

# SOUTH DAKOTA BOARD OF SOCIAL SERVICES

## Meeting Agenda

Tuesday, April 19, 2022

1:30 pm – 4:00 pm CT

Kneip Building, 1<sup>st</sup> Floor, Conference Room #3

700 Governors Drive, Pierre, SD 57501

### Join Zoom Meeting

To Join by Video

<https://state-sd.zoom.us/j/95191696675?pwd=bS82MmxNZmVmQU1uUVZkQ1NxRG01dz09>

Meeting ID: 951 9169 6675

Passcode: 773361

Join by Audio Only

1.312.626.6799

Use Meeting ID and Passcode Above

---

**Board Members Present:** Sandy Diegel and Karen Michels present in person. Colleen Winter, Stacey Tieszen, and Cecelia Fire Thunder present via Zoom.

**Board Members Absent:** Two Board vacancies.

**Others Present:** Laurie Gill, Department of Social Services (DSS) Cabinet Secretary; Brenda Tidball-Zeltinger, Deputy Secretary and Chief of Operations; Virgena Wieseler, Chief of Children and Family Services; Tiffany Wolfgang, Chief of Behavioral Health; Jeremy Johnson, Administrator of Human Services Center; Sarah Aker, Director of Medical Services; Alex Mayer, Director of Child Support; David Gall, Administrator for the Weatherization and Energy Assistance Program; Max Wetz, Communications Administrator; and Marilyn Kinsman, Senior Policy Analyst.

**Call to Order and Declaration of Quorum:** Cabinet Secretary Laurie Gill called the meeting to order at 1:32 PM (CDT). Stacey Tieszen and Karen Michels were welcomed as the newest members of the Board. Two Board vacancies remain to be filled. Laurie agreed to chair the meeting due to the vacancy of the previous Board President. Introductions of members were made and a quorum was determined.

**Election of Board President:** The Board annually elects the President of the Board of Social Services. Decisions regarding the election of the Board President will be held during the October 2022 meeting. Board members were advised to let Marilyn Kinsman know of any interest in serving as Board President.

**Adoption of Agenda:** Motion to approve the agenda was made by Sandy Diegel, seconded by Karen Michels. Motion carried.

**Approval of Minutes from October 19, 2021 Board Meeting:** Motion to approve the October 19, 2021 meeting minutes was made by Colleen Winter, seconded by Cecelia Fire Thunder. Motion carried.

### Legislative Updates:

- **Provider Inflation:** Laurie Gill discussed provider inflation and shared that providers the Department works with will receive a 6% rate increase. The Department presents information to the Legislature regarding our budget and things the Department would like to do; then at the end of Session, the Legislature votes to approve our budget. With the 6% provider rate increase, staff are in the process of preparing contracts for the next fiscal year. For the providers that serve the Medicaid population, e.g., medical health providers, behavioral health providers, providers that serve children, etc., a 6% rate increase is significant. State employees will also receive a 6% salary increase.

- **Commission on Child Support:** Virgena Wieseler stated the Commission on Child Support is required to meet every four years per federal and state laws; however, due to the pandemic, states were given a year of grace. The Commission was appointed by the Governor and chaired by Justice Scott Myren. Virgena served on the latest Commission representing the Department. Other members on the Commission on Child Support included Lindsey Riter-Rapp, an attorney in Pierre; and Terri Williams, an attorney in Rapid City. Representative Mike Stevens and Senator Arthur Rusch were also appointed to the Commission. A custodial parent and noncustodial parent also served as members. Meetings were held in Pierre, Sioux Falls, and Rapid City. Three meetings had public meetings where the public could testify. The Commission was charged to look at child support guidelines in South Dakota. The guidelines are listed in HB 1278 [see meeting materials]. The Department contracted with an economist who works with 32 states regarding inflation and economic factors to consider as states are updating their child support guidelines. Virgena provided an example of using the child support guidelines. If one parent makes 60% and the other makes 40%, the child support is prorated based on the income each parent brings to the table. If each parent makes 50% of the income, each is responsible for 50% of child support. Most parents within the Department's child support system have one to two children. When there is a divorce, or a situation where a child is born but the parents are not married, the court or child support referee determines the child support order. HB 1278 was adjusted as there were some significant increases due to the fact that in 2016, the last Commission submitted legislation that failed. At that time, the Legislature added a 4% cap to the child support guidelines. Then, back in 2012, there was a recession and no adjustments were made at that time, so the guidelines were behind. Within the very lowest income bracket, child support would have been reduced, and we made sure that didn't happen in any case. It's expensive to raise a child, and the Commission wanted to do what is best for the child. HB 1278 passed out of Committees and the Floor with no problem this year. Representative Stevens did a ton of work to get the bills passed.

The Commission looked at other provisions related to child support in HB 1279, e.g., 36 hours work at minimum wage; how medical support would be divided between a parent and how it is determined. The Commission also looked at how health insurance was paid. If a noncustodial parent fails to provide necessary financial information, there is criteria to look at to determine the established child support amount through the Department of Labor and Regulation. A hot issue was abatement. If a noncustodial parent has the child more than 10 nights in a month, he/she could request an abatement. The noncustodial parent also needs a house, clothing, supplies, etc. while the child(ren) reside at their house. HB 1279 changed the law from 10 nights in a month to six nights in a month so the noncustodial parent can request an abatement if he/she has the child for six nights a month. There was language referring to Clerk of Courts that was removed as it was no longer used.

It was a successful session with these two pieces of legislation. The Commission will meet again in 2025. Justice Myren did a superb job running the meetings. Because of him and the other Commission members, particularly Representative Stevens, the Department was successful in getting the child support guidelines updated.

- **Federal Pandemic Funding:** Brenda Tidball-Zeltinger stated the Department of Social Services received an unprecedented level of one-time federal funds (\$182.3 million) to continue to address impacts of the pandemic. Much of the funding is an enhancement to current funding streams already received; but, in some cases, i.e., child care, funding received is at unprecedented levels. Brenda asked members for their ideas on child care needs within their communities as the Department looks to distribute funding for some of these grants.
  - **Economic Assistance Programs:** Thirty-four million dollars were received for the Low Energy Assistance Program (LIEAP), the Community Services Block Grant, Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance to Needy Families (TANF). Child care received a very large distribution. Normal funding for child care is around \$21 million; the pandemic grants provided \$126 million. Funding was made available for many hospitals across the state. The Human Services Center (HSC) received an allocation. Behavioral Health received

some other funding as well.

Because all of these federal pandemic funds are one-time, the funds can't be used to support ongoing activities. One-time funding was provided through the American Rescue Plan Act (ARPA) and is used for one-time activities, i.e., short term benefit increases, one-time investments. A lion's share of funding went to LIEAP which provides an annual benefit to low-income families for heating costs. The Department can continue what it has been doing, but increase the amount families can qualify for to stretch longer, and can also continue to offer a cooling benefit.

Community action agencies, e.g., Inter-Lakes in Madison, Western SD in Rapid City, Grow SD in Sisseton, and Rural Offices in Wagner, provide a safety net through the services they provide statewide. These agencies received one-time funding that was distributed to assist in a one-time hook up for utilities or for an emergency. Low-income families on TANF, primarily relatives of children who would otherwise be on foster care, received a one-time benefit increase through the program. SNAP benefits also were increased for a period of time during the pandemic. During the pandemic, when students were not in school, they were given an equivalent of what reduced school lunch would have provided to help with their nutritional needs. One-time extensions of benefit increases or changes is how these funds will be or were used. Virgena Wieseler added that the Department chose to increase the TANF benefit when school started so families would have more money for school supplies and clothes. SNAP provided school lunches for children who were home schooled due to the pandemic, but who would have been eligible for the program.

- **Child Protection:** Child Protection Services received \$1.88 million in funding to help youth who are aging out of foster care, providing an opportunity for youth to access money as they make the transition out of foster care. Virgena added that funding was also used for adult care in situations where youth had already transitioned out of foster care. When the pandemic hit, the Department was able to use this funding to bring those folks back into the program until they could get back on their feet. Other funding included one-time technology, training, transportation, and utility costs.
- **Child Care:** Child Care was a big discussion point during Legislative Session due to the amount of federal dollars the State received. During Session, the Department provided a high level overview about who is served, federal guidance, and how child care services work. The Child Care Subsidy Program provides for parents to work and go to school. Income guidelines is for families up to 209% of the federal poverty level, i.e., around \$50,000 for a family of four. During the last fiscal year, there were just over 1,800 families served in the Child Care Subsidy Program. An individual applies for child care assistance and receives services through providers when they qualify. Most individuals do not have a cost share, but there may be a nominal cost share as an individual's income increases.

Child care providers known to the Department are registered, licensed, or regulated. A tool is being implemented to make information available about self-reported, nonregulated providers to assist families in finding child care providers. The Department has been working with entities regarding goals. There is targeted work being done to incentivize people to become child care providers. One option is to remove barriers people may have in becoming licensed. The Department has put a strategic plan in place in the area of child care investments. Six key investment areas have been identified including access, advancing quality, affordability, workforce, system supports, and to educate and communicate. Of the \$100 million, \$61 million is stabilizing funding to temporarily cover operating and other expenses. Funds can be used for personnel, operating costs for home-based, center-based, and before and after school programs. An application portal opened in mid-December and over 600 providers applied to receive over \$32 million. Providers shared their monthly operating expenses and one-time funds supported

three months of operating expenses. There were also some caps that providers could apply for and receive. Another application period was opened that closed the end of February 2022. During this application process, another 70 providers applied and received about \$3 million. The Department is currently looking at the next distribution. Laurie Gill stated this is an opportunity to look at the child care system in South Dakota and know if we are meeting the needs of the folks who need it. Laurie asked members to think about what they have been hearing in their communities about child care or day care needs.

Brenda Tidball-Zeltinger stated South Dakota received \$38 million in one-time federal discretionary funds. These funds must be obligated by September 2023 and expended by September 2024. Eligible providers meet federal and state requirements. Funding is targeted to expand access to quality child care, expand access to child care assistance, and to expand awareness of behavioral health needs within the child care setting.

Per federal guidance, some examples for using the \$38 million in one-time discretionary funding to expand access to high quality child care could include conducting cost of care studies, and reimbursement to subsidize monthly day care fees for families. The Department is in the process of conducting cost of care studies. Another idea would be to increase provider subsidy payment amounts which may help a family at a higher level for a period of time, but then it could be challenging to lower the amount back down when the one-time funds are expended. Funding could be used to transition subsidy payments to enrollment based vs attendance based payments and to increase child care staff wages or costs to pay a provider whether kids are there or not. In the area of workforce, there have been challenges in recruiting and retaining staff. The focus will be on the underserved areas and providing funds for additional training or credentials.

In the area of expanding access to child care assistance, one-time discretionary funding could be used for waiving or reducing copayments for longer term vs shorter term; broadening income eligibility; making technology updates on both the State and provider side; campaigns and awareness; to support mental health consultants or other supports or trainings; and vaccination efforts.

Current proposals for use of the ARPA discretionary funding include conducting a study related to workforce and child care needs; start up grants to help support payroll and operating expenses for support of both private and publicly funding providers; direct grants for health and safety; scholarships to help folks invest in workforce and get degrees for program managers within the child care settings. A question was asked if funding could be used for bonuses. Funding could be used as one-time incentives for child care. Forums will be held. A question was asked regarding gains and losses. In family day settings, some parents are not working so they are taking their children out of the child care setting. As a result, roughly 90 providers left. Now the Department is seeing gains with some that left by doing targeted follow up to see if these providers were no longer interested, finding out what the challenges are, and asking if they are looking to return, what are some things to incentivize them. A comment was made that there is no wiggle room to make the bottom line work, especially if there are no staff. It's a difficult business involving challenging work and it's financially difficult to make the bottom line work. It [the funding] isn't to make large daycares larger. Looking out for providers that left to inquire if they might come back is appreciated.

A comment was made that scholarships are available to apply an associate degree but questioned at what wage when McDonald's makes \$15 per hour; people need training in child care work. Virgena Wieseler responded that there are discussions about partnerships between child care providers with businesses and hospitals, or other options for onsite care; a lady in Madison is looking at these types of options now. All of them have a stake in making sure child care works. It's an excellent idea to partner and it's easier for the worker. Discretionary dollars can be used to partner in the community for efforts like this. Faith-based organizations,

businesses, and communities have teams who are putting their heads together to make it work. Laurie Gill added that COVID showed how important child care is to the economy. Now it is at a crisis level. There needs to be a workforce, and it cannot work if workers can't get day care, and day care can't get workers.

A question was asked how well the Department is doing in training early childhood trauma providers. Some children are being removed from their home due to some type of early childhood trauma that has caused emotional or physical needs, and when children are removed from their home to a foster care setting, there may also be a sense of abandonment and rejection. Cecelia Fire Thunder made a recommendation to create a survey to find out how many professionals are trained to work with children up to five years of age, or even until the age of six or seven. She asked what the requirements are for someone to get training. Virgena said in the area of early childhood, it's important for people to understand when people are acting out or showing behaviors. SDSU has been partnering with Children's Home Society and has been going across the state into schools and other entities to talk about early childhood experiences. These trainings have been ongoing for about three years and thousands of adults have been trained. Another area the Department has helped with credentialing is play therapy, and making sure individuals are trained to go into child care centers knowing how to work with the child, their parent, and to work as a team to reduce behaviors so the child doesn't get suspended from day care. Tiffany Wolfgang stated the partnership has been very successful; over twenty thousand South Dakotans have been trained. Laurie Gill will contact the Department of Education regarding the recommendation and will circle back. Stacey Tieszen stated she would like to see discretionary funds used for mental health supports. Brenda Tidball-Zeltinger shared that Colleen Winter also has an interest in looking at one-time investments for child care workers, recognizing the need for training and sustainability of quality day care workers. Brenda stated the Department will be gathering additional stakeholder feedback and will communicate with Board members when community listening sessions are scheduled. Sessions may be held virtually or in person. She asked members to bring their thoughts forward to continue the dialogue should they think of anything else.

- **Human Services Center:** Jeremy Johnson stated HSC used one-time funding to add kiosk stations; update the air filtration system; air duct cleaning to handle updated filters; emergency carts; and iPads to allow for remote visitation for a period of time. HSC is moving toward other upgrades like upgrading keycard access to the campus. HSC is a psychiatric hospital and during the pandemic, saw an increase in supplies due to increased purchases of masks, PPE, and other supplies. Additionally, the HSC building was built in 1996 so \$800,000 was appropriated to update the sewer system.
- **Division of Behavioral Health:** Tiffany Wolfgang shared that the Division of Behavioral Health received \$16.4 million to strengthen and enhance the behavioral health system. Providers could use the funding to purchase PPE and telehealth equipment during the pandemic, with minimal disruption to the folks served. Other areas being supported include recovery supports, suicide prevention activities, systems of care, as well as case management services for individuals with significant substance use disorder needs. Although this funding is one-time, the Division is piloting peer supports/recovery supports as well as intensive case management for substance use to determine if the programs could be effective in meeting the needs of individuals. In addition, both programs allow for an employment pathway that does not require the highest level of clinical training which also supports workforce related concerns. Individuals with lived experience as well as training will be able to be providers of recovery supports.

Tiffany spoke about an opportunity with supplemental funding for 605 Strong. Licensed independent professionals provide behavioral health supports, similar to an Employee Assistance Program (EAP). The Behavioral Health Voucher Program provides access to mental health and substance use treatment to individuals who may have stress related to the pandemic.

Over 62 providers are enrolled; some are agencies, some are independent practitioners. The Program started March 2021 and has issued 834 vouchers. Some individuals may have insurance, but sometimes the out of pocket costs get in the way. The Department partnered with 211 to issue a voucher. Other providers can issue a voucher, too. The Department also partnered with the Board of Regents to get messages out to universities to share with students regarding the Behavioral Health Voucher Program. The Department of Agriculture and Natural Resources received funding to support farmers, ranchers and family members of farmers and ranchers with behavioral health needs so these individuals are also able to receive support through the Voucher Program.

- **Appropriate Regional Facility Expansion:** South Dakotan's who are experiencing a behavioral health crisis might be responded to by law enforcement but there is a gap in crisis. Governor Noem's budget included \$15 million dollars to support transformation of the crisis support system to enhance short term crisis stabilization allowing an individual to get the treatment they need and return to family vs put in jail or HSC. Data shows that 38% of HSC admissions were released within five days. In the Pennington County area, the Behavioral Management System (BMS), Sheriff's Office, and community has come together to develop a network. Funding was received last Session to construct appropriate regional facilities to serve folks who experience a crisis, stabilize them, and get them back into the community within five days.

Another Request for Proposal (RFP) will be issued to develop access to regions where gaps exist, Region 2. There are currently five appropriate regional facilities including the Pennington County Care Campus, Rapid City, serving Region 1; Human Services Agency, Watertown, serving Region 3; and Lewis and Clark Behavioral Health Services, Yankton, serving Region 4. Region 5 is served by The Link in Sioux Falls; it is not an appropriate regional facility, but serves folks 24 hours which allows law enforcement to continue to do what they do and allows mental health professionals to handle stabilizations. Crisis stabilization needs to be a partnership at the state and local community level.

- **One-time Enhanced Home and Community Based Services Payments:** Brenda Tidball-Zeltinger shared that one-time funding was received to invest in home and community-based services to enhance and strengthen services. Private duty nursing, community behavioral health services, and substance use disorder services are targeted services. Instead of awarding grants, on a temporary basis through the Medicaid program, gave funding to programs with state federal match, generating a pool for federal funds savings. It also includes funding for the Department of Human Services for the large volume of providers in disability areas; same programs, different providers.

The Department heard from providers to use funds for workforce. One-time funding may not solve workforce issues in the long term, but the Department is hoping it's a bridge. The 6% rate increase is ongoing for providers. Eighty percent of one-time funding is going towards direct care workforce, the other 20% is targeted for equipment and supplies.

The online portal opened in February 2022 and in March payments were distributed. DSS investments were over \$14 million. Providers have until June 2023 to expend the funds and report back as to how they spent the funds.

– **Other:**

- **HB 1133:** Virgena Wieseler shared that HB 1133 was sponsored by Representative Jess Olson to provide funding for home studies for private adoptions. In the state of South Dakota, home studies are currently completed by either the Department of Social Services, private independent practitioners, licensed child placement agencies, or individuals grandfathered in as they had completed adoptive home studies prior the statute change in 1990. There were 269 children adopted last year. Through HB 1133, the Department will pay up to \$3,000 to private independent practitioners, licensed child placement agencies, or individuals grandfathered in for completion

of an adoption home study. Administrative Rules of South Dakota (ARSD) are being updated and a public hearing is scheduled for May 13, 2022 at 11:00 AM. The Rules Review Committee meeting is scheduled June 7, 2022. The Department is in the process of letting people know about this new law. With passage of HB 1133, it doesn't matter if a family adopts from the Department of Social Services or not, the Department will pay up to \$3,000 per home study up to the \$300,000 amount budgeted by the Legislature.

- **SB 174:** Laurie Gill shared that SB 174 provides a grant to assist in the construction of a facility that will provide a specialty rehabilitation pediatric hospital, specialty school for children under 21, intermediate health care facility for children under 21, and outpatient rehabilitation pediatric services. These efforts involve Life Scape which provides these services for children with specific needs, especially Medicaid children. The Department is glad to be part of the process to get SB 174 passed.
- **SB 196:** Tiffany Wolfgang shared that SB 196 provides \$5 million to the Department for the purpose of providing grants to support alcohol and drug abuse recovery programs and services for women delivered through residential alternative care programs. An RFP will allow entities to put forward proposals as long as it meets criteria. A question was asked about criteria to be met. Laurie Gill indicated that sometimes when bills come through from legislators, they have a vision. The Department may not know what their vision is, but we take it based on accreditations, and as we work with those legislators to find out more about what they are looking for, it will revolve.

– **Behavioral Health:**

- **Update on the Behavioral Health Awareness Campaign:** Tiffany Wolfgang shared that Behavioral Health is in the middle of an RFP to select a vendor to develop a strategic plan around behavioral health in South Dakota. There have been other campaigns, i.e., suicide prevention, the meth campaign. The idea is to bring these around a theme of de-stigmatization, awareness around 211, how to find information in your area, etc. A 5-year plan will be more thoughtful and ongoing. An RFP was drafted and published and staff have reviewed initial proposal submissions. The next step is to schedule calls with vendors to visit about their proposals.
- **Suicide Prevention Update/988 Implementation:** Tiffany Wolfgang stated the Suicide Prevention and Awareness conference, Start the Conversation, will be held August 11-12, 2022. Behavioral Health wants to elevate the conversation around suicide prevention in South Dakota and engage in healthy conversations about how to help folks who are struggling. Behavioral Health has secured some reputable speakers for the conference.

988 goes live nationally in July 2022 when calls to the 1-800 number will transition to 988. When people who are experiencing a behavioral health crisis call 988 in South Dakota, the Helpline Center will answer. Roughly, the Helpline Center receives an average of 260-340 calls a month. Eighty percent of the calls are deescalated and supported without intervention. There are also support follow up calls to those individuals post crisis situations. It is gauged that the number of crisis calls could potentially double or increase even more once 988 goes live.

- **Prevention Strategic Planning Work Order:** Prevention strategic planning work is being done and elevated through the support of Guidehouse. Behavioral Health is looking at other states that are comparable to South Dakota.
- **Western Interstate Commission for Higher Education (WICHE) Strategic Goals:** Jeremy Johnson stated HSC is South Dakota's only state run psychiatric hospital that provides programming for adults with acute care or long term care needs, and an adolescent program for age 12-18 with need for psychiatric care. Services provided include inpatient psychiatric treatment, inpatient substance use disorder treatment, skilled nursing facility, and court ordered restoration and competency services. During Spring 2021 WICHE staff meetings were held on campus and virtually with key staff. Five recommendations were made in five key areas including

a focus on workforce, treatment to patients, safety and security, leadership, and data and how its used. HSC had an open staffing model where staff were pulled to different areas to work. It was found that this prohibited core development and a recommendation to use a closed staffing model was implemented January 21, 2022. In the past four months, HSC has seen balanced staffing, better rapport with others, team building, and focused training on trauma informed care. In the area of treatment, HSC is redefining its mission with the creation of distinct units for targeted patient populations. Ensuring a safe and secure environment for patients and employees was paramount; better safety means better job satisfaction. Mental health security officer positions were expanded from six to 12 officers and now focuses on happenings inside and outside the building. Staff led a workgroup and HSC has increased notification and response times for emergencies through use of a paging system to be used for emergencies. Staff now meet with the executive team through Coffee with Senior Leadership events that are held quarterly. Virtual town hall meetings occur monthly which gives staff an opportunity to hear the latest changes and ask questions. In the area of data and outcomes, the first Quality Improvement Forum is planned for Summer 2022 and will provide an opportunity to brag about the positive changes made in documenting and tracking data points throughout the hospital.

- **CHART Model – Transformation Plan:** Sarah Aker provided an overview of the Community Health Access and Rural Transformation Model (CHART). South Dakota was one of four states awarded a grant. The goals are to improve access to care in rural areas, improve the quality of care and health outcomes for rural beneficiaries of both Medicaid and Medicare, improve adoption of alternative payment models among rural providers, and improve rural provider financial stability. The CHART Model is in the pre-implementation period until December 31, 2022, and there are six, one-year performance periods that run through December 31, 2028. Calls are held with Texas, Washington, and Alabama to compare notes among states.

The Department of Social Services was initially awarded \$2 million. Up to \$3 million additional dollars may be awarded over the life of the grant. The grant is to be used for program administration and some of the money will flow to the hospitals as part of the transformation plan. Payment methodology is transitioning payments for hospital services from the current fee for service to a bi-weekly capitated payment amount using a historical baseline. The idea is to look at what a hospital typically gets yearly and transition it to a capitated amount, moving from fee for service to a capitated payment amount.

Community and participating hospitals include Sanford Aberdeen Medical Center in Brown County, Monument Health Custer Hospital in Custer County, and Monument Health Spearfish Hospital and Lead-Deadwood Hospital in Lawrence County. The Department is working to see if other counties should be added; counties must be considered a rural community.

A community needs assessment was completed in February 2022 with help from participating hospitals. The Transformation Plan initial submission date to CMS is May 18, 2022. Medicare will release an estimated capitated payment amount (CPA) in June 2022. A final CPA will be released in October and hospitals must sign a participation agreement by November 1, 2022. Medicare payments will be capitated on January 1, 2023, followed by Medicaid payments being capitated a year later, January 1, 2024. An advisory council consists of South Dakota Medicaid, Department of Health, Community Healthcare Association of the Dakotas, South Dakota Association of Health Care Organizations, Monument Health, Sanford Health, and two patient perspectives.

CMS requires the Transformation Plan to focus on population health disparities within the community or state and to address at least one of the following in its strategic priorities: substance use disorder treatment; chronic disease management and prevention; or maternal and infant health. Expanding the use of telehealth and other technology must also be included as a strategic priority. All members of the Advisory Council sign off on the Transformation Plan before final submission to CMS.



Sarah provided an overview of the CHART model requiring reporting on either a substance use, maternal health, or prevention quality domain and asked for feedback from members regarding which of the three domains should be included as the quality reporting area in the CHART Health Transformation Plan. Sarah also asked what social determinants of health should be included as part of the strategic priorities. During the application, utilizing remote patient monitoring to better manage chronic conditions; screening and self-management of chronic conditions through community health workers; utilizing pharmacogenomic testing to increase medication adherence; and enhancing access to specialty care through telemedicine were identified as strategic priorities in the CHART Health Transformation Plan. Sarah asked members if these should remain our focus. Discussion was held regarding what health equity or health disparity issues should be addressed as part of the CHART Health Transformation Plan. Due to timing, a follow up email message will be sent to members requesting input on requested feedback in these areas.

- **Weatherization State Plan:** David Gall, Administrator for the Weatherization and Energy Assistance Program, shared information about the Weatherization State Plan and asked members for feedback to include in the Plan prior to submission to the federal government. The Department contracts with the State’s Community Action Agencies who conduct energy audits and install measures ranging from insulation and weather stripping to repairing and replacing heating systems. Health and Safety measures are also completed including testing combustion appliances, gas leaks, mold, moisture, electrical panels, and installation of smoke and carbon monoxide detectors. Priority cases are elderly individuals or adults with disabilities or households where children reside. It is estimated that approximately 163 homes will receive weatherization assistance. David provided a review of the State Plan. To be eligible, income must be less than 200% of the federal poverty level.
- **Board Discussion**
  - **Future Agenda Items:** Laurie Gill welcomed feedback from Board members as the Department plans for the next Board meeting in October. Stacey Tieszen gave a shout out to Tiffany Wolfgang and her staff for their focus on mental health efforts. Cecelia Fire Thunder stated there are nine reservations in South Dakota and there are a variety of programs that provide services. She shared that a large portion of children come from financial poverty, many of whom are on Medicaid, and they need services. Cecelia stated there is a need for therapeutic services [for children on the reservation], and she is interested in finding providers nearby, off the reservation, that could help develop the behavioral health needs on the reservation. This topic will be added to the agenda at the next meeting, including work the Department is doing with tribes.
  - **Areas of Focus:** Laurie Gill requested that members think about topics that are of interest to them that they would like to hear more about during future meetings.

**Public Comment:** No one appeared for public comment at 4:20 PM.

**Establish Next Meeting Date:** The next meeting date is set for October 18, 2022 from 1:30 to 4:00.

**Adjourn:** Karen Michels made a motion to adjourn. Seconded by Stacey Tieszen. Motion carried and the meeting was adjourned at 4:23 PM (CT).