

**SOUTH DAKOTA BOARD OF SOCIAL SERVICES**  
**Meeting Minutes**  
**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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**Board Members Present:** Patricia Johnson; Barbara Garcia; and Jesse Ronning. Hugh Grogan, Holly Bodenstedt and Linda Wordeman participated via teleconference.

**Board Members Absent:** Cecelia Fire Thunder

**Others Present:** Brenda Tidball-Zeltinger, DSS Deputy Secretary; Bill Snyder, Director of Medical Services; Tiffany Wolfgang, Director of Behavior Health; Virgena Wieseler, Director of Child Protection Services; Carroll Forsch, Director of Child Care Services; Teresa Campbell, Constituent Liaison; Marilyn Kinsman, Senior Policy Analyst, DSS; Angela Kennecke

**Call to Order and Declaration of Quorum:** The meeting was called to order by Hugh Grogan, at 1:33 PM (CDT) and a quorum was determined.

Department of Social Services Cabinet Secretary Laurie Gill sent regrets she is unable to attend the meeting due to a scheduling conflict. Laurie is looking forward to meeting all the members of the Board and will schedule time to meet with Hugh Grogan, Board President, prior to the next meeting. Deputy Secretary Amy Iversen-Pollreisz also sent regrets she is unable to attend the meeting due to a scheduling conflict.

**Adoption of Agenda:** Members adopted agenda as written.

**Approval of Minutes from April 15, 2019 Board Meeting:** Motion to approve minutes by Patricia Johnson, seconded by Barbara Garcia. Motion carried.

**Medicaid Constituent Services:** Teresa Campbell, Constituent Services Liaison for the Department of Social Services presented information about services the Department provides including: requesting Medicaid replacement cards; providing and updating information regarding Medicaid Primary Care Providers or Health Homes; providing coverage detail information related to Medicaid and status of claims to recipients; acting as an advocate for recipients who have Medicaid billing issues to help them resolve them; providing a timely response when complaints are received; and serving as an independent source of information for the public about services the Department provides. During SFY 2019, a total of 8,644 calls were logged. Other resources are available such as Benefits Specialists who help determine Medicaid eligibility or Delta Dental of South Dakota which answers questions regarding dental claims and prior authorizations for Medicaid dental benefits. Medicaid constituent services cannot provide prior authorizations, legal advice, or answer questions regarding private health plans.

**Child Care Services – Program Overview and Enhancements:** Carroll Forsch provided information about the services provided by Child Care Services. The Child Care and Development

Block Grant (CCDBG) is provided by the Federal government for states to improve the quality, availability, accessibility and affordability of child care. Federal and state matching funds provide the majority of funding for the Department to administer the licensing, subsidy and quality improvement components of the program. Twenty-four staff provide services in five child care assistance districts across the state and within six licensing districts. These 24 staff have 315 years of employment with the Division of Child Care Services. In SFY 2019, on average, there were 2,011 families and 3,527 children who received child care assistance to support them with the cost of child care. The average monthly payment was \$653.37. Approximately \$1.3 million is paid out monthly to support families who work or go to school. The program expanded eligibility in July 2019 from 175% to 209% of the Federal Poverty Level (i.e. \$4,485 income family of 4); and eliminated co-pays for families at or below 160% of poverty level. Rates paid for child care assistance are based on a Market Rate Survey and set at the 75<sup>th</sup> percentile. Applications for child care assistance are available online, at any Department of Social Services Office, or people can call and request an application be mailed to them. Once completed, applications can be dropped off at any DSS office, sent online, faxed, or emailed. Child care providers include family child care homes, group family child care centers, day care centers, before and after school centers, informal or in-home providers and relative providers. The number of homes available are down 24% nationally, and 22% in South Dakota. The public can look online to find licensed and registered day care providers and view inspection forms. All regulated programs receive one onsite inspection visit annually. Family home providers in South Dakota can choose to be registered with Child Care Services or not and it is believed there are twice as many unregistered providers as there are registered. Child Care partners include the statewide Early Childhood Enrichment system that consists of Early Childhood Connections in the Rapid City area; Right Turn in Pierre; Sanford CHILDS Services in Aberdeen; Family Resource Network in Brookings and Sanford CHILDS Services in Sioux Falls. Other state agencies are also partners including the Departments of Labor and Regulation, Health, and Education. Child care providers are also partners. Follow up for the next meeting include to provide the average number of applications denied monthly and where South Dakota ranks with neighboring states.

**Primary Care Innovation Grants:** Brenda Tidball-Zeltinger shared an opportunity for the Department to move forward in testing innovations relative to the Medicaid program. Governor Noem's budget included funding of one million dollars for primary prenatal care innovation grants to improve primary and prenatal care for women in the Medicaid program. Three contracts of \$333,000 each are being awarded to Avera Health, the Center for Family Medicine, and Native Women's Health Care to implement innovative technology relative to primary prenatal care. Access to early prenatal care is critical to avoid preterm birth and birth complications. Avera Health will use the funds to help pregnant women in South Dakota who are 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 by the Avera Now mobile application. The Center for Family Medicine will provide patients with a birth center/pregnancy home approach to provide a full array of prenatal and postnatal care and also train family medicine resident physicians in innovative, evidence-based prenatal care models. Native Women's Health Care will help patients by linking primary and prenatal services to behavioral health services and will leverage a comprehensive care team including primary care, behavioral health, and community health workers. Outcomes and cost effectiveness will be evaluated at the

end of the projects. The goal is to replicate successful innovations in the program throughout other areas.

### **Behavioral Health Initiatives:**

- 1) South Dakota Opioid Response:** Bill Snyder provided information regarding South Dakota's response to the opioid crisis. South Dakota Medicaid, in conjunction with the Medicaid Pharmacy and Therapeutics (P&T) Committee, has 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. Between 2016-2017 the P&T reviewed the Centers for Disease Control (CDC) Guidelines and recommendations by the South Dakota State Medical Association. The Division of Behavioral Health provided information on treatment options for opioid abuse and coordinated efforts surrounding education, prevention, treatment and recovery. P&T recommended peer-to-peer communication; Morphine Equivalent Dose (MED) monitoring and tapering; Opioid naïve limit; prior authorization and to tighten opioid early refill threshold. Accommodations were built in to avoid inadvertently restricting appropriate access to opioids for pain control. Implementation of these strategies were staggered. The Department worked with the Pharmacy Association, Dental Association, and Medical Association to draft and distribute communication about the changes and about resources available. The Department also outreached all the major health systems in South Dakota to discuss the changes in advance and encouraged providers to begin tapering patients. Information regarding opioid utilization patterns were shared with each health system. Outcomes for the first quarter of 2018 compared to the first quarter of 2019 show opioid claims are down by 25% and total utilizers decreased 15%.
- 2) Prevention and Treatment of Methamphetamine Use:** Tiffany Wolfgang shared that the Department of Social Services has worked in partnership with the Department of Health regarding information about strategies for supporting opioid awareness, prevention and treatment. A handout was created as a resource for the public and includes information for connecting to resources, overdose education and Naloxone distribution, treatment for opioid use disorder and peer recovery supports, training, education, public awareness, and prevention resources for communities, youth and higher education. The Department supports an *Avoid Opioids* campaign, sharing information through social media, and airing commercials on TV to raise awareness of use and abuse and to educate the public about prevention and treatment. The state is pulling together its resources on a campaign to call for action to reduce the use of meth in South Dakota. Everyone needs to rise up and respond. The Division of Behavioral Health partners with the Helpline Center to help people navigate available resources and connect them to services. Face it TOGETHER provides science-based peer coaching for people living with addiction. Health care systems, addiction treatment professionals and professional associations apply for sponsorship funding to provide training and education events. Meth is a significant stressor in South Dakota communities, law enforcement, and the Division of Child Protection Services. The Division of Behavioral Health supports six programs that provide intensive treatment, including supporting the Rosebud Sioux Tribe. \$700,000 in funding is available to support education in middle schools. An RFP for *Evidence-Based Middle School Meth Prevention* was recently published to expand access to evidence-based substance use prevention programs with emphasis on methamphetamine prevention in South Dakota Middle Schools. Proposals are scored now. Link to

[www.AvoidOpioidSD.com](http://www.AvoidOpioidSD.com), South Dakota's Opioid Resource Hotline for more information.

**3) Legislative Summer Study Updates:** Tiffany Wolfgang shared that during the 2019 Legislative Session, Senate Concurrent Resolution (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.

**Foster Parent Recruitment and Trends/Other Updates:** Virgena Wieseler presented information regarding FosterOne which launched in May 2013. The Department is extremely thankful for the 854 families who are licensed as family foster homes in SFY 2019. Opening a home to become a foster parent is a huge commitment and takes lots of time, energy, and space. We need to continue to recruit foster families and match each child's needs to a matching family's needs. Since SFY 2015 there has been an increase of only 28 statewide total Native American Foster Homes. Some families are already taking care of families and have no space to care for additional children. The Division of Child Protection Services partners with all nine Tribes in South Dakota, their Indian Child Welfare Act (ICWA) Directors and child welfare directors in joint recruitment efforts over the years. In SFY 2019 there were 204 new foster homes and 155 closed homes. Foster homes close for many reasons, e.g., a child may have been adopted, there may be compliance concerns, the foster family may have moved out of state, family changes prevent them from fostering, or they may have retired from fostering. An internal workgroup consisting of CPS licensing staff, contract licensing staff, Tribal licensing staff, child placement agencies and foster/adoptive parents has convened to review the entire licensing process. The workgroup is tasked to find efficiencies and review the entire licensing process including recruitment, inquiry, training, and home study assessment. Recommendations of the workgroup are due to the Division Director in November 2019. The goal of the licensing process review is to ensure quality assessment and timely licensure of foster and adoptive families. November is National Adoption Month. 210 children were placed in a family setting in SFY 2019 compared to 196 in SFY 2018. Sixty-seven percent of adoptions were foster parent adoptions in SFY 2019. Statute provides for children to be returned home within 12-months of placement, unless there is a compelling reason not to. Timeframe for adoption can vary depending on the court process to terminate parental rights and the appeal process to the Supreme Court. When a child is legally free, the child must have lived in the adoptive home for six months before the family can petition for adoption. Members were reminded that CPS cannot remove children from homes; only the courts and law enforcement can remove children from their homes.

**Board Roles/Responsibilities:** This topic will be discussed at the next meeting.

**Future Agenda Items:** Board roles and responsibilities; ICWA action updates; information about the Human Services Center and meet administrator; explain how the Department deals with the challenges and demanding job of working in Child Protection Services.

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

**Establish Next Meeting Date:** The next meeting date is set for April 21, 2020 from 1:30 to 4:00 PM (CST) in Pierre.

**Adjourn:** The meeting was adjourned at 3:40 PM (CDT).