two *Avoid Opioids* handouts.

**Additional Agenda Items:** Greg DeSautel shared the Department's highest priorities include updating the MMIS system and the Medicaid Eligibility and Enrollment System in addition to suicide prevention and responding to the meth and opioid use/abuse in South Dakota.

**Public Comment:** No one appeared for public comment. No public comments were heard.

**Establish Next Meeting Date:** The next meeting date is set for Tuesday, October 22, 2019 from 10:00 to noon (CDT) in Pierre.

**Adjourn:** The meeting was adjourned at 2:55 PM (CDT).



Constituent Liaison  
Services

**(800)597-1603**

2019

# Services Provided

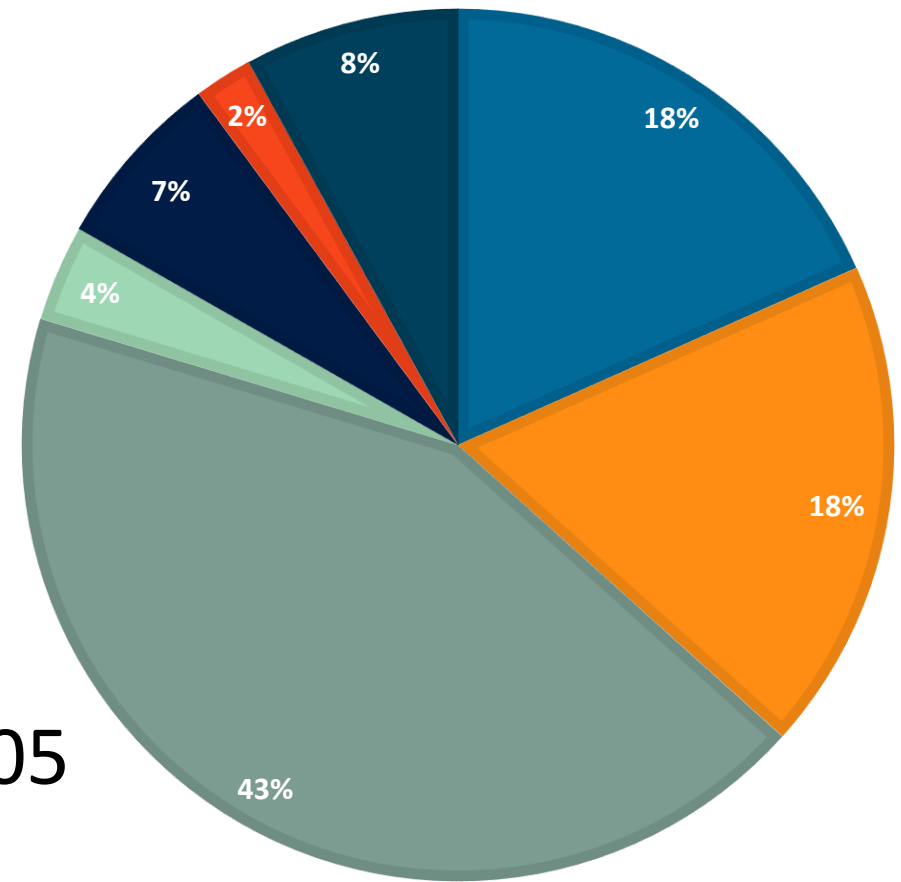
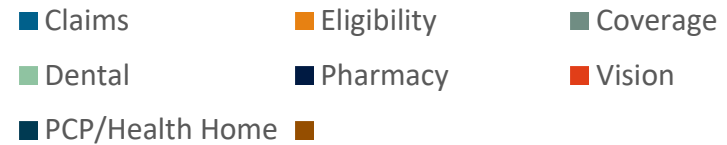


- Request Medicaid replacement card
- Provide and update information regarding Medicaid Primary Care Provider(PCP) or Health Home
- Provide Medicaid coverage detail information
- Provide Medicaid claim detail/status information to recipients
- Act as an advocate for recipients with Medicaid billing issues
- Receive complaints about services provided by DSS and ensure they receive a timely response
- Serves as an independent source of information and explanation for the public about services provided by DSS

# Calls for last Fiscal Year

- Total calls = 8,644
- Claims = 1625
- Eligibility = 1622
- Coverage = 3812
- Dental = 317
- Pharmacy = 587
- Vision = 192
- PCP/Health Home = 705

## CALLS LOGGED





# Other Resources



**Contact your local office DSS Benefits Specialist for questions regarding:**

- Determining eligibility
- Add or remove recipients from plan
- Change information (i.e. address, DOB or name)

**Contact Delta Dental of South Dakota (877)841-1478 for questions regarding:**

- Medicaid dental benefits
- Dental claim or Prior Authorization status information

The Constituent Liaison is unable to provide prior authorization for upcoming treatment, legal advise or answer questions regarding private health plans.

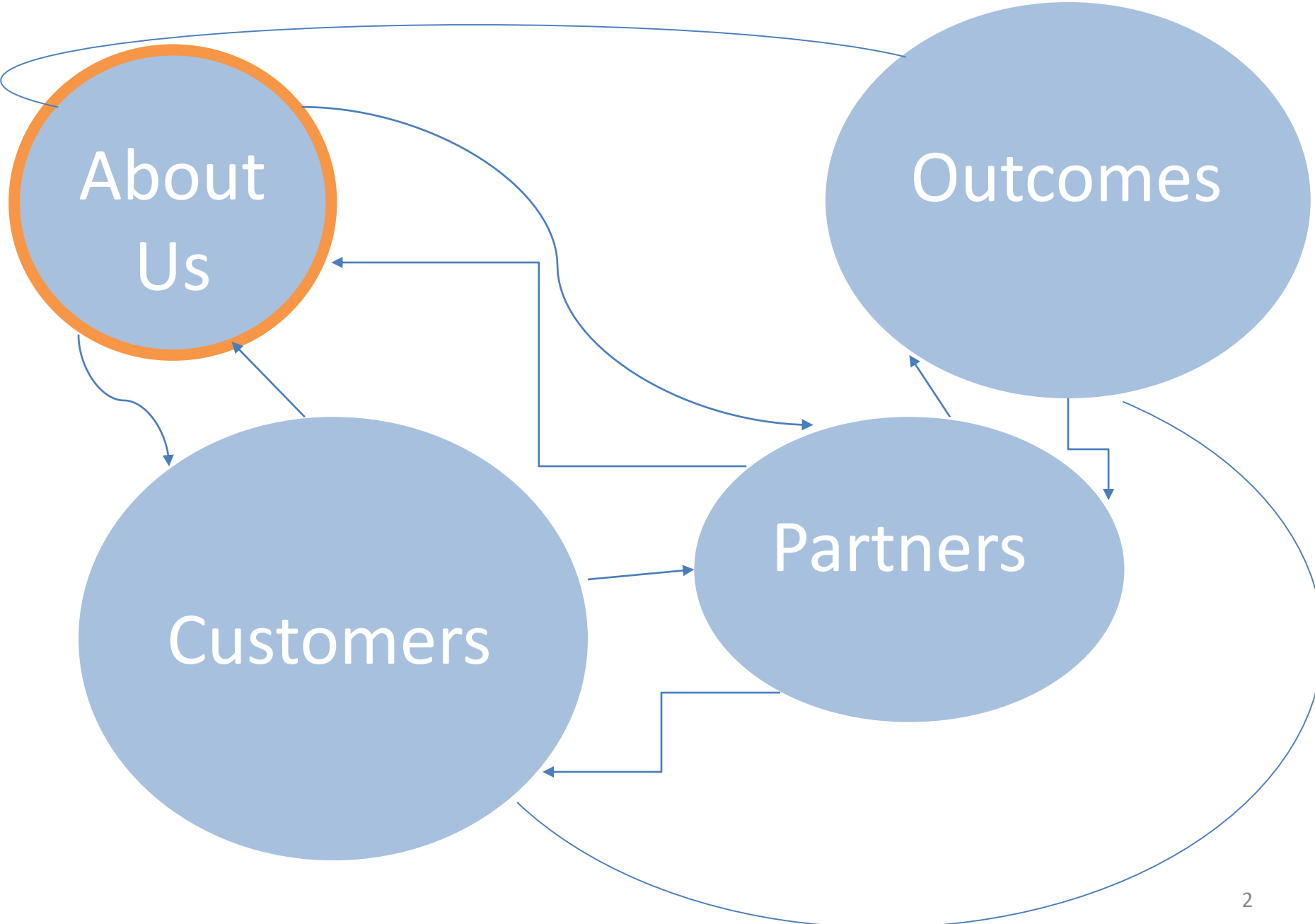


# **DSS Board Meeting**

**October 22, 2019**

# Child Care Services

# About Us



# About Us

1,481

24

# About Us

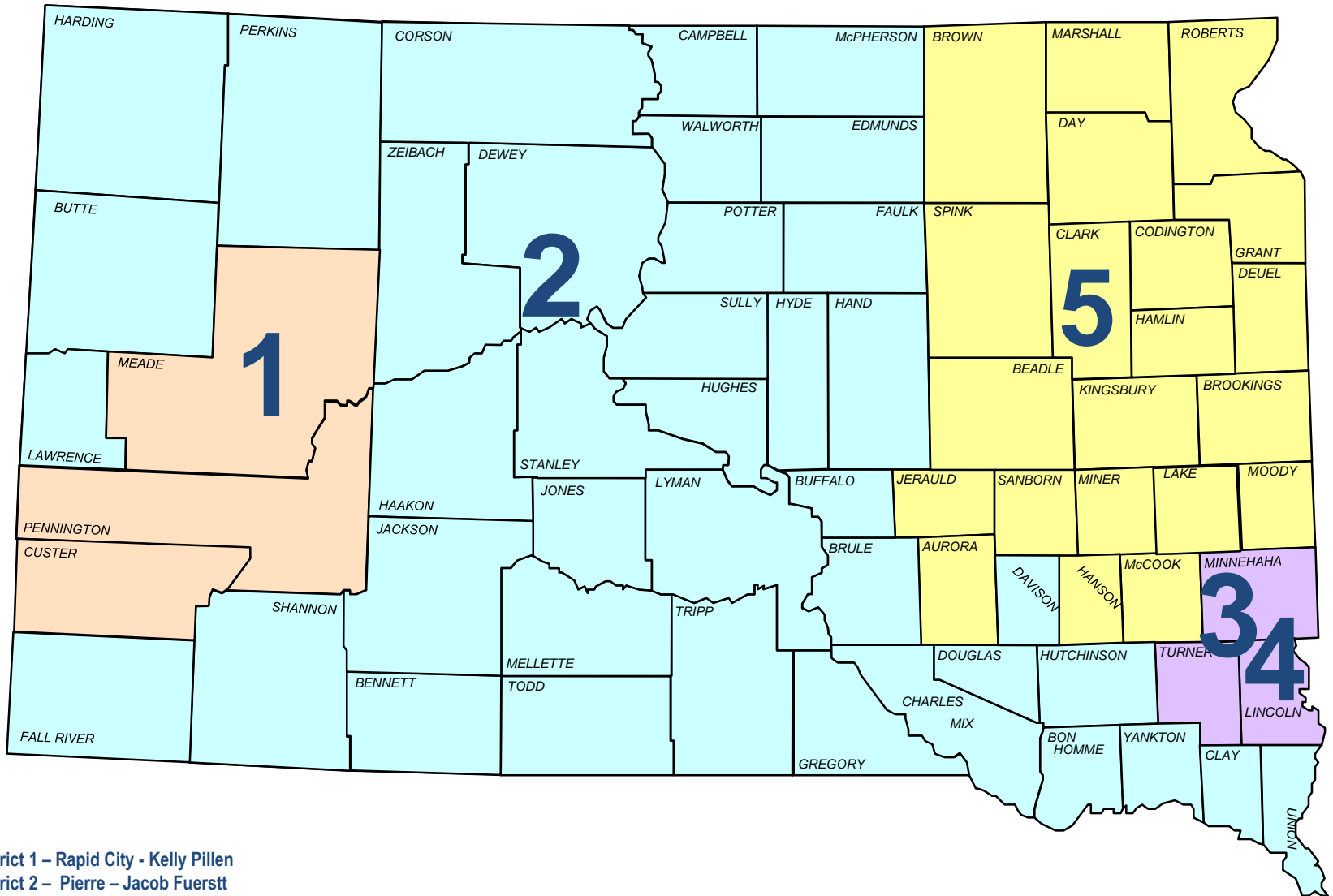
## 24

1. Carroll Forsch – Interim Director
2. Joy Fisk – Improper Payments
3. Melissa Fluckey – Quality
4. Carol Bush – Quality
5. Laura Nordbye – Licensing
6. Laura Menning - Subsidy
7. Carrie Shoop – Program Assistant
8. Yvonne Kelley – Administrative Professional
9. Jennifer Leichtnam – Administrative Professional

## Subsidy Caseworkers

1. Kelly Pillen
2. Sarah Frost
3. Caysee Hall
4. Melissa Bobby
5. Jacob Fuerst

# CHILD CARE ASSISTANCE DISTRICTS



- District 1 – Rapid City - Kelly Pillen
- District 2 – Pierre – Jacob Fuerstt
- District 3 - Sioux Falls – Melissa Bobby
- District 4 - Sioux Falls – Caysee Hall
- District 5 – Aberdeen /Watertown – Sarah Frost

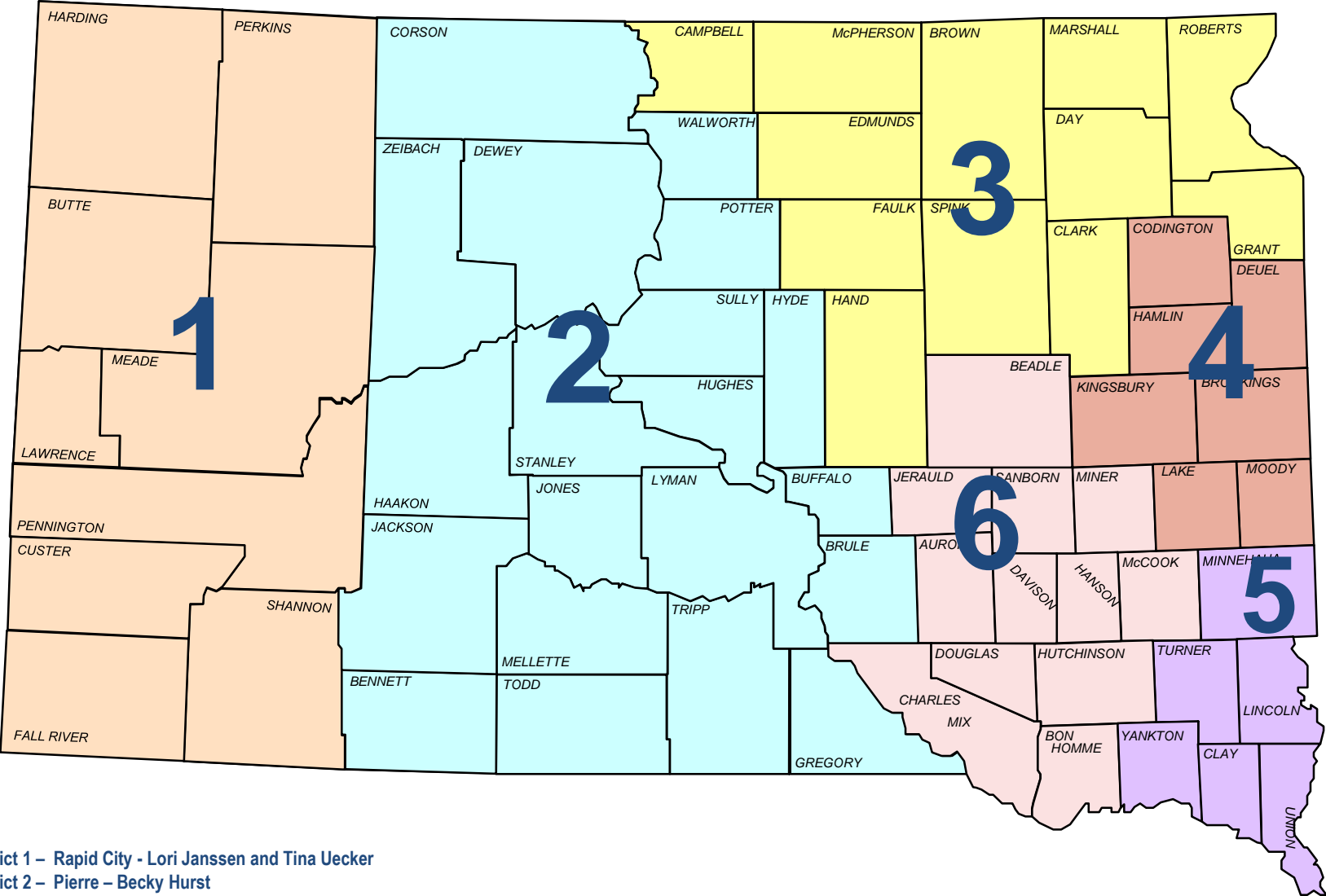


# About Us

## Licensing Specialists

<b>Lori Janssen</b>	Region 1
<b>Tina Uecker</b>	
<b>Vacant</b>	Region 2
<b>Julie Hermansen</b>	Region 3
<b>Rachel Holm</b>	Region 4
<b>Denise Ferguson</b>	
<b>Shannon Terhark</b>	
<b>Rita Trager</b>	Region 5
<b>Stacie Ugofsky</b>	
<b>Deb Bigge</b>	Region 6

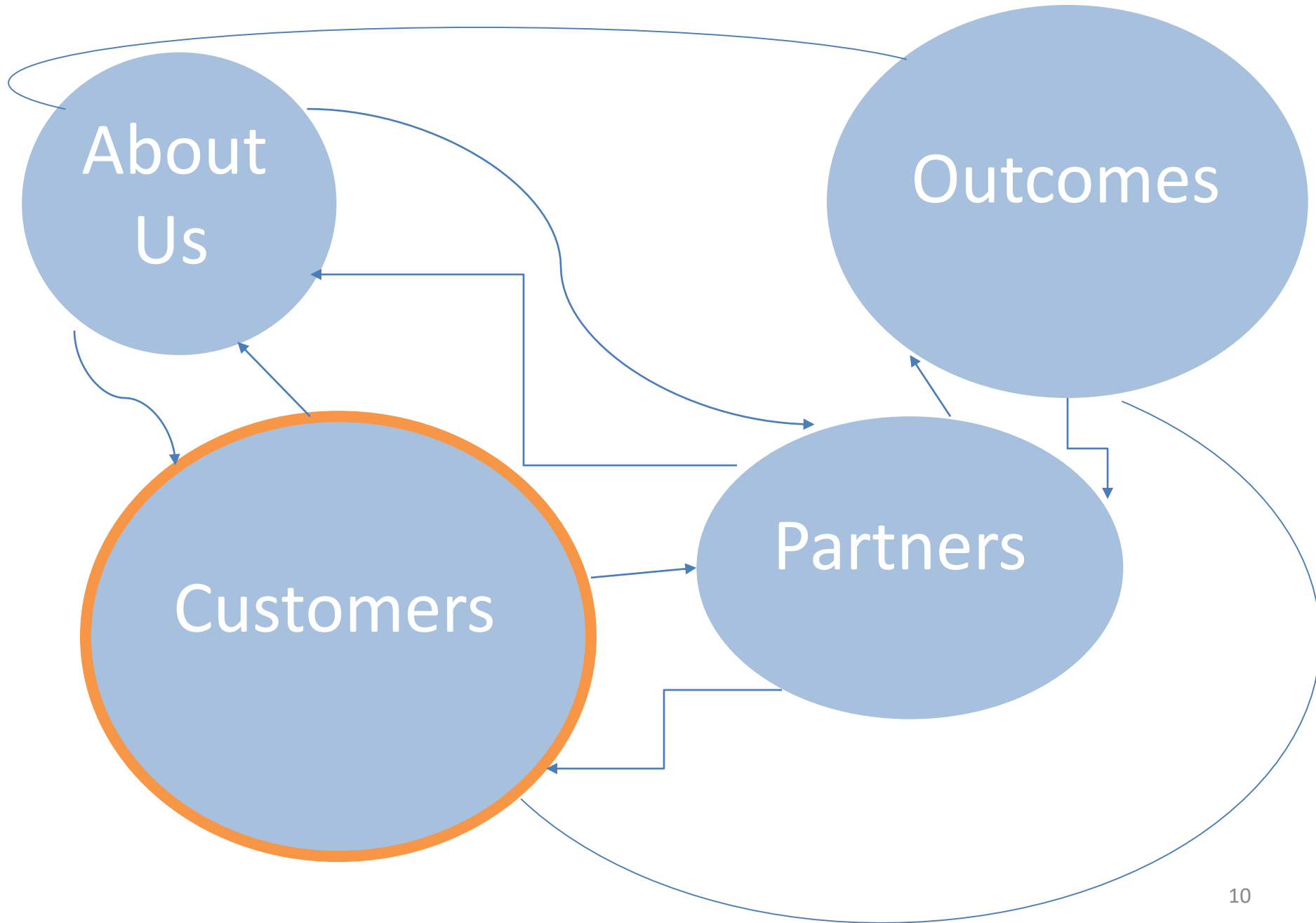
# CHILD CARE LICENSING DISTRICTS



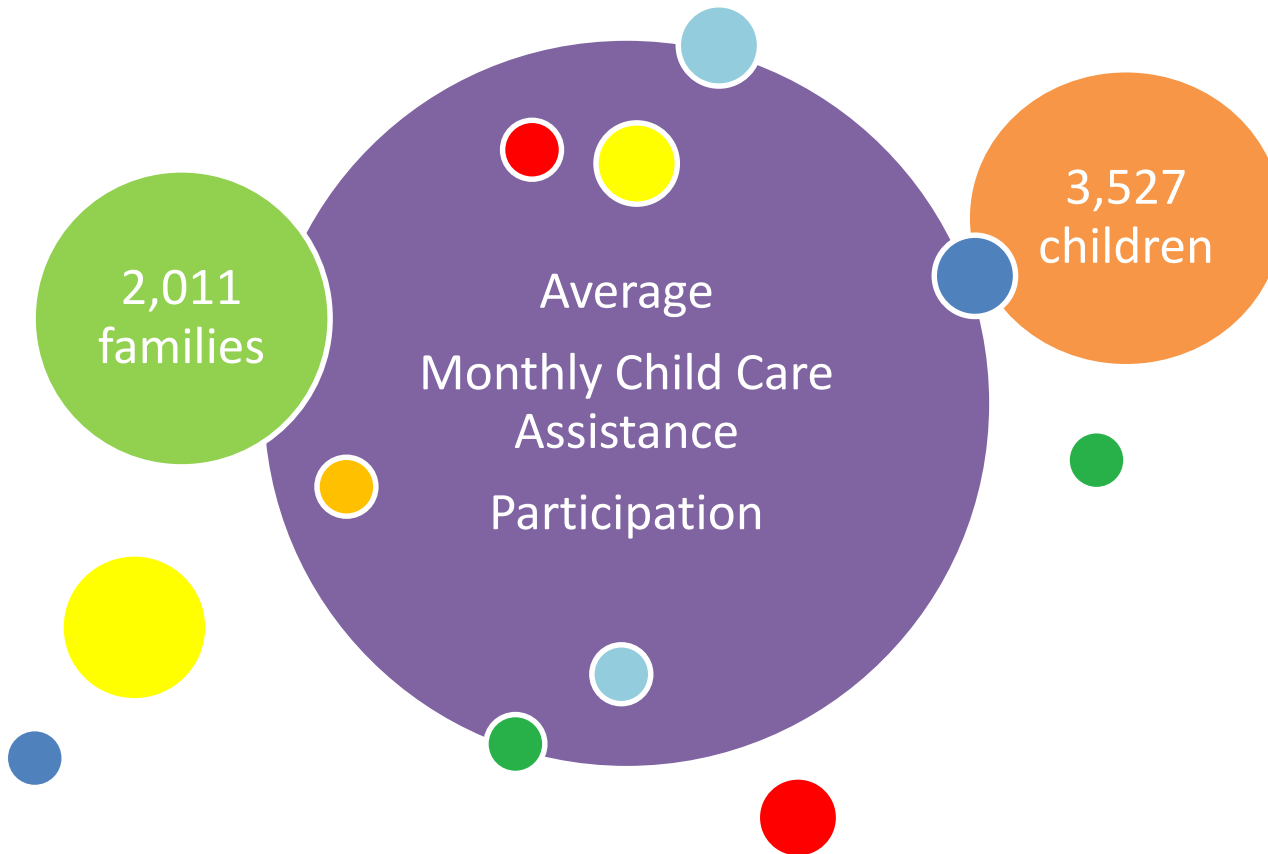
- District 1 – Rapid City - Lori Janssen and Tina Uecker
- District 2 – Pierre – Becky Hurst
- District 3 - Aberdeen - Julie Hermansen
- District 4 - Brookings - Rachel Holm
- District 5 – Sioux Falls - Denise Davis, Rita Trager, Shannon Terhark and Stacie Ugofsky
- District 6 – Mitchell - Deb Bigge

24 CCS staff have  
315 Years of  
Employment with  
Child Care Services

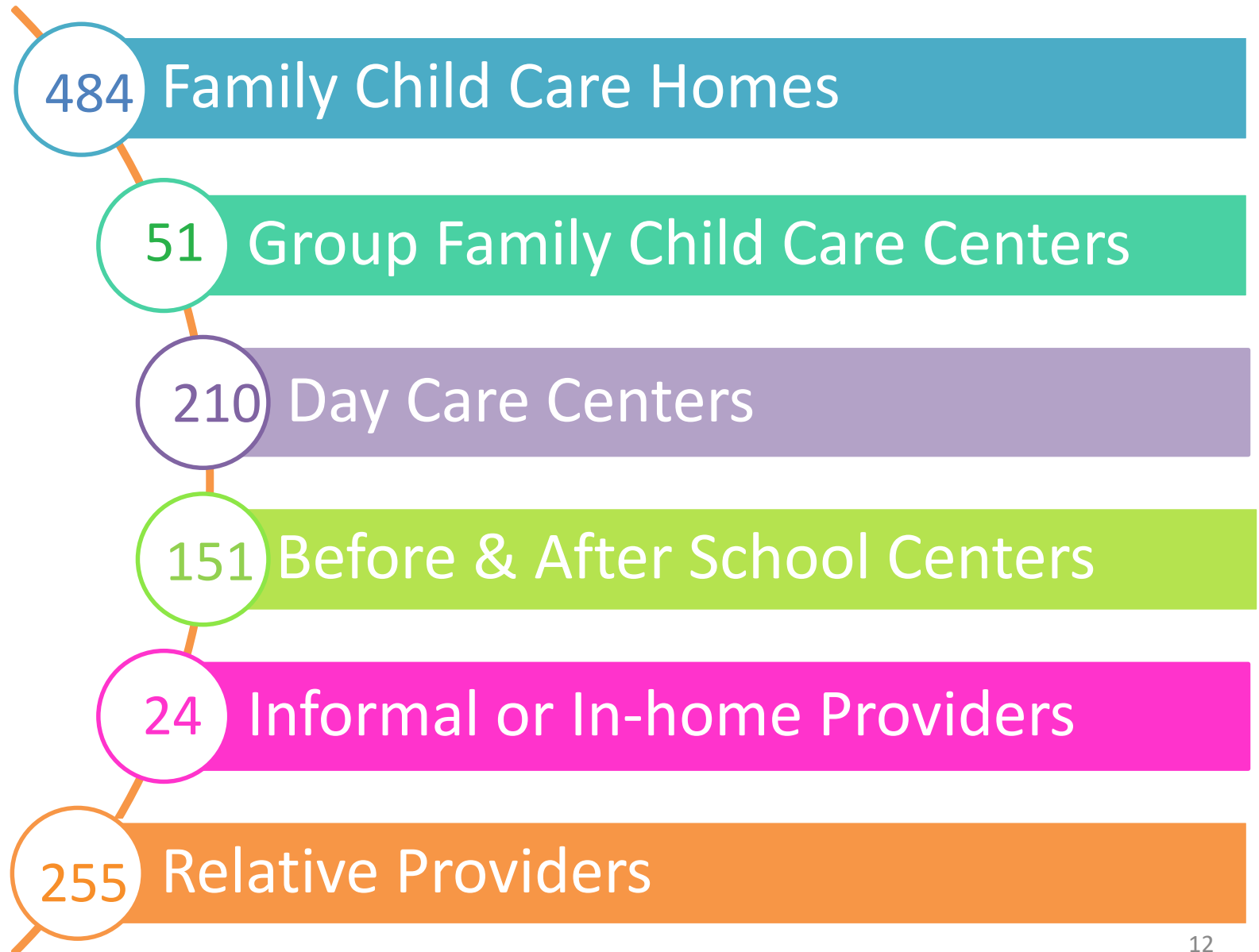
# Customers



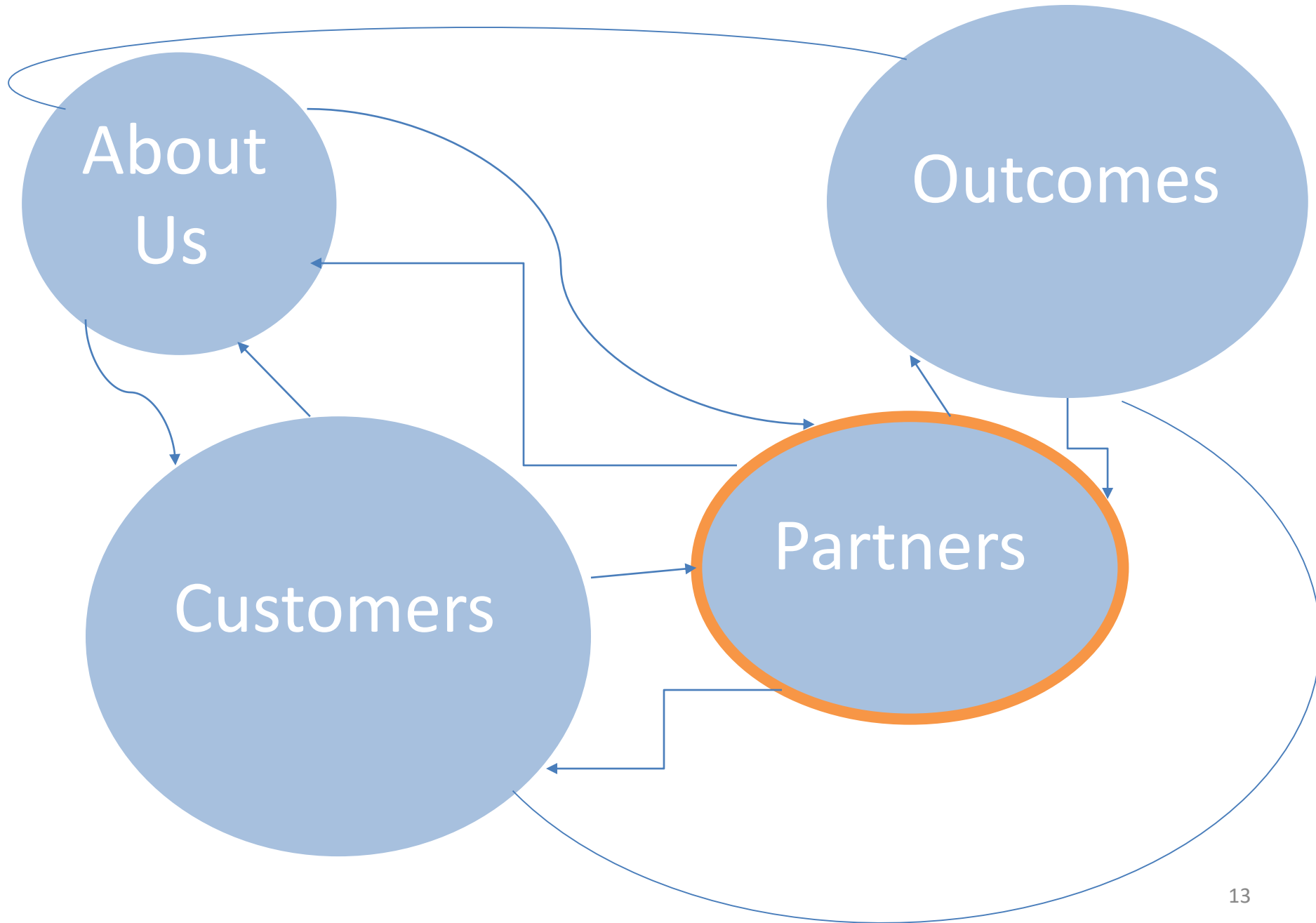
## Families and Children Served



## Child Care Providers

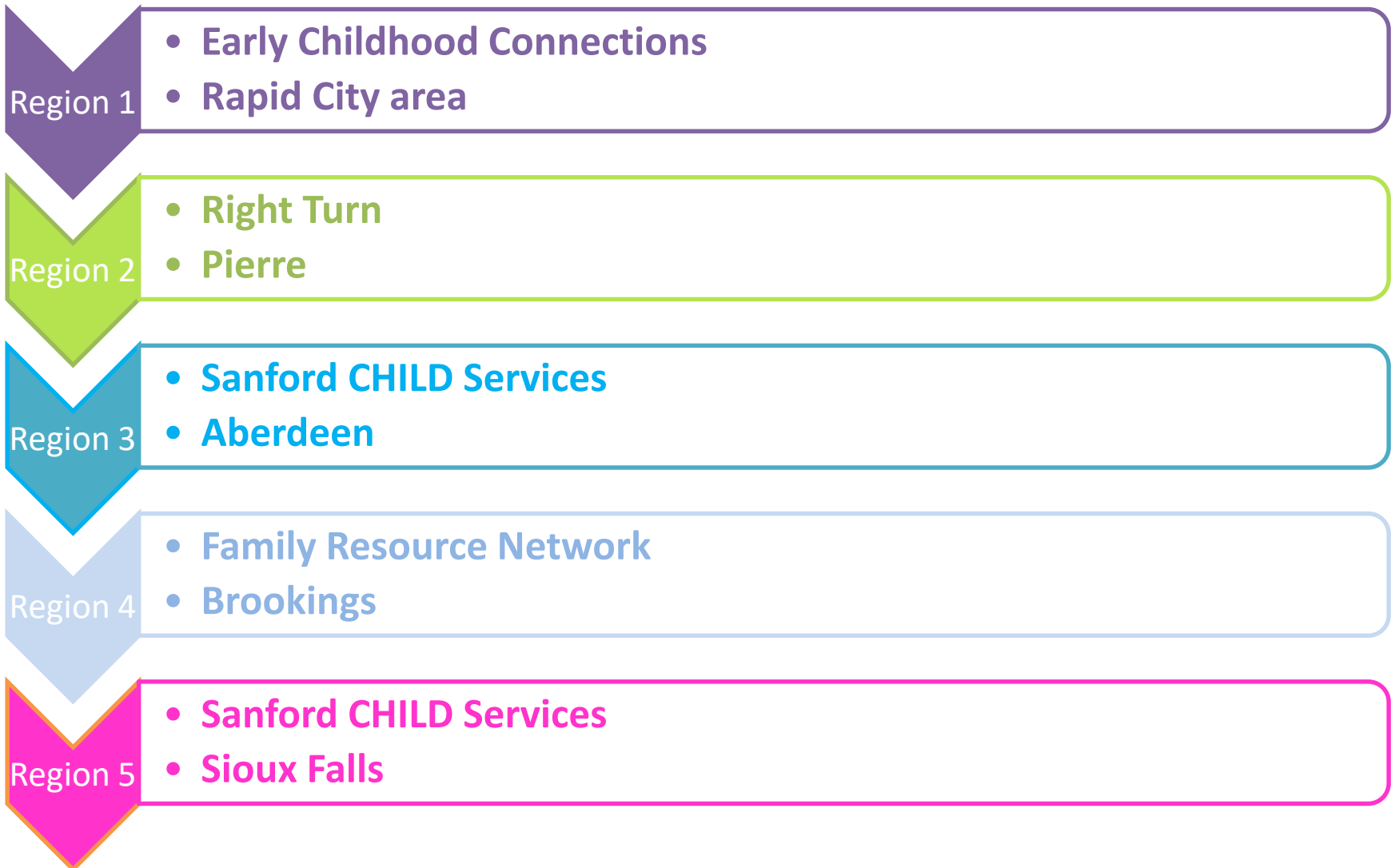


# Partners



# Partners

## Statewide Early Childhood Enrichment System

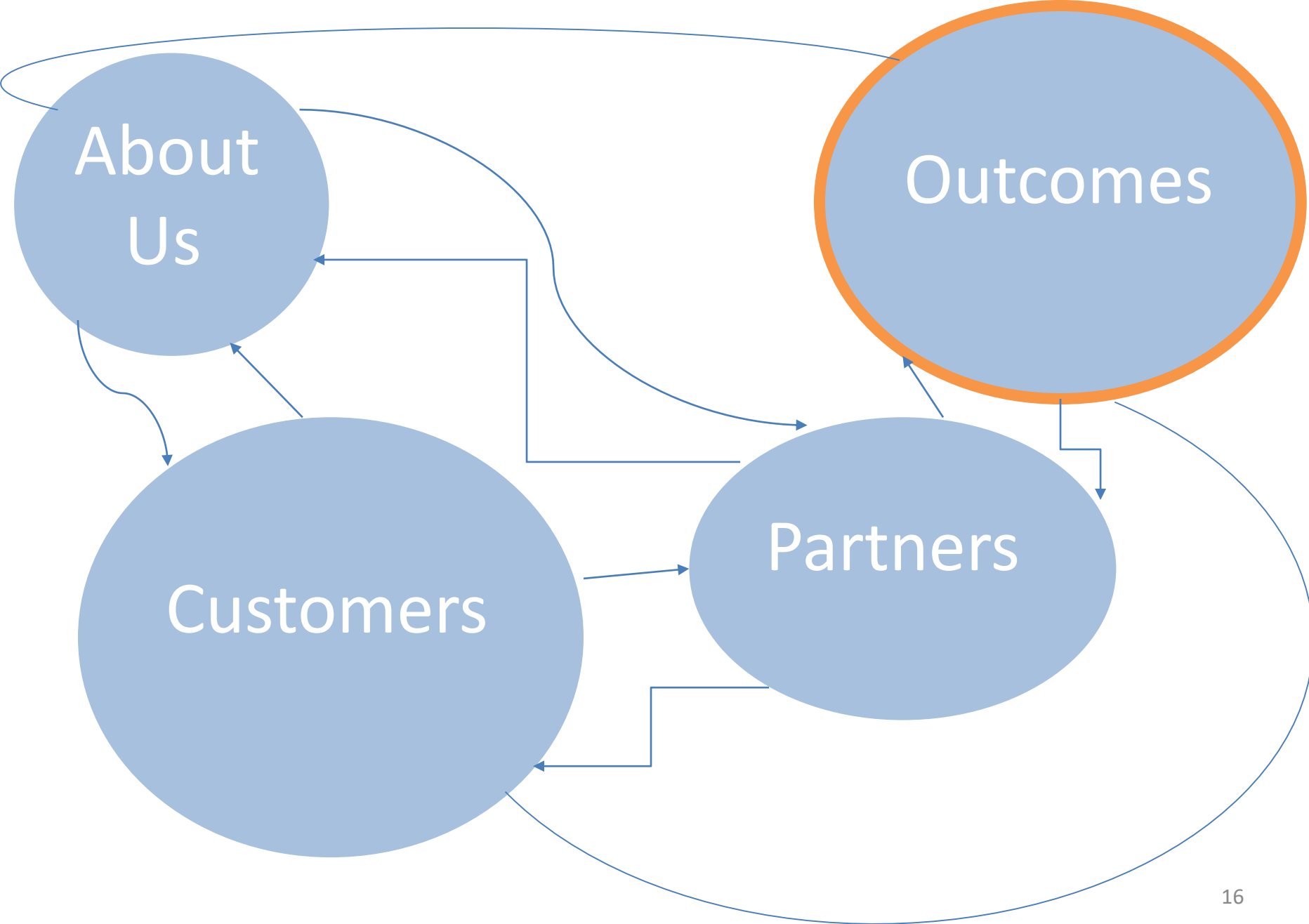




# Partners

- Department of Labor and Regulation
- Department of Health
- Department of Education
- Child Care Providers

# Outcomes



# Outcomes

- All eligible families are served on assistance;
- SD rates are at the 75<sup>th</sup> percentile;
- All programs receive at least one onsite inspection visit annually.
- Licensing staff know their providers by name.

Providers have opportunity to obtain training and technical assistance that meets their needs of care for children.

In SFY19:

- 128 students went through Child Development Associate (CDA) training
- 854 referrals/requests were addressed by the ECE's
- 1,370 hours of face-to-face training was provided
- 360 hours of E-Learning training was provided
- 563 programs/3,089 students participated in training
- 2,993 providers participated in orientation training

## Changes made in SFY19:

- Eligibility to Child Care Assistance was expanded from 175% to 209% of the federal poverty level.
- Copays were eliminated for all families on Child Care Assistance at or below 160% of the federal poverty level.



## Primary/Pre-Natal Care Innovation Grants

DSS awarded \$1 million dollars of innovation grants to improve primary and prenatal care for women in the Medicaid program. Three awards of \$333,000 each were provided to Avera Health, Center for Family Medicine, and Native Women’s Health Care.

An average of 116,000 South Dakotans rely on Medicaid for their healthcare each month. The vast majority, 68 percent, are children. Half of the children born in South Dakota each year will be on Medicaid during their first year of life and 35% of all Medicaid recipients are American Indian.

Access to early and regular prenatal care is critical to avoid preterm birth and birth complications. Technology and other innovative approaches to providing this type of care are needed to ensure prenatal and primary care are available the state. Outcomes and cost effectiveness will be evaluated at the end of the projects with the goal of replicating successful innovations in the program.

<b>Provider</b>	<b>Summary</b>	<b>Innovation Being Tested</b>	<b>Geographic Target Areas</b>	<b>Metrics</b>	<b>Use of funds</b>
Avera	Helps pregnant women in South Dakota diagnosed with gestational diabetes by providing remote blood sugar monitoring, specialized test strips and video visits with a diabetic educator/ dietician. Patients will be supported AveraNow mobile application.	Non-traditional tele-health model testing correlation between use of technology for management of gestational diabetes improved birth outcomes. Pilot with I.H.S. to serve patients referred by I.H.S to the program in targeted areas.	Huron (Beadle County), Aberdeen (Brown County), parts of Sioux Falls (Minnehaha and Lincoln Counties) Aurora, Brule, Buffalo, Charles Mix, Davison, Douglas, Gregory, Hanson, Hutchinson, Jerauld, Lyman, Miner, McCook, Sanborn, and minimum of one Indian Health Service site yet to be finalized.	Rates for C-sections, full term births, healthy birth weight, maternal morbidity, birth complications, overall child health.	Remote patient monitoring, specialized test trips, and assistance with internet access.

<b>Provider</b>	<b>Summary</b>	<b>Innovation Being Tested</b>	<b>Geographic Target Areas</b>	<b>Metrics</b>	<b>Use of funds</b>
Native Women's Health Care (OST)	Helps patients by linking primary and prenatal services to behavioral health services. Leverages comprehensive care team including primary care, behavioral health, and community health workers.	Use of comprehensive care team to manage both physical and behavioral health will improve rates of substance use disorder (SUD) screening and treatment adherence. Tests pregnancy as a qualifying condition for Medicaid health home services.	Rapid City Area	Success and improved adherence rates for SUD treatment, increased screening, preventive, and primary/prenatal care.	Transportation services for high-risk patients, technology including iPads and specialized software for case managers, support accreditation for day treatment and residential treatment.
Center for Family Medicine	Provides patients with a birth center/pregnancy health home approach to provide full array of prenatal and postnatal care. This project will also train family medicine resident physicians in innovative, evidence-based prenatal care models.	Testing if application of health home model and use of technology to deliver patient education results in improved health outcomes.	Sioux Falls, Pierre	Pre-term and post term birth weights, C-Sections, birth complications.	Nurse case manager, physician, and other care team members. Home blood pressure and other monitoring equipment that links to electronic health record, transportation to appointments, iPads and other equipment.



# Medicaid Prescription Opioid Coverage Changes and Outcomes

DSS Board Meeting  
October 2019



# Background

- South Dakota Medicaid in conjunction with the Medicaid Pharmacy & Therapeutics (P&T) Committee implemented changes to the prescription drug benefit in the Medicaid program to align with best practices in opioid management and reduce the risk of opioid addiction and misuse.
  - P&T discussion took place over several quarterly meetings from 2016-2017.
    - P&T reviewed established guidelines including the CDC Opioid Guidelines and recommendations for opioid use for chronic non-cancer pain by the South Dakota State Medical Association.
    - Division of Behavioral Health provided information on treatment options for opioid abuse and coordinated efforts in the areas of education, prevention, treatment and recovery.
  - P&T recommended the following strategies in December 2017:
    - Peer-to-peer communication
    - MED monitoring and tapering
    - Opioid naïve limit
    - Prior authorization for concurrent use of >1 long-acting and short-acting opioid
    - Tighten opioid early refill threshold

# Implementation

- DSS staggered implementation to lessen impact to providers and recipients.
  - Peer-to-Peer Counseling: December 2017-March 2018.
    - South Dakota Medicaid requested and reviewed Medical records from prescribers of high utilizers or with patterns of high utilization.
    - Held peer-to-peer discussions with prescribers and provided education about opioid prescribing guidelines, the PDMP, and other resources.
    - South Dakota Medicaid mailed an educational letter to top prescribers with information about opioid prescribing guidelines, the PDMP, other resources, and Medicaid prescription requirements.
  - Other P&T recommendations were implemented in the Medicaid Point of Sale (POS) system beginning in June 2018.

# Implementation

- Robust communication to providers and recipients:
  - DSS worked with the Pharmacy Association, Dental Association, and Medical Association to draft and distribute communication to providers. Included information about resources for SUD treatment and Medicaid coverage of MAT.
  - DSS outreached clinical directors of the major health systems in South Dakota to discuss the changes in advance and to encourage providers to begin tapering patients in advance of implementation. DSS also shared information regarding prescriber patterns with each system regarding Opioid use.
  - DSS directly mailed recipients who would be affected by the changes.

# System Edits

- 1. Move Early Refill Threshold for Controlled Substances from 75% to 85%**
  - Lengthens amount of time between allowable refills.
    - Example: 30 day prescription is usually eligible for a refill after 23 days, limit lengthened to 26 days.
  - Affected all controlled substances in addition to opioid prescriptions.
  - Implemented June 1, 2018
  
- 2. Prior Authorization for more than One Long Acting and One Short Acting Opioid Product**
  - Allows multiple strengths of medication, but not different brands dispensed together.
  - Patients with a terminal diagnosis receive an automatic prior authorization.
  - Implemented August 1, 2018.

# System Edits

## 3. Opioid Naïve Limit

- Recipients who have not filled a prescription for an opioid prescription within the previous 60 days will only be allowed an initial fill of a seven (7) day supply and a maximum 60 morphine equivalent dose (MED).
- Patients with a terminal diagnosis receive an automatic prior authorization.
- Implemented August 1, 2018.

## 4. Morphine Equivalent Dose (MED) Maximum

- Beginning October 1, 2018, Medicaid patients requiring a new or renewal prescription for morphine equivalent dosing greater than 300 MEDs per day will require prior authorization with a 10% tapering schedule each month until target MED level of 90 MEDs is reached on October 1, 2019.
- Patients with a terminal diagnosis receive an automatic prior authorization.
- Implementation Ongoing

# Outcomes: 1st Quarter 2018 vs. 1st Quarter 2019



### Total Opioid Claims

- 1Q18: 11,283
- 1Q19: 8,447



### Morphine-Equivalent Dosages (MEDs) > 180

- 1Q18: 179
- 1Q19: 125



### Total Utilizers

- 1Q18: 3,835
- 1Q19: 3,253



High utilizers (3+ scripts in 120 Days) are down from 37.6% to 33.6%.

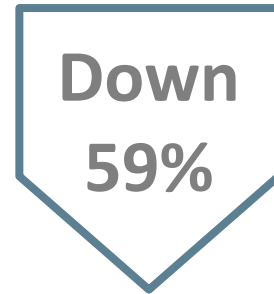
# Outcomes: 1st Quarter 2018 vs. 1st Quarter 2019



## Poly-Pharmacy Shoppers

3+ Pharmacies

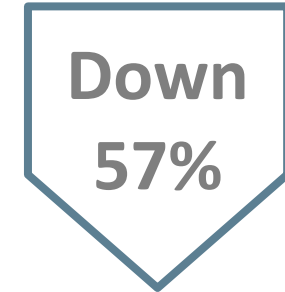
- 1Q18: 137
- 1Q19: 56



## Poly-Prescriber Shoppers

3+ Prescribers

- 1Q18: 399
- 1Q19: 169



## Medication Assisted Therapy (MAT)

Ex. Buprenorphine

- 1Q18: 223
- 1Q19: 436





# Ongoing Efforts

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## ■ Implementation:

- DSS continues to taper MED prior authorization to 90 MED (October 1, 2019)

## ■ Monitoring:

- P&T monitors opioid utilization quarterly
- Retroactive Drug Utilization Review (DUR) monitors opioid prescriptions and provides education to prescribers and pharmacies

## ■ Future:

- Evaluate concurrent opioid and benzodiazepines prior authorization

# Questions


# STRATEGIES SUPPORTING OPIOID AWARENESS, PREVENTION, AND TREATMENT<sup>1</sup>




## TREATMENT

 More than 500 individuals have been treated for opioid addiction by partners or state-contracted agencies

## PREVENTION

 Over 5,400 individuals have participated in evidence-based awareness and education programming

## LIVES SAVED

 174 patients had an 'improved response' after at least one dose of NARCAN<sup>®</sup> from EMS personnel



### Connection to Resources

For Opioid Care Coordination, contact the Helpline Center at 1-800-920-4343



### Overdose Education & Naloxone Distribution

To learn more, contact the Office of Rural Health at 605-773-3361



### Treatment for Opioid Use Disorder

To inquire about MAT or access, contact DBH at 605-367-5236



### Peer Recovery Support

For Peer Recovery Support, call or text Face It TOGETHER at 1-855-539-9375

## KEY PARTNERS

- The Helpline Center
- South Dakota Department of Health, Office of Rural Health
- Law Enforcement and Emergency Responders Statewide
- Project Recovery & Addiction Recovery Centers of the Black Hills
- Lewis & Clark Behavioral Health Services
- Center for Family Medicine and South Dakota State University

## OVERVIEW

- Answer and triage all calls to the statewide Opioid Resource Hotline (staffed 24/7).
- Develop and maintain a searchable online database that includes statewide resources for opioid awareness, education, and treatment.
- Connect those seeking assistance to resources through Opioid Care Coordination.
- Host trainings for emergency responders to receive education about recognizing and responding to a suspected opioid overdose.
- Provide emergency responders with NARCAN<sup>®</sup> (naloxone HCl) Nasal Spray, equipping them with life-saving medication to use for a suspected opioid overdose.
- Promote capacity building efforts to develop Medication-Assisted Treatment (MAT) services.
- Educate addiction treatment professionals through the SD MAT Learning Collaborative.
- Develop telehealth options for MAT.
- Provide effective, science-based peer coaching for people living with addiction, including loved ones.
- Provide financial assistance to cover the cost of coaching for those impacted by addiction.

- Face It TOGETHER

If you or someone you know is struggling with opioid addiction – don't wait. Reach out.

[www.AvoidOpioidSD.com](http://www.AvoidOpioidSD.com)  
South Dakota Opioid Resource Hotline  
**1-800-920-4343**

For more information on any of these project areas, please contact DSS, Division of Behavioral Health at 605-367-5236.

Funding for this material was made possible by 1H79TI080268 from SAMHSA. The views expressed in written materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

<sup>1</sup>As of April 2019



## Training & Education

To apply for sponsorship funding, visit 'Recent News' at <https://dss.sd.gov/>



## Project ECHO

To find out more about Project ECHO, contact DBH at 605-367-5236



## Public Awareness

To learn more visit [www.AvoidOpioidSD.com](http://www.AvoidOpioidSD.com)



## Prevention in Communities

To learn more about prevention activities contact DBH at 605-367-5236



## Youth Prevention

To learn more about youth prevention, contact DBH at 605-367-5236



## Prevention in Higher Education

Contact DBH at 605-367-5236 for information about GenerationRx

## KEY PARTNERS

- Health care systems
- Addiction treatment professionals
- Professional associations

- Avera Health
- University of South Dakota

- South Dakota Department of Health
- Hot Pink, Ink.
- KAT Marketing and GoodHealthTV®

- Prevention Resource Centers
- Community-Based Coalitions
- South Dakota Association of Healthcare Organizations (SDAHO)
- SD Board of Pharmacy

- Prevention Resource Centers
- Community-Based Coalitions
- Boys & Girls Clubs
- South Dakota State University Extension

- University of South Dakota
- Other institutions of higher education in South Dakota

## OVERVIEW

- Offers sponsorship funding for training and education events for professionals who serve populations affected by opioid abuse/misuse.
- Support training for providers seeking to obtain their DATA-waiver to deliver MAT.
- Educate and inform professionals about MAT and its implementation in office-based and telehealth settings.

- Project ECHO (Extension for Community Healthcare Outcomes): Opioid Use Disorders & Medication-Assisted Treatment, Alternative Pain Management Strategies, and Addiction Treatment for Opioid Use Disorder.

- Broadcast PSAs and other forms of media statewide, featuring treatment approaches and access.
- Create and launch a Native American Opioid Abuse & Misuse Educational campaign.
- Develop opioid education and prevention website and include a dashboard with up-to-date data related to opioids in SD.

- Deliver evidence-based opioid awareness and education programming by hosting prevention and awareness events in schools and communities.
- Plan and execute community-specific conversations and events that provide education and promote safe medication disposal (at take back locations or at home).

- Deliver evidence-based opioid awareness and education programming to middle- and high-school youth.
- Partner with Boys & Girls Clubs to deliver Positive Action® to club members.
- Create and launch a Native American Opioid Abuse & Misuse Educational campaign.

- Provide funding to all interested institutions of higher learning to implement the GenerationRx University peer-led training program on campus.
- Distribute DisposeRx packets to students to safely and properly dispose of unwanted, unused or expired medications.

# 2019 Legislative Interim Task Forces

Five mental health task forces were created by SCR 2:

<https://sdlegislature.gov/docs/legsession/2019/Bills/SCR2ENR.pdf>

During the 2019 Legislative Session, SCR 2 created legislative task forces to study, report, and develop and consider recommendations and proposed legislation regarding sustainable improvements to the continuum of mental health services available in the state. SCR 2 was a result of the 2018 Access to Mental Health Services Legislative Summer Study.

<http://sdlegislature.gov/Interim/Documents.aspx?Committee=205&Session=2018&tab=Detail>

## (1) Redefine Acute Mental Health Hospitalization

- <http://sdlegislature.gov/Interim/Documents.aspx?Committee=218&Session=2019&tab=Detail>
- Redefine acute mental health hospitalizations in the areas of short, intermediate, and long-term placement, with emphasis on keeping individuals needing placement in community whenever possible

## (2) Reduce the Overall Use of Acute Mental Health Hospitalizations

- <http://sdlegislature.gov/Interim/Documents.aspx?Committee=218&Session=2019&tab=Detail>
- Reduce the overall use of acute mental health hospitalizations by developing and supporting existing alternatives where appropriate, create community-based short-stay alternatives, and develop day treatment options

## (3) Leverage Telehealth and Telemedicine

- <http://sdlegislature.gov/Interim/Documents.aspx?Committee=220&Session=2019&tab=Detail>
- Leverage telehealth and telemedicine to the full appropriate extent, with focus on the areas of acute assessment and crisis supports, along with mental health assessments and counseling

## (4) Redefine Nursing Home Criteria and Build Capacity

- <http://sdlegislature.gov/Interim/Documents.aspx?Committee=221&Session=2019&tab=Detail>
- Redefine Human Service Center nursing home admission criteria and build mental health nursing home capacity for persons with organic brain damage

## (5) Increase Community Services and Caregiver Supports

- <http://sdlegislature.gov/Interim/Documents.aspx?Committee=222&Session=2019&tab=Detail>
- Increase the capacity for transitional housing and residential services in communities to keep individuals closer to home, and develop caregiver support



# Foster Care and Adoption Recruitment

Launched May 2013

Foster**One** invites families to:

- “Be the **one** to open your heart”
- “Take **one** minute to learn more about foster care”
- “Be the **one** to make a difference in a child’s life”

Materials: Posters, Folders, Brochures, Myths/Facts

## FosterOne Website

<https://fosterone.sd.gov>

Commit to Know More

Foster Parent Realities

Myths and Facts

Videos <https://fosterone.sd.gov/videos/> (3 min)

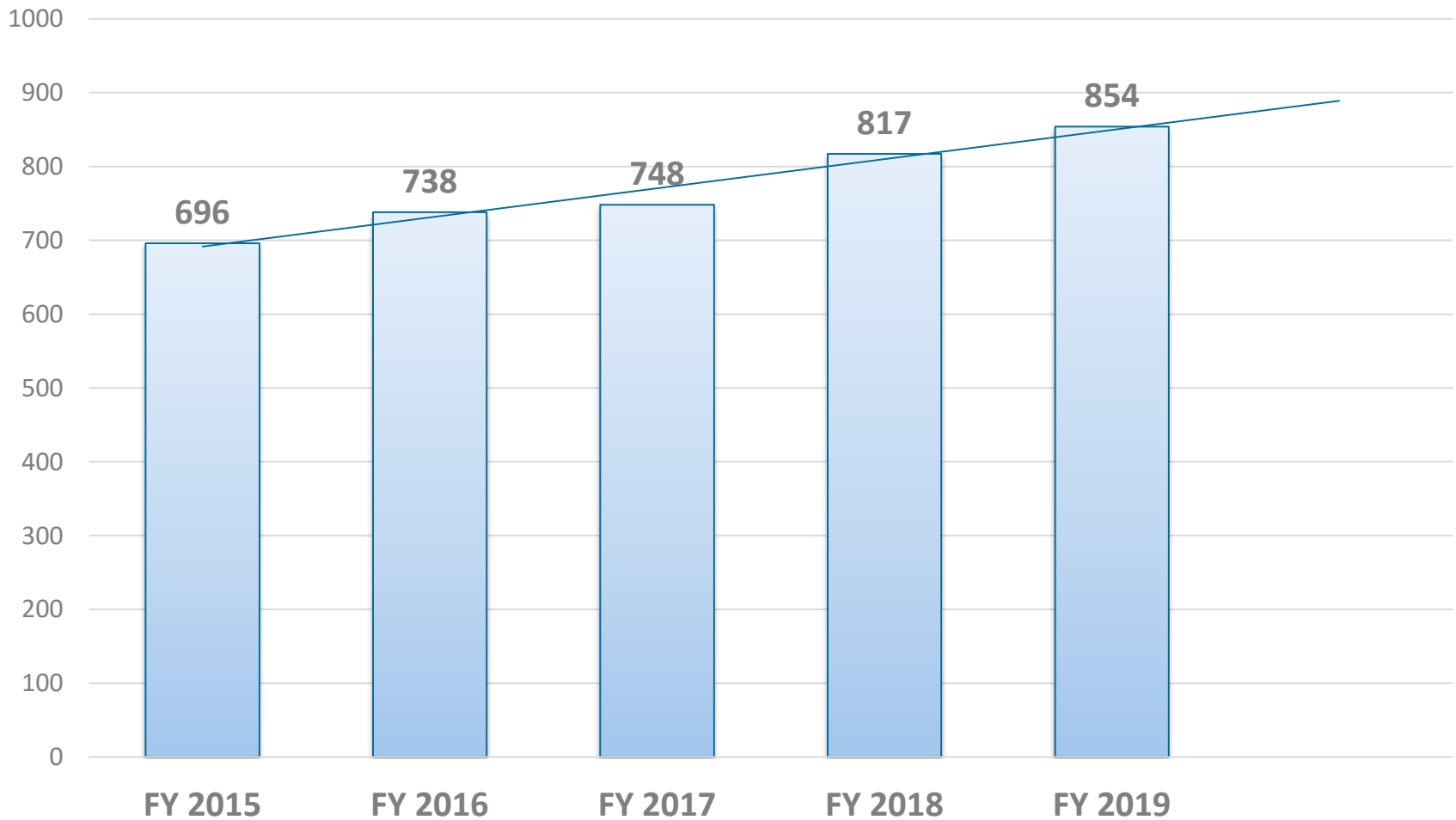
DSS website links to FosterOne website



# DSS Licensed Foster Homes



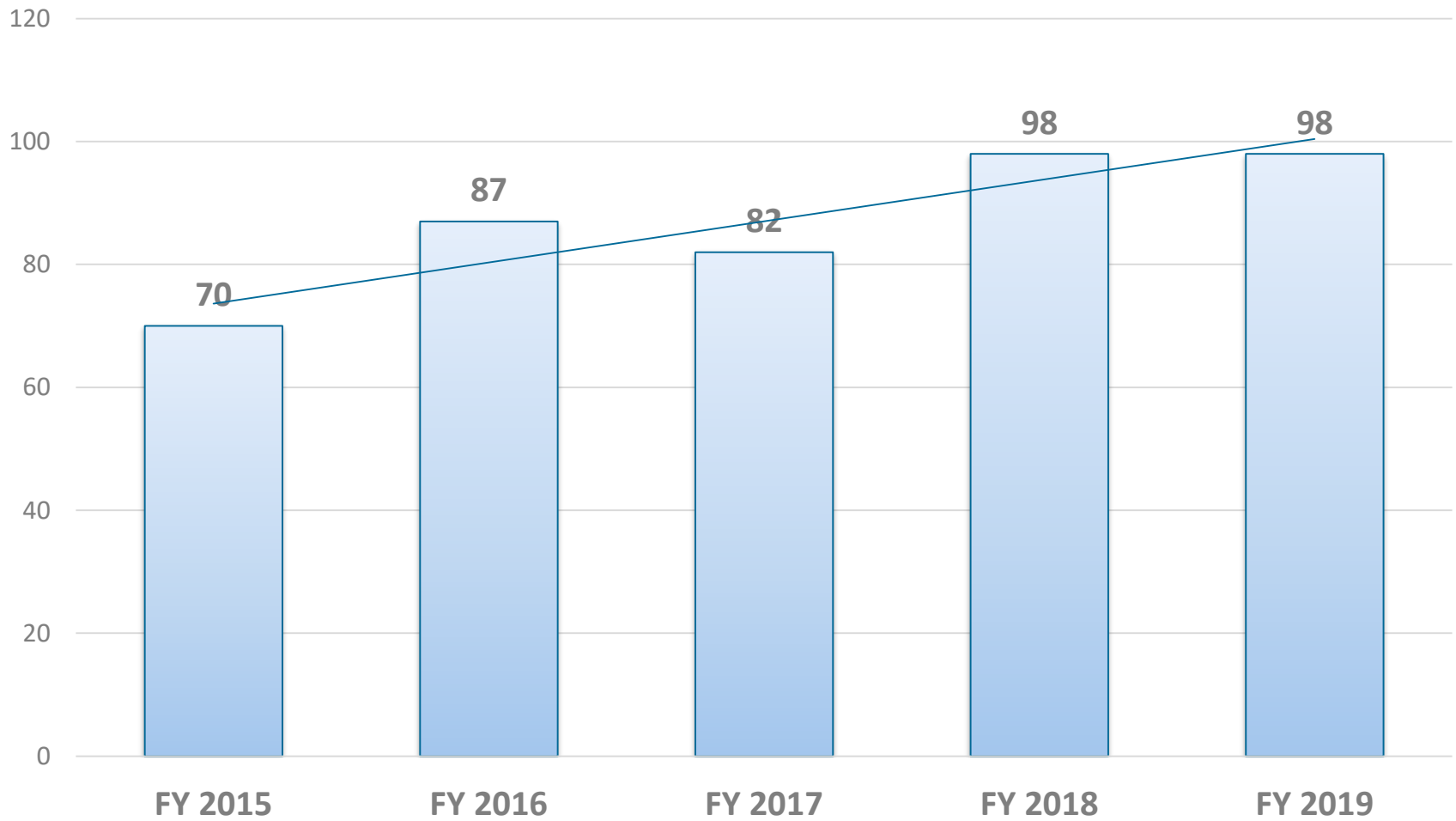
## Statewide DSS Licensed Foster Homes



# Native American Foster Homes

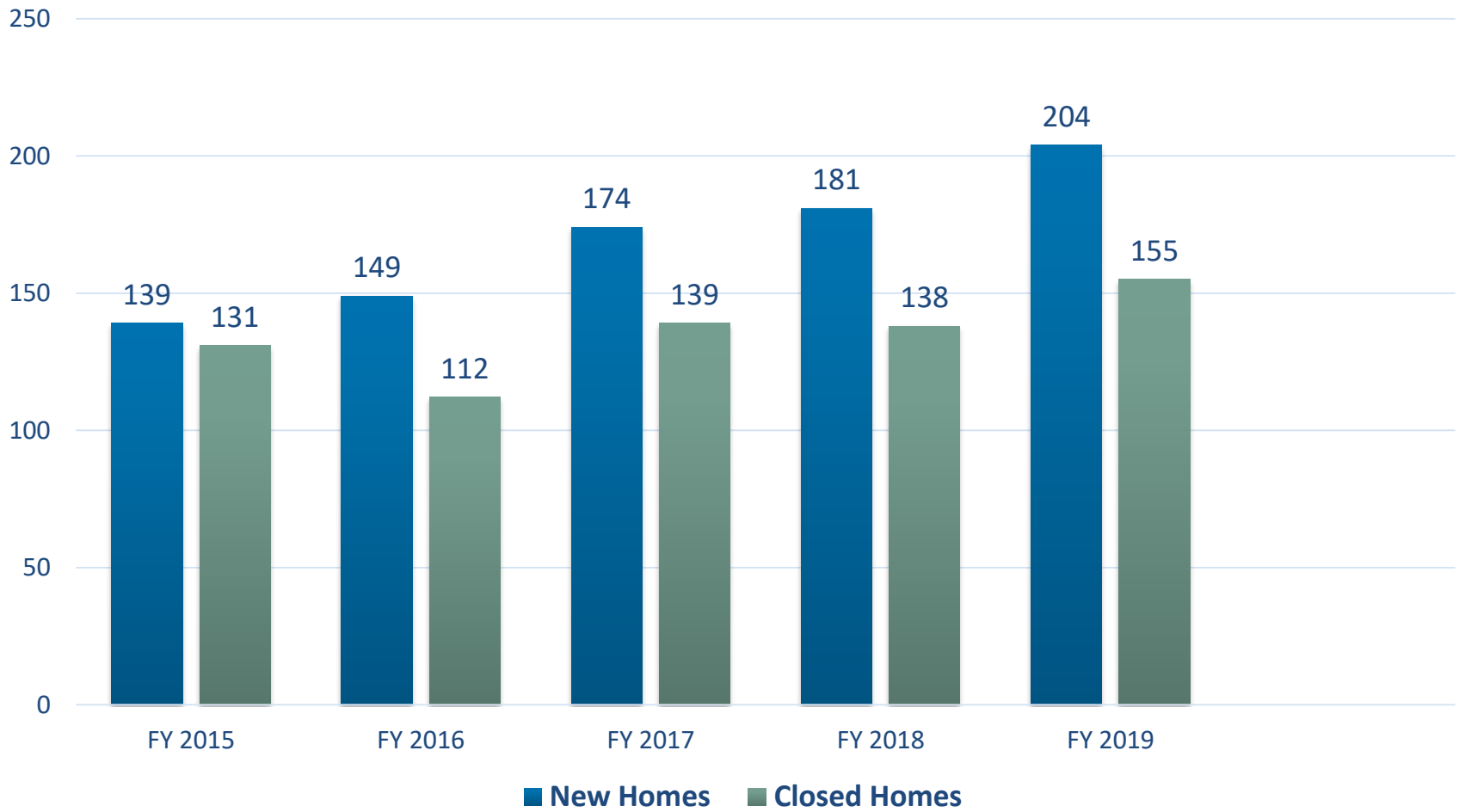


## Statewide Total Native American Foster Homes

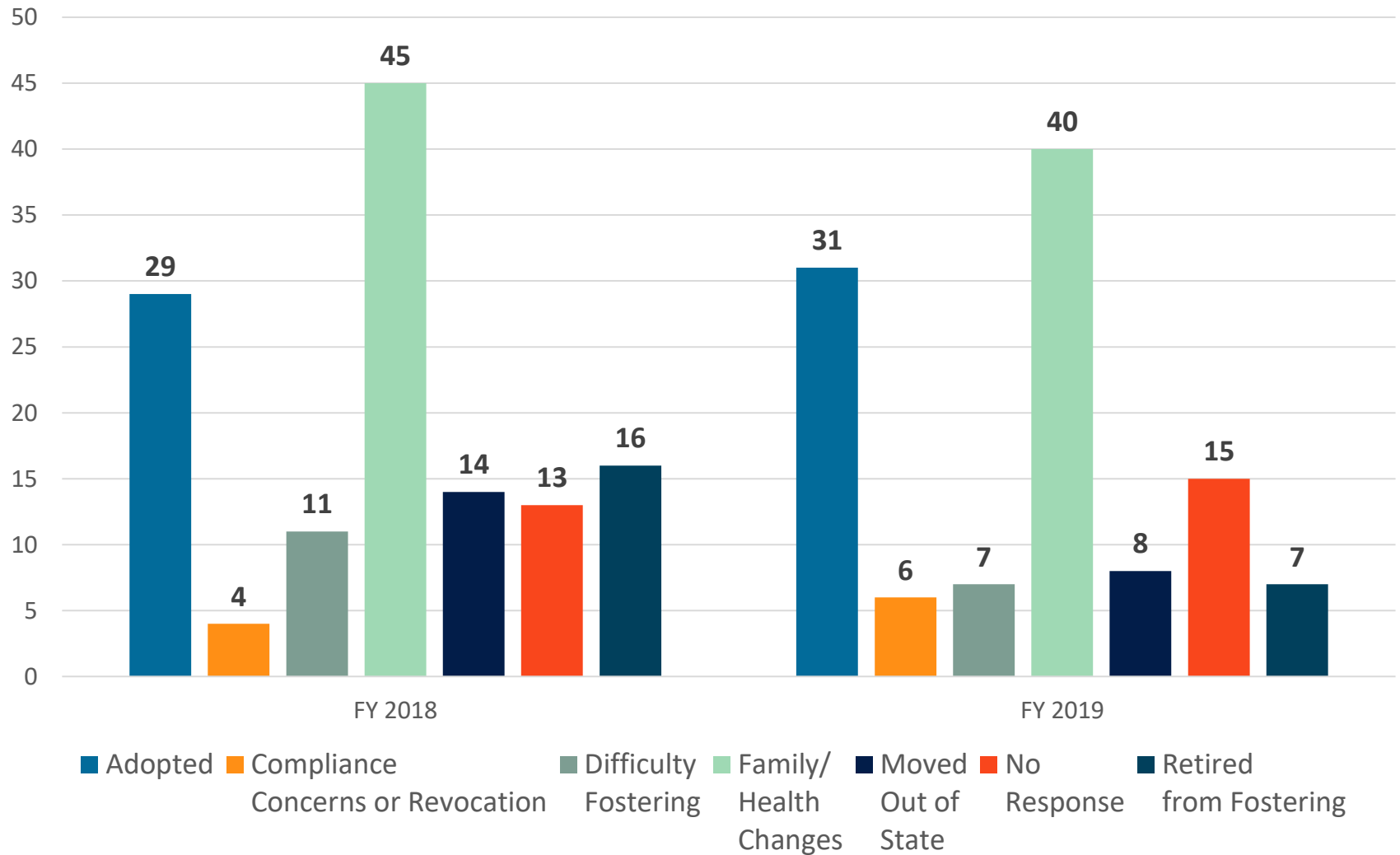


# New Homes vs. Closed

## New Homes vs. Closed Homes



# Reasons for Closure



- Goal:** Quality Assessment and Timely Licensure of Foster and Adoptive Families
- Who:** CPS Licensing, Contract Licensing Staff, Tribal Licensing, Child Placement Agencies, Foster/Adoptive Parents
- What:** Review licensing process to include recruitment, inquiry, training, and home study assessment
- How:** Workgroup will develop strategies to enhance process and ongoing continuous quality improvement



## FOSTER PARENTING: **Will you be the one to open your home?**

If you choose to become a foster parent, you will have a team of professionals to support you. They will ensure you are informed about what to expect, prepare you for the experience, and provide you with the resources you need like parenting techniques.

### **Here's what else you can expect:**

- By law, background checks are required for all potential foster parents and anyone who is over 18 years old and living in the foster home. Additionally, representatives from the Division of Child Protection Services will make supervisory visits to your home while children are placed in your care.
- A team of professionals will be in place to help make significant decisions concerning children placed in your care.
- Children entering foster care come from difficult situations. While in foster care, they may need special care and treatment like counseling or ongoing medical attention. The Department of Social Services coordinates these appointments and pays for counseling and medical treatment.
- Just like any other child, children in foster care are busy with school, extracurricular activities and friends. You can expect to be busy too!
- Foster care is generally a temporary placement to provide children with safety and stability while their families work to overcome challenges. Most children return home to their families.





## **FOSTER PARENTING: Will you be the one to open your heart?**

The positive impacts provided by foster parents are many. Here are some examples of how foster parents make valuable differences in the lives of children.

- Providing care to a child in his or her own community will lessen the disruption in the child's life and help the child stay connected with his/her family, friends, culture, tribe, school, and community.
- Caring for a child in his/her own community allows parents/caretakers to stay in close contact with their child. Family reunification is more successful if the parents and child are able to maintain consistent visitation and contact while the parents work to make necessary changes to keep their child safe.
- Caring for sibling groups provides stability and helps preserve their relationships. To lessen their sense of loss by maintaining family connections, it is important for siblings to stay together when they are removed from their home.
- By celebrating successes, calming nerves, and building confidence, foster parents help teenagers grow into independent young adults.

## **Will you be the one to change lives?**

Foster parenting is a challenge. It requires dedication, patience, and compassion. Children need foster care because difficult family circumstances cause the child to be unsafe. Regardless of the cause, these children need a safe home. They need someone to nurture them and provide them with a secure environment.



700 Governors Drive, Pierre, SD 57501  
Phone: 605-773-3227  
Email: [FosterOneSD@state.sd.us](mailto:FosterOneSD@state.sd.us)





## Be The One To Help Change Lives

In communities all across South Dakota, children are in need of loving and safe foster homes.

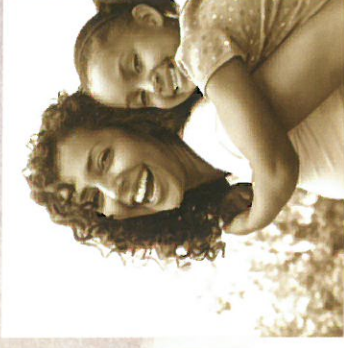
If you choose to become a foster parent, you will have a team of professionals to support you. They will ensure you are informed about what to expect, prepare you for the experience, and provide you with the resources you need like parenting techniques.



## Basic Licensing Requirements

There are five basic licensing standards required for every potential foster family. Families who cannot meet these standards cannot be licensed.

1. Foster parents must be at least 21 years of age.
2. Your house must be a safe place, without structural or health hazards.
3. A family must have sufficient income to meet the essential needs of their family. The Department of Social Services provides monthly financial assistance to support the needs of the children in foster care.
4. To ensure the safety of children in foster care, potential foster families are screened for past criminal activity and reports of abuse or neglect.
5. Attendance and completion of a 30-hour foster parent education and training program to prepare and support families for success as a foster parent.



## Did You Know?

- Foster parents work with family services specialists for training, licensing, and to determine if fostering is right for their family - all at no cost.
- Foster parents may be single, married or divorced; parents, grandparents or people with or without children of their own.
- Foster parents may be either homeowners or renters.
- Foster families receive financial assistance to help with child care and other costs of caring for the child in foster care.
- Children in foster care will have their own medical, dental and vision insurance.
- Children in foster care may share a bedroom with children of the same gender.
- Some foster parents choose to foster children for many years. Others choose to foster for a short period of time. The choice is yours.





## Keep In Mind

Hundreds of South Dakota children need foster families while their own families work to overcome circumstances that make the child unsafe.

The more foster families there are in our communities, the easier it is to keep siblings together and keep children in their own neighborhoods and schools. Foster families of every culture are needed to help children build and maintain positive identities.



## For More Information

**Thank you for your commitment to know more about becoming a foster family. You could be the one to change the lives of children.**

700 Governors Drive, Pierre, SD 57501  
Phone: 605.773.3227  
Email: [FosterOneSD@state.sd.us](mailto:FosterOneSD@state.sd.us)  
Website: [FosterOneSD.org](http://FosterOneSD.org)



**Foster One**  
SOUTH DAKOTA  
[FosterOneSD.org](http://FosterOneSD.org)



# Will You Be The One to Open Your Heart and Home?



**Foster One**  
SOUTH DAKOTA  
Be the One to Change Lives





## FOSTER PARENTING: **Myths and Facts about Becoming a Foster Family**

**MYTH: Foster parents must be married and/or have children of their own.**

**FACT:** Foster parents do not need to be married or have children.

**MYTH: Older people cannot be foster parents.**

**FACT:** Foster parents must be at least 21 years old. There are no other age requirements.

**MYTH: People with police records are automatically ineligible to become foster parents.**

**FACT:** To ensure the safety of children in foster care, potential foster families are screened for past criminal activity. Convictions are reviewed by the Division of Child Protection Services on a case-by-case basis.

**MYTH: If I'm on the Central Registry for abuse or neglect, I can never be a foster parent.**

**FACT:** Being on the Central Registry does not automatically disqualify a person from being a foster parent. For more information, visit [dss.sd.gov](http://dss.sd.gov)

**MYTH: To become foster parents, a family must make a certain amount of money.**

**FACT:** A family must be able to support itself financially outside of foster care payments.

**MYTH: People become foster parents just for the money.**

**FACT:** Foster parents are reimbursed monthly to help meet the essential needs of children placed in their care. Foster care payments are intended to cover the needs of the child placed in care.

**MYTH: Foster parents must own a large, expensive home in order to meet licensing standards.**

**FACT:** There are no licensing standards regarding the size of a potential foster parent's home. Licensing standards that do exist are in place to help ensure the home provides a safe environment for children in foster care.

**MYTH: Each child in foster care must have their own bedroom.**

**FACT:** Children in foster care can share bedrooms. However, children over the age of six can only share a room with a child of the same gender.

**MYTH: Foster parents must pay for medical expenses if they are caring for a child in foster care.**

**FACT:** Children who are placed in foster care by the South Dakota Department of Social Services receive medical coverage through the Department. Foster parents are not responsible for the medical expenses of children in foster care.

**MYTH: Birth parents can "drop in" and visit their children in foster care at any time.**

**FACT:** The child's Family Services Specialist approves all parental visitation plans and coordinates those plans, in advance, with the parents and foster family.

**MYTH: Foster parents who work outside of the home must pay for the child's child care expenses.**

**FACT:** If the child care is provided by a registered family daycare or a licensed child care center, child care costs can be reimbursed. The child care plan must meet reimbursement criteria as established by the Division of Child Care Services.



Children in your area need *someone* to open their **heart** and their **home**...



...will you be the **one**?

Commit to know more about becoming a foster parent. Visit [www.FosterOneSD.org](http://www.FosterOneSD.org) or call (605) 773-3227.



**Foster One**  
SOUTH DAKOTA  
[FosterOneSD.org](http://FosterOneSD.org)





## DSS Board Roles and Responsibilities

October 22, 2019

SD Board of Social Services  
Meeting

## **Board of Social Services (SDCL 1-36-3)**

- Members are appointed by the Governor.
- Board consists of seven members (not more than four of which may be members of the same political party).
- Subject to removal for cause only.
- Term of office of each member is three years.
- Terms expire on October 30 of the third year of appointment.
- A member appointed to fill a vacancy occurring other than by expiration of a term is appointed for the unexpired term.

## **Board of Social Services (SDCL 1-36-4)**

- Board annually elects from its members such officers as it deems advisable.
- Majority of the members required to constitute a quorum.
- Board holds meetings at the call of the chairman.
- At least one Board meeting must be held every six months.

- The Board of Social Services is administered under the Department of Social Services and retains advisory and non-administrative functions.
- The purpose of the Board of Social Services is to advise the Department of Social Services regarding delivery of social services needs and budgetary recommendations.
- For example, the Board provides input regarding implementation of new programs and services and advises the Department on implementation of current programs (e.g., Community Services Block Grant – Board reviewed materials and the Department sought feedback from the Board to include in the application).