

**SOUTH DAKOTA
DEPARTMENT OF SOCIAL SERVICES
DIVISION OF CHILD PROTECTION SERVICES**

**CHILD AND FAMILY SERVICES PLAN
2020-2024**

**ANNUAL PROGRESS AND SERVICES REPORT
FY 2021**

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Section C: Requirements for the 2021 APSR

I. Collaboration and Vision

A. State agency administering the programs

Organizational Structure Overview

The Department of Social Services, Division of Child Protection Services (CPS) is the division designated to administer the Title IV-B and IV-E programs, Child Abuse Prevention and Treatment Act grant, John H. Chaffee Foster Care Program for Successful Transition to Adulthood, and the Community Based Child Abuse Prevention program. The Department of Social Services is led by the Department Secretary. Under the Department of Social Services, the Division of Children and Family Services was created, in which Child Protection Services is now under. There is a Chief of Children and Family Services who oversees the Director of Child Protection Services. Child Protection Services is a state administered and state supervised child welfare system. The CPS Division Director oversees the statewide provision of CPS programs and services. The Assistant Division Director is under the direct supervision of the Division Director. State Office of Child Protection Services Program Specialists serve as advisors and consultants to the Division staff in specific program areas and are involved in the administration of funding, promotion, and evaluation of those programs. CPS is divided into seven geographical regions. Each Region is led by a Regional Manager who is directly involved with the management of staff in the Region and responsible for overseeing the region-wide provision of services in all program areas. CPS has nineteen offices statewide that provide CPS services. Each office within a Region has a supervisor or supervisors who provide clinical and direct supervision to Family Services Specialists and Social Service Aides that provide services in the program areas.

The core components of CPS and the functions within those components include:

- Administration of the Parenting Education Partners network.
- Intake-receipt of child abuse and neglect reports Request for Services (RFSs) including collateral contacts prior to screening and assignment for an Initial Family Assessment (IFA).
- Initial Family Assessment-process used to assess threats to danger and maltreatment in assigned child abuse and neglect reports through interviews with children, parents, and through other information sources.
- Ongoing Services-Protective Capacity Assessment (PCA) case planning and evaluation, and services provided for in-home and foster care cases where there are threats to child safety.
- Permanency Planning Services-providing placement resources, permanency planning, independent living and supports for children placed in out-of-home care.
- Adoption Services-placement of children who have a goal of adoption when parental rights are terminated and post-adoption services for children in adoptive placement.
- Licensing- licensing and regulation of child welfare and child placement agencies that provide placement services to children with emotional and behavioral needs.

These functions are completed through the statewide regional and office structure.

CPS directly provides child protection services for five of the nine South Dakota tribes. The tribes directly served by CPS are the Rosebud Sioux Tribe, Cheyenne River Sioux Tribe, Crow Creek Sioux Tribe, Lower Brule Sioux Tribe and Yankton Sioux Tribe. The four tribes that provide their own full array of child welfare services are the Flandreau Santee Sioux Tribe, Sisseton Wahpeton

Oyate Tribe, Standing Rock Sioux Tribe, and the Oglala Sioux Tribe. CPS has Title IV-E Agreements with these four tribes.

Each of the tribes have tribal courts and tribal law enforcement. There are several similarities with the protocol with the courts and law enforcement with the five tribes compared to non-tribal law enforcement and courts. The similarities include the option for joint investigations, provisions for law enforcement to take emergency custody, and A/N actions through the court with the court being able to give custody, care and placement responsibility to CPS. The FBI and US Attorney's Office also have jurisdiction to investigate and prosecute criminal child abuse on the reservations.

A more detailed description of each of the Department's divisions and the programs each provides can be found on the Department's website at www.state.sd.us/social/social.html

The accompanying plan represents the consolidation of Title IV-B Subparts I and II, the Child Abuse Prevention and Treatment Act Plan, and the Chafee Foster Care Independence Program Plan.

Public Access to the Child and Family Services Plan (CFSP) and Annual Progress and Services Report (APSR)

The CFSP/APSR is on the state website on the CPS page. <http://dss.sd.gov/childprotection/>

Questions about the availability of the CFSP/APSR can be directed to:

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Sharing the CFSP/APSR with the Tribes

CPS has provided each CFSP/APSR to the tribes, and this CFSP/APSR will be shared with the tribes once it is approved by ACF.

Disaster Plan

South Dakota was identified, through ACYF-CB-PI-20-01, as one of the states eligible for Supplemental Disaster Relief Funding by the U.S. Department of Health and Human Services Administration on Children, Youth and Families. Severe storms, tornadoes, and flooding occurred between June 30 to July 21, 2019 in South Dakota, affecting eight counties and two Reservations. A Major Disaster Declaration was made October 7, 2019 (4467). During this storm series, one confirmed tornado, golf-ball-sized hail, and damaging winds occurred. The final 2019 major weather event encompassed severe storms, tornadoes and flooding during the time period of September 9 to September 26, 2019. The Major Disaster designation was declared November 18, 2019 (DR-4469). During this weather event 23 counties were affected. Four tornadoes took place on September 9, 2019, in northeast South Dakota. September 10, 2019 three late night tornadoes and straight-line winds measured between 80 and 100 mph hit South Dakota's largest city, causing significant damage to the city. Heavy rainfall and flooding continued to occur in

South Dakota during the remainder of this September timeframe. South Dakota DSS Child Protection incurred increased costs and workforce efforts to continue to assure safety and welfare of supported youth. This September series of weather events caused the closure of Avera Behavioral Health in Minnehaha County, where youth affiliated with DSS South Dakota Child Protection were placed. The facility received a direct hit from the storm and every floor of the facility received damage. Child and adolescent patients were moved to another setting in central Sioux Falls and the Human Services Center in Yankton, South Dakota. One supported adolescent youth who identifies as transgender was moved out of state by Avera Behavioral Health, which was in the Minnehaha affected area, in the wake of the weather events. Youth and families may have longer-lasting needs as a result of the severe weather due to trauma and funds may be utilized to assist in treatment for those persons

In addition to the natural disasters, the Governor also declared a State of Emergency in South Dakota related to the pandemic (COVID-19) on March 13, 2020 (Executive Order 2020-04) and then issued two subsequent Executive Orders (2020-06 & 2020-15). South Dakota Child Protection Services developed COVID-19 protocols and guidance for all Child Protection Services staff. The COVID-19 protocols and guidance provide direction and guidance for Child Protection Services staff working with families during the public health threat related to COVID-19, while ensuring children and families are safe and have their immediate needs met.

B. Collaboration in the Development of the Child and Family Services Plan/Annual Progress and Services Report

To create a shared vision across the broader child welfare system to support prevention and better outcomes for children and families, CPS collaborated with the following internal and external partners in the development, assessment, modification, and monitoring of the CFSP, as well as the progress reported in subsequent APSRs.

The following sources provide for internal collaboration within the South Dakota Department of Social Services and CPS. Due to the structure of the department inter department and inter agency collaboration occurs on a consistent basis.

1. The DSS Executive Team consists of the Department Secretary, the Deputy Secretary, the Chief Financial Officer, the Chief of Children and Family Services, the Chief of Legal Services, the Chief of Behavioral Health, the Division Director for Medical Services and the Human Resource Manager. The Executive Team was created by the Secretary in April 2020 and meets twice a month to discuss department initiatives at a high level.
2. The DSS Management Team consists of the Department Secretary, one Deputy Secretary, the Chief Financial Officer, the Chief of Children and Family Services, the Chief of Legal Services, the Chief of Behavioral Health, Division Directors for Child Protection Services, Child Care Services, Medical Services, Economic Assistance, Child Support, Behavioral Health, Human Services Center Administrator and the Human Resource Manager. The team meets monthly to discuss department and division initiatives, staffing, legislation, budgets, integration of services, and to identify successes, challenges and solutions.
3. The CPS Management Team consists of the Division Director, Assistant Division Director, Program Specialists and the Regional Managers. The team meets every quarter face to face until March 2020 when the COVID-19 pandemic began. The team

has met weekly since March 2020 via Microsoft Teams Meetings. Agenda items include the status of each region and program area which are standing agenda items, ongoing progress evaluation of current initiatives, and discussion, selection, and planning of new initiatives accepted by the team. Prior to March 2020, during the months the team did not meet face to face, conference calls were held.

4. The CPS Program Specialist Team meets every quarter. Program specialists are the subject experts at the state office level of CPS. One of the agenda items is an analysis of the Permanency, Safety and Well Being regional reviews to determine if there are gaps in policy and procedure or a need for additional staff development. The team also tracks the progress of the agency's PIP, CFSP, and APSR.
5. Regional Managers are invited to participate in a portion of the Program Specialist meetings to discuss gaps in policy and practice that are causing poor outcomes following their region's review. This might include adjusting a current policy or practice, developing new practice guidelines or policy, providing additional training, making additions or changes to the FACIS system, or collaborating with another agency in the community to improve outcomes. Regional Managers have also started monthly phone calls to discuss these issues more in depth with the Division Director and Assistant Division Director.
6. The CPS Supervisory Team meets twice a year; the team consists of the Division Director, Assistant Division Director, Program Specialists, Regional Managers, and all Supervisors. The team focuses on the status of current initiatives, topic specific skill enhancement, education, and planning. The group discusses and has input in the CFSP and the APSR.
7. The Department of Social Services Strategic Plan for 2017-2021 was shared with DSS staff through several informational meetings held across the state in the fall of 2017. The Plan includes broad Department goals, one of which relates to protecting individual from abuse, neglect and exploitation, others relate to meaningful outcomes for customers CPS serves and the recruitment and retention of a quality workforce.
8. The CPS CSI (Comprehensive Safety Intervention) Workgroup meetings consist of the Assistant Division Director, Program Specialist, Regional Managers, Supervisors and Family Services Specialist. The team focuses on the state's safety model by the review of policies and trends to make recommendations to the CPS Management Team. The team will include case fidelity reviews to ensure practice is implemented as intended.
9. CPS maintains their own faculty for certification training for new Family Services Specialists. The faculty consists of Program Specialists, Supervisors and Family Services Specialists which helps guide and provide insight on how training topics are implemented in work practice at the local level. Faculty meets with their training colleagues one to two times a year to plan for and assess the training needs of new Family Services Specialists. Adjustments to enhance the training is based on the SPWB, and the CSFR, as well as updates to policy and practice. Faculty offers training at least twice a year in the areas of Permanency and Well Being, Foundation, Initial Family Assessment, Protective Capacity Assessment, and Trauma Informed Care.

10. The Permanency and Well-Being Workgroup was formed in 2019 and first met in April 2019. The Permanency and Well-Being Workgroup is composed of Child Protection Services Program Specialists, Regional Managers, Supervisors, and Family Services Specialists. There are several stakeholders who are also on the workgroup, including; Lutheran Social Services, Children's Home Society, South Dakota Kids Belong, Bethany Christian Services, Abbott House, Unified Judicial System (UJS), Catholic Social Services, ICWA Representative, Foster Parent, Youth, and Parent. The focus on the Permanency and Well-Being Workgroup is assessing current permanency and well-being outcomes determining enhancements in policy and practice to help support better outcomes.
11. Each year a mandatory Intake Specialist meeting is held to update the Intake Specialists and the Intake Specialist Screeners on policies and procedures and to discuss practice. Prior to the Intake meeting, questionnaires are sent out to the Family Services Specialists and Supervisors on topics they would like to discuss and review. This gives the Intake Family Services Specialists, Screeners, and Supervisors input on the agenda items at the annual training. The agenda includes training on sufficient information gathering, identifying danger threats, peer reviews, and team building activities.
12. The Supervisor Advisory Group (SAG) is a team of supervisors across the state who continue to meet monthly and address topics as presented to them by the field, or by the CQI Core Team.

The following describes the collaboration efforts of CPS through the facilitation and support of multiple multi-disciplinary teams. Each of these collaborations are utilized in the development, assessment, modification, and monitoring of the CFSP, as well as the progress reported in subsequent APSRs.

1. Representatives from the Divisions of Child Protection Services, Medical Services, and Behavioral Health in addition to representatives from the Departments of Human Services, Education, and Corrections comprise the State Review Team (SRT). The SRT meets weekly to review referrals of children and youth for inpatient treatment at residential and intensive residential treatment facilities. The SRT submits recommendations for psychiatric level of care to the South Dakota Foundation of Medical Care PRO (Peer Review Organization). The PRO team utilizes child psychiatrists and psychiatric nurses to determine medical necessity for psychiatric level of care and if the case meets criteria, PRO approves placement for a specific period of time not to exceed six months with a process to review requests for continued stays. If the case does not meet criteria, a less restrictive level of care is recommended by the SRT with suggestions from the PRO team.
2. The Candidates for Care Team is a collaboration of disciplines in the areas of child protection services, medical and mental health systems, public health, housing, faith-based agencies domestic violence agencies, legal and judicial systems, school systems, private agencies, and substance abuse treatment programs. An area of specific focus are prevention efforts to avoid any unnecessary placement of children into foster care.
3. CPS asked partners with the Child Welfare System to participate in a survey to learn more about the awareness and use of community supports and resources to help

parents care for their children. This survey was completed in Regions 1 and 6 in June 2019 with 47.5% participation of the partners who were targeted. Information was collected from child welfare partners on accessibility of services, significant barriers to access mental health resources, significant barriers to access substance abuse services, how their agency supports families, what is the most sufficient resources in their community to prevent child abuse and neglect, what is the least sufficient resources to prevent child abuse and neglect, what are the reasons they see children enter the foster care system and what are the reasons they see children remain in the foster care system. This survey will be implemented statewide on a yearly basis in conjunction with an office's CQI meeting with community partners. Region 5 completed the survey in January 2020 and Region 2 completed the survey in February 2020.

4. The CQI Core Team surveyed parents whose children are on Trial Reunification or have successfully had their children reunified with them. The purpose of the stakeholder interview with parents and surveys was to gather information to help improve the CPS provision of services. Parents had the opportunity to voice what their expectations were in working with CPS and if those expectations were achieved. This helped CPS determine quality of services and areas where quality can be enhanced. The initial survey was completed January 2019 and the results have been analyzed by the CQI Core Team. A parent survey will be completed annually to assist CPS in continuing to improve services and Outcomes for parents, the last survey was completed December 2019.
5. One of the overarching goals of the 2020-2024 plan is to improve communication between partners of the child welfare system. This includes stakeholders as reviewers, a survey to them, and CQI meetings with the stakeholders. Information that will be used at the CQI meetings with the stakeholders is data from the SPWB reviews, results of a survey sent to them a month prior to the meeting, information collected from stakeholder interviews by the Program Specialist the week of the onsite review, and any pertinent data from FACIS. Regional Managers will have their office CQI meeting with stakeholders scheduled by September 2020. The Outcomes Management Program Specialist will help each Regional Manager prepare for their stakeholder CQI meeting by providing data, an outline on how to present the data, and any other support they require.
6. South Dakota has implemented stakeholders participating in Safety, Permanency, and Well-Being (SPWB) reviews to promote transparency amongst the Child Welfare System. Stakeholders began SPWB reviews in July 2019. Each Region was asked to select any stakeholders they determined to be experienced enough to do a review. Those names are provided to the Outcomes Management Program Specialist. Agencies expressing interest in completing a SPWB review are; Bethany Christian Services, Lutheran Social Services, UJS, Minnehaha County State's Attorney, Center for the Prevention of Child Maltreatment, Pennington County State's Attorney, and East Central CASA. A training will be provided to stakeholders surrounding the SPWB review process, the Onsite Review Instrument Instructions (OSRII), completing interviews, and navigating the Online Monitoring System. Stakeholders will be partnered up with someone from CPS who is experienced with completing SPWB reviews.

7. The Justice for Children Committee (JCC) is a combined committee that is established to meet the requirements of the Children's Justice Task Force Grant and the Child Abuse Prevention and Treatment Act Grant. The membership includes those required by the grant, which are the following: law enforcement, Criminal Court Judge, Civil Court Judge, prosecuting attorney, defense attorney, attorney for children, Court Appointed Special Advocate representative, health professional, mental health professional, Child Protective Services agency personnel, an individual experienced in working with children with disabilities, a parent, an adult former victim of child abuse/neglect, and an individual experienced in working with homeless children and youth. Review of the broader systems involved with child welfare and policy and recommendations for enhancement and improvements are ongoing functions of the JCC. The JCC report is included in the CAPTA Plan. The recommendations and action steps established by the JCC for the Children's Justice Act Grant are also included in the APSR. The JCC is consulted regarding CPS policy, practice and training related to responding child abuse and neglect, including sex trafficking of children.
8. CPS surveys youth in accordance with the NYTD regulations at age 17 for children in foster care & follow-up surveys at age 19 and 21. The State additionally surveys all 17-year-old youth in foster care each year, not just in Federal NYTD Baseline years. The State reviews the survey results and uses the information in planning. For example, the surveys and youth collaboration have indicated homelessness is a concern the State will focus on in the CFSP and subsequent APSRs.
9. Independent Living Services (ILS) Advisory Workgroup-The ILS Advisory Workgroup is composed of representatives from CPS, Department of Corrections, group and residential facilities, Community Resource Persons (CRP), tribal representative, and youth who are in foster care or have exited foster care. The ILS Workgroup meets at least twice per year and advises CPS on the biannual teen conference, the Regional ILS training workshops, program development, and service delivery to youth. Data on NYTD and Youth Independent Living Surveys are provided at the meetings. The ideas and input provided during the meetings are used in the development of the CFSP and subsequent APSRs. The input of the workgroup will continue to be used to measure progress and make any needed adjustments in the ILS services.
10. The ILS Young Voices youth groups are in four communities (Sioux Falls, Rapid City, Mitchell, and Aberdeen.) Young Voices continues to provide youth another means to share their views and experiences in foster care and provide input into how the system can improve IL Services and transition support. The CRPs attend the meetings and provide updates to the CPS ILS Program Specialist on the Young Voices work and recommendations. Recommendations from Young Voices are used in the development of the CFSP and subsequent APSRs. The input of the youth will continue to be used to measure progress and make any needed adjustments in the ILS services.
11. Independent Living Surveys are completed by youth that are transitioning from care. The surveys are used to assist in assessing services to youth and to help CPS in looking at and enhancing service delivery. The results of the exit interviews are presented to the CPS Management Team and provided to staff during ongoing and Certification training. The information gained from the surveys was utilized in the

development of the CFSP and subsequent APSRs; information will continue to be used to measure progress and make any needed adjustments in the ILS services.

12. The Licensing Program Specialist prepares for the annual relicensing on-site visit to group care centers for minors and residential and intensive residential treatment facilities by surveying residents and staff. The resident survey includes a range of questions on topics such as how the resident is treated; whether the resident feels safe; what contact they have with their family and supervising staff; and how they are engaged in the development of their treatment plan. The staff survey includes questions pertaining to program policies and procedures, training, treatment planning, and services offered by the program. The information is shared with the South Dakota Association of Youth Care Providers, CPS staff, and to address program and planning of services through the CFSP and subsequent APSRs.
13. The Parenting Education Partners is a statewide network of parenting educators that provide parenting classes. The Parenting Education Partners Advisory Board, which is composed of parents and other stakeholders, meets two times per year to assess the effectiveness of the Common Sense Parenting, Responsive Parenting, and Positive Indian Parenting classes and make recommendations regarding parenting program approaches, techniques, and accommodations for populations with special needs. The Parenting Education Partners work with tribal agencies to improve efforts toward serving tribal areas. Input from the Advisory Board is used to enhance parenting education training for parents in the development of the CFSP and subsequent APSRs. The input from the Advisory Board will continue to be used to measure progress and make any needed adjustments in the Parenting Education Program.
14. The State and Private Adoption Agency Collaboration is a new group with participants from licensed private adoption agencies and Child Protection Services program staff. The group's first meeting was held on June 3rd, 2020 on Zoom. Seven private adoption agencies participated in the meeting. The private adoption agencies were enthusiastic about the opportunity to work collaboratively with the state on several topics. Plans are underway to survey members on what projects to focus on first. Collaboration ideas suggested by the group include post adoption services, adoptive parent training and education, matching opportunities and resource sharing. The group will be meeting every two months initially.

CPS team members participate in the following teams, committees, groups, etc. to continue to foster collaboration across the child welfare system. Each team promotes the child welfare system and informs the development, assessment, modification, and monitoring of the CFSP, as well as the progress reported in subsequent APSRs.

1. CPS conducts an online survey of foster families every three years. The last survey was completed in September of 2018 with 256 out of 816 or 32% of licensed foster families completing the survey. Survey questions related to training, communication/support, working with birth parents, and court hearings. Outcomes of the survey are utilized to improve services to foster parents. Some notable outcomes were 85% of the respondents feel they are supported as a foster parent and 94% of the respondents would recommend becoming a foster parent to someone they know. In August 2019, a survey was sent to foster parents licensed in FY 2019 (July 2nd,

2018- June 30th, 2019) to obtain input related to the current licensing process with 52 of 207, or 25%, of families completing the survey. Survey questions related to recruitment, inquiry process, foster and adoptive parent training, home study process, preparation to partner with birth family, barriers, and overall experience with the foster family licensing and adoption approval process. Results confirmed wait lists for families to begin foster and adoptive parent training and delays in the home study process. On scale of 1-10, the average score for overall satisfaction with the process was 7. Findings were incorporated into a comprehensive assessment of the foster family licensing and adoption approval process described in the Diligent Recruitment Plan.

2. The State/Tribal Child Welfare Consultation continues to meet to facilitate coordination and information sharing between CPS and the Tribes. The group includes representatives from tribal child welfare programs, ICWA programs, CPS, and Casey Family Programs. Items related to the CFSP and APSR continue to be discussed at each of the meetings. A collaborative planning meeting was held in mid-June 2019 to develop the collaboration between CPS and the tribes for the CFSP and subsequent APSRs. Details can be found in the Tribal Collaboration section of the APSR.
3. The South Dakota ICWA Placement & Recruitment Project also known as South Dakota Native Foster Care (SDNFC) was created in 2014 with the task of increasing the amount of Native American foster homes in South Dakota. The group consists of members of 9 tribes in South Dakota and DSS staff from each region. Recruitment is held, when possible, throughout the year at pow-wows and community and sporting events. Events are posted on the group's Facebook page, which has over 1,000 followers.
4. The South Dakota Youth Care Providers Association meets quarterly. Representatives from the Department of Social Service (CPS, Auxiliary Placement and Behavioral Health) and the Department of Corrections attend the meetings to discuss areas related to children placed in group and residential care such as admissions, denials, discharges, seclusion and restraints, placement numbers, out of state placements and efforts to improve the system for youth placed in upper levels of care.
5. The ILS Program Specialist is a member of the South Dakota Youth Employment Services, a subgroup of the South Dakota Workforce Development Council (WDC) established by the state Department of Labor to help improve youth employment. Information obtained through the group will be used to measure progress and make any needed adjustments in the ILS services.
6. The ILS Program Specialist is a member of the South Dakota Housing for the Homeless Consortium Youth Committee established by the South Dakota Housing Authority to help address housing issues for families and youth who transition from foster care. Information obtained through the group will be used to measure progress and make any needed adjustments in the ILS services. The committee holds monthly conference calls and quarterly meetings to share information regarding housing trends and resources.
7. Parenting Education Partners hold peer reviews of local Parenting Education providers. The information from the reviews is used in the APSR to improve parenting education and other prevention services. The input gained from the Peer Reviews is

used to the development of the CFSP and subsequent APSRs and will continue to be used to measure progress and make any needed adjustments in the Parenting Education Program.

8. South Dakota Preventable Death Team - The Department of Health is in the early stages of developing a Preventable Death Review Team in South Dakota. This team will collaborate with law enforcement, medical examiners/coroners, and the Vital Statistics Office to create and implement a plan to collect timely and comprehensive data on all child deaths. The team will initially focus on the two largest counties, Minnehaha and Pennington, and then will expand statewide within the next two to four years. The Assistant Director and the Protective Services Program Specialist are a part of the review team.
9. The Protection Services Program Specialist is a member of the Child and Family Services Interagency Workgroup through the Department of Health. The workgroup meets quarterly. Areas of focus are family planning, newborn screenings for hearing and metabolic diseases, the WIC program that provides supplemental nutrition for women, infants, and children, For Baby's Sake that provides information and resources to help women have healthy pregnancies and healthy babies, and access to oral health. The CPS Protective Services Program Specialist provides input regarding safety of children, as well as education regarding child welfare in South Dakota.
10. The Protective Services Program Specialist from CPS is a member of the Birth to Three Interagency Coordinating Council (ICC), which has the purpose of advising and assisting the Department of Education on identifying appropriate services for children ages birth to three who have a disability or developmental delay. Information is exchanged between CPS and the ICC to further services for the children in the target population. The Council meets four times per year and the Program Specialist provides input regarding keeping the children safe and provides data on the number of Birth to Three children who have been victims of abuse and/or neglect. The ICC is mandated by federal law and appointed by the Governor to advise and assist the lead agency to implement the requirements of part C of the Individuals with Disabilities Education Act (IDEA). The 2019 child count numbers for children served by South Dakota's Part C Birth to Three Program was 1,092.
11. The Court Appointed Special Advocate (CASA) program has six active programs across the state. A CASA volunteer is a trained citizen who is appointed by a judge to represent the best interests of a child in court. The children served are determined to be victims of abuse or neglect by the Court. The National CASA Association has developed a new training curriculum, as well as improved policy and manual updates. The purpose of these updates is to assist in alignment of all CASA progress across the country, in that they are all utilizing the same practice. The new training provides hands-on cases and is noted to be more practical and "real" for the volunteers. In 2019, 760 children received services by a CASA volunteer. The Protection Services Program Specialist is an appointed member of the SD CASA Commission board. The board monitors the number of children served and the number of children waiting for a CASA volunteer. Funding determinations are considered through the board. The board provides opportunities for education and collaboration.

12. CPS and the Department of Education continue their collaboration related to the implementation of Title I of the *Every Student Succeeds Act*. Procedures for staff in CPS and local school districts were developed, as well as an MOU between the Departments of Education and Social Services to enhance educational stability for children and a process to address issues as they arise.
13. The Center for the Maltreatment of Child Prevention developed a task force, PK-12 YSO (Pre-Kindergarten – 12th grade and Youth Serving Organizations) which began in November 2018 to surround community's infrastructure, particularly schools and youth serving organizations, with the tools and education necessary to know of, respond to, and prevent child maltreatment. Four focused objectives of the task force are: offer all school district personnel mandatory reporter training, develop a platform and infrastructure for virtual support services of counseling, behavioral health and social work in K-12 schools, launch a coordinated effort to teach prevention to students in school systems as well as their parents/guardians, and launch a coordinated effort to teach child sexual abuse prevention efforts in youth serving organizations and faith-based organizations. The Protective Services Program Specialist is a member of the task force and is assisting in moving the efforts, activities and prevention forward.
14. Center for Prevention of Child Maltreatment is located at the University of South Dakota under the School of Health Sciences. The Center has six major goals and 48 supporting objectives that address a 10-year comprehensive approach toward ending child sexual abuse in South Dakota. The objectives of 10-year plan will increase the state's capacity to address all forms of child maltreatment. The six goals of the plan include 1) Statistic and Benchmarking, 2) Public, Private and Tribal Health, 3) Mandatory Reporting, 4) Criminal Justice and CPS Response, 5) Infrastructure, and 6) Public Awareness. The Center has an advisory board with multidisciplinary representation including the Division Director for CPS. The advisory board provides direction, guidance and oversight of the 10-year plan. The objectives of this plan will increase the state's capacity to address all forms of child maltreatment.
15. Four representatives from CPS participate as members of the Court Improvement Program Committee (CIP). The CIP Committee focuses on areas that relate to the CFSR permanency outcomes, the case reviews system, and the CFSP/APSR.
16. CPS is involved in the Juvenile Detention Alternatives Initiative (JDAI), which is a program intended to provide alternatives to detention for youth in the juvenile corrections system. The Regional Managers from Regions 1 (Rapid City) and 6 (Sioux Falls) are members of the JDAI committees in their service area. JDAI expansion meetings were held in Aberdeen, Watertown, Mitchell, and Pierre with CPS supervisors from those offices participating in the meetings. Occasionally, children under CPS custody enter the juvenile corrections system, and it is important to provide less restrictive alternatives.
17. The "Why Not You?" task force is a coalition of five public and private adoption agencies in Pennington County and Minnehaha County (Catholic Family Services (SF), Catholic Social Services (RC), Bethany Christian Services, Children's Home Society, Lutheran Social Services and the Foster One program of the S.D. Department of Social Services) that began working together in late 2015 to increase the number of adoptive and foster families in South Dakota, particularly in western South Dakota

where the need is great. The five agencies work together to provide services to children whose families are in crisis; to infants in need of a transitional and/or permanent home; to children adopted internationally who often times would perish in their country of origin; and to children in tribal custody.

C. Vision Statement

Families are engaged by a child welfare system who recognizes and supports their value and resiliency.

II. Assessment of Current Performance in Improving Outcomes

Seven Child and Family Outcomes:

Safety Outcome 1: Child are, first and foremost, protected from abuse and neglect:

Safety Outcome 1:	
Item 1: Timeliness of Initial Contact	
2016 CFSR	2019 Baseline Data
88%	81%

South Dakota developed initiatives for improving timeliness of initial contact with alleged child victims. These initiatives include;

- Implementation of centralized screening,
- Fidelity reviews of centralized screening and fidelity reviews of the intake process.

South Dakota refocused intake and screening into one unit overseen by the Protective Services Program Specialist. South Dakota hired an Intake Supervisor on February 9, 2020 who is under the direct supervision of the Protective Services Program Specialist. The Intake Supervisor is responsible for supervision of four Lead Family Services Specialists (Screeners) and twelve Family Services Specialists (Intake staff). This creates consistency in information collection, screening decisions and response times. This new structure was initially piloted in South Dakota’s two largest regions, Rapid City and Sioux Falls. Over the course of the year, additional regions were added. Full implementation occurred June 2, 2020, almost 30 days ahead of schedule. Fidelity Reviews are targeted for July 31, 2020 and results and analysis will be captured on the 2022 APSR.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate:

Safety Outcome 2:	
Item 2: Services to family to protect child(ren) in home and prevent removal or re-entry into foster care	
2016 CFSR	2019 Baseline Data
83%	92.90%

Item 3: Risk assessment and safety management	
2016 CFSR	2019 Baseline Data
40%	73.80%

South Dakota developed initiatives to improve safety assessment for children and families. These initiatives include;

- Implementation of PIP Goal 1, Strategy 1 in Regions 1 and 6,
- Fidelity reviews of Safety Plan Determination and Conditions for Return,
- Candidates for Safe Care Project, which includes Stakeholder meetings to help determine the correct safety response for children, i.e. the correct children are coming into protective custody,
- Safety, Permanency, and Well Being Reviews will occur once a year in each region and will monitor conformity in initial and ongoing assessment of safety.

Item 2 (services to family to protect child(ren) in home and prevent removal or re-entry into foster care) has been removed as an item requiring measurement due to performance above 90% during the 2019 baseline year.

PIP Goal 1, Strategy 1: Present Danger Planning is outlined in more detailed under Goal 2 Objective D of South Dakota’s plan for enacting the state’s vision. Please reference for more detail regarding year one’s benchmark.

The Ongoing Program Specialist is conducting a review of children in foster care for the period of July 1st, 2019 to December 31st, 2019. Qualifying cases for the review are families whose children were in family or treatment foster care. All children on trial reunification and in residential care have been eliminated from the case pull. There were 100 families selected for the review. Fifty-four cases will be reviewed to determine if children need to remain in foster care or if a safety plan could be developed and children transition to trial reunification. Of the 100 cases, 46 families already had their children returned to their care. The case review is on track to be completed by August of 2020 as outlined in the Program Improvement Plan. Next steps will be determined after analysis of the results. This information will be reflected in the 2022 APSR.

Regional Managers have been completing every other month case consultations facilitated by the Protective and Ongoing Program Specialists, on Initial Family Assessments to ensure consistent statewide practice since July 2019, and on alternative months each Regional Manager with their supervisors. All of the Regional Managers agree the case consultations are beneficial for themselves and their supervisors. Regional Managers will continue to complete the full review process with supervisors for the next three months at which time they will then review the status of the frequency of case reviews. Moving forward during calls, the Regional Managers will identify three take-aways from the case they review, and the Ongoing Program Specialist will develop an exercise Supervisors can perform with their field staff. In addition to Supervisors completing the exercise with their staff, the Supervisor of the staff whose case was reviewed will complete a one on one coaching session regarding the findings of their case to help enhance their skills in the assessment of safety. The Comprehensive Safety Intervention (CSI)

Workgroup will complete fidelity reviews to help assess how the process enhances the supervisor's skills in the assessment of safety.

Safety Plan Determination/Conditions for Return Fidelity Reviews: The Comprehensive Safety Intervention (CSI) workgroup consists of Program Specialists, Regional Managers, Supervisors, and Field Staff representatives from each region in the state. The workgroup met on November 21st and November 22nd, 2019 to set goals and identify the purpose of the group. One of CSI's purposes is to have consistent group decision making and continued improvements on the CSI model. To meet this purpose, the CSI workgroup will meet four times per year and conduct ongoing fidelity review of the CSI model. This will help achieve consistent practice across the state as well as making the CSI workgroup the experts on the model.

The first Comprehensive Safety Intervention Workgroup was held on February 24th and 25th, 2020. The group created a form to provide more transparency between the agency and families with the Initial Family Assessment process. The Initial Assessment Process form outlines what information is to be discussed with each family member during the assessment, what steps are to be taken if families do not want to cooperate with the assessment and what the next steps are if a decision is made determining the child is unsafe. A CSI meeting was held on May 20th and May 21st, 2020. The workgroup reviewed Initial Family Assessments together from across the state to determine the accuracy of the present danger decision. It was determined the group would continue with monthly review of cases as a group before completing a bigger pull of cases statewide. The CSI group is working to assure consistency among the team to ensure an accurate analysis of case reviews.

Candidates for Care: The Candidates for Care Team promotes collaboration of disciplines in the areas of child protection services, medical and mental health systems, public health, housing, faith-based agencies, domestic violence agencies, legal and judicial systems, school systems, private agencies, and substance abuse treatment programs. The purpose of the team is to provide advisement and oversight of the South Dakota Child welfare system ranging from primary prevention to adoption. An area of specific focus is the effort to avoid any unnecessary placement of children into foster care.

The Candidates for Care Team provide a venue for the state and local child welfare system to share in a common goal to support the vision statement of supporting and recognizing the value and resiliency of families. Children experience better outcomes when they are cared for by safe caregivers familiar to them.

The Candidates for Care Team will problem solve and implement solutions to build capacity of families to care for their children in a safe and caring environment. The first Candidates for Care meeting was held May 23, 2019. The Candidates for Care project is outlined in more detailed under Goal 2 Objective A, of South Dakota's plan for enacting the state's vision. Please reference for more detail regarding the year one benchmark.

Safety, Permanency and Well-Being (SPWB) Reviews: SPWB Reviews are held seven times a year. The results of the reviews are shared with the Regional Managers and Program Specialists. There are meetings held between the Program Specialists and the Regional Manager to discuss the results, trends, if any policy revisions are needed, and assessing if the current strategy is impacting outcomes. Region 6 started the initiative on safety assessment in 2017 prior to the Program Improvement Plan approval. Region 6

had a 48% increase in performance for item 3 (risk assessment and safety management) from the Child and Family Service Review in 2016 to their Safety, Permanency and Well Being Review in 2019. Region 1’s performance improvement will be provided in the 2022 APSR as they are in the beginning phases of their coaching/consultation around safety assessment.

Permanency Outcome 1: Children have permanency and stability in their living situations:

Permanency Outcome 1:	
Item 4: Stability of Foster Care Placement	
2016 CFSR	2019 Baseline Data
70%	67.5%
Item 5: Permanency Goal for Child	
2016 CFSR	2019 Baseline Data
60%	65.0%
Item 3: Achieving Reunification, Guardianship, Adoption, or APPLA	
2016 CFSR	2019 Baseline Data
30%	50.0%

South Dakota developed initiatives to improve children’s stability in their living situations and improving development of appropriate permanency goals and achievement of timely permanency. These initiatives include;

- Implementing the Permanency Roundtable process,
- Implementation of Program Improvement Goal 2/Strategy 3,
- Exploration of feasibility to utilize Title IV-E funding for reimbursement for high-quality legal representation for children and parents by 2023.

Permanency Roundtables: The process to implement Permanency Roundtables (PRT) statewide in South Dakota continues. Region 3 started implementation in October 2019 by completing staff training. They completed their first PRT on January 15, 2020 with the second PRT held in February. The first two PRT cases in Region 3 had follow-up PRT’s in March. A permanent home has been identified for a 13-year-old boy placed at Black Hills Specialist Services Coop and he is in transition to a family after 5 years in residential care. Regions 1 and 6, the two largest regions, are scheduled for implementation before July 2021.

Due to the COVID-19 pandemic, South Dakota DSS offices were not open to the public in mid-March and staff began working remotely from home. This unprecedented change prompted CPS to begin utilizing a video conferencing app titled “Microsoft Teams” to facilitate permanency roundtables. Staff have provided positive feedback thus far related to using video conferencing for permanency round table meetings. The ability to conference with staff in other parts of the state in a face-to-face manner without traveling to other jurisdictions has been effective and saved hours of drive time for staff. The use of video conferencing for round tables will continue to be encouraged when staff return to their offices as an effort to broaden the number and scope of external participants.

A Permanency Roundtables (PRT) fidelity review was completed with regions 2, 4, 5, 7 in the fall of 2019. The review team observed 26 PRTs and completed a fidelity review instrument developed in accordance with the Casey Family PRT model. There were some inconsistencies noted in the process among the four regions where meetings were observed including; 1) recent discussion of permanency planning with youth is discussed in different phases of the meeting, 2) action plan update in follow-up meetings is reviewed during varying phases, and 3) discussion of path to permanency and reasons why team determined this path is discussed during varying phases of the roundtable.

However, the steps of the PRT process are occurring in the majority of PRTs. Achievable permanent plans are selected in the PRTs with strategic action plans focused on advancing the child's permanency status with goal of legal permanency. A staff survey was also collected to obtain information from staff about their PRT experience and effectiveness. Staff reported 95% agree or strongly agree PRTs have enhanced their skills in each permanency skill named on the survey. Staff reported 95% agree or strongly agree the experience is supportive, engages them in creative strategic planning, and creates achievable and concrete action plans. Staff are gaining more knowledge and skills related to strategic permanency planning for children through the PRT process which can be applied to their work with additional children and families.

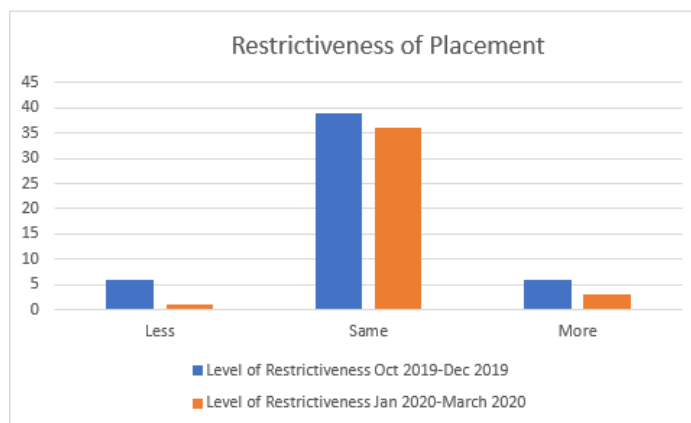
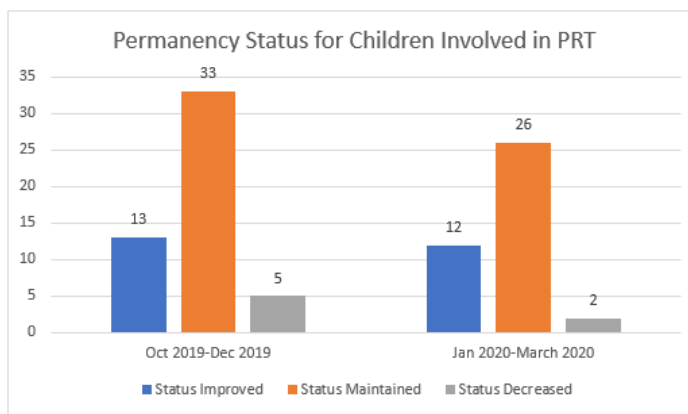
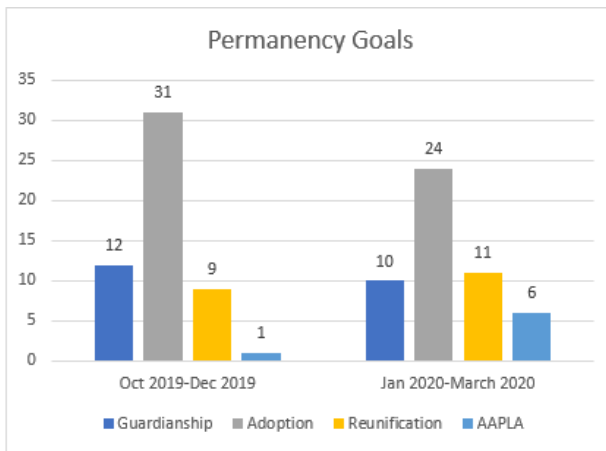
Child Protection Services began utilizing a new tracking spreadsheet to capture permanency roundtable outcomes October 1, 2019. Data is recorded for each meeting to include each child's permanent plan, changes in current permanency status, level of restriction in placement, if child has permanent connections, and legal permanency achieved. Please see information below for details of the data collected.

Permanency Achieved

October 1, 2019 – December 31, 2019: 2 children

January 1, 2020 – March 31, 2020: 0 children

July 2019-Sept 2019		Oct 2019-Dec 2019		Jan 2020-March 2020	
Total Permanency Roundtables	39	Total Permanency Roundtables	38	Total Permanency Roundtables	39
Total Youth	63	Total Youth	51	Total Youth	51
New PRTs	7	New PRTs	2	New PRTs	5
New Youth	14	New Youth	2	New Youth	11
Follow Up PRTs	32	Follow Up PRTs	36	Follow Up PRTs	34
Follow Up Youth	49	Follow Up Youth	49	Follow Up Youth	40
		Sibling Groups	11	Sibling Groups	8



Goal 2, Strategy 3: Please see Permanency Hearings under the Case Review System for the status of progress towards Goal 2, Strategy of the Program Improvement Plan.

IV-E Funds for Fair Representation: South Dakota is in the process of implementing the court room observation instrument. If fair representation for children and parents is identified as an area of improvement, South Dakota will consider utilization of IVE funds for fair representation.

Permanency Outcome 2: The Continuity of Family Relationships and Connections is Preserved for Children:

Permanency Outcome 2:	
Item 7: Placement with Siblings	
2016 CFSR	2019 Baseline Data
70%	88.0%
Item 8: Visiting with Parents and Siblings in Foster Care	
2016 CFSR	2019 Baseline Data
58%	78.1%
Item 9: Preserving Connections	
2016 CFSR	2019 Baseline Data
62%	77.5%
Item 10: Relative Placement	
2016 CFSR	2019 Baseline Data
67%	69.2%
Item 11: Relationship with Child in Care with Parents	
2016 CFSR	2019 Baseline Data
59%	85.7%

South Dakota developed initiatives to improve the continuity of family relationships and preserving connections for children. These initiatives include;

- Implementation of a family time policy and practice to define frequent and quality parent/ child visitation,
- Development and implementation of foster parents mentoring birth parents' model in Region 7.

Family Time Policy: A policy was developed in December 2019 to outline expectations for frequent and quality visitation between parents and children. Prior to finalization the Children's Bureau released their bulletin relating to "Family Time and Visitation." The bulletin provided recommendations for states related to guidelines for increasing opportunities for children and their families to spend time together. South Dakota is researching guidelines other states have incorporated related to "family time".

The Permanency Program Specialist and Deputy Division Director discussed "Family Time" with Supervisor Advisory Group (SAG) supervisors on April 6th. SAG representatives were asked to obtain input from their region related to the questions below and bring to the May 4th SAG meeting.

- Criteria for supervised, monitored, and unsupervised visitation – what is currently in policy and what needs modified/clarified as to when these three types should be used?
 - It was consistent among the six regions who participated, there is a need for enhanced policy guidelines to determine when visits must be 100% supervised, monitored, or unsupervised. Supervisors were clear when

visits must be 100% supervised, however, it was more subjective as to when visits maybe less restrictive to include monitored and unsupervised visits. Decisions to allow less restrictive visits and family time are generally based on the caregiver's progress to achieve case plan goals rather than the safety of the child. Region 6 was the only region who stated they utilize "conditions for return" guidelines to help guide visitation decisions. Region 6 shared there are often times when safety can be managed for a shorter timeframe during a monitored or unsupervised visit, however, returning home is not safe due to inability to manage safety for longer timeframes.

- Opportunities for supervised/monitored visits in the community in the most natural environment – location, activities, and so on.
 - Responses included relative homes or other community facilities (parks, restaurants, etc.). There were no ideas brought forward about other community organizations in the regions who could assist with monitoring and supervising family time in a more natural environment. This will need to be explored further with SAG to identify potential resources across the state.
- How can we identify others who can provide some supervision and/or monitoring who are more natural to the family/not CPS?
 - Supervisors shared ideas such as engaging foster parents about opportunities during monthly home visits, engaging relatives to assist during relative search, Placement Team Meetings, and case planning meetings with attorneys and other stakeholders.

The family time policy has not met its implementation deadline as South Dakota intends to add policy surrounded “Family Time” prior to implementation.

South Dakota sent information relating to “Family Time” to the six visitation centers in the state. Untied Families Visitation Center in Rapid City is interested in incorporating “Family Time” into their services. The Permanency Program Specialist, Outcomes Management Program Specialist, and local Rapid City Supervisor met with the director of United Families on June 2, 2020 to discuss further implementation. It was decided the team would work on a separate referral form for family time services to outline expectations to United Families. Untied Families will provide the Outcomes Management Program Specialist their handbook to review policy regarding dangerous individuals they would not serve. The agency will complete the policy, with family time services incorporated, so expectations are clear when including community partners. CPS will discuss implementing family time services with other visitation centers once a standardized practice is in place with United Families.

Foster/Birth Parent Mentoring Model:

Permanency Workgroup members including the Permanency Program Specialist, Licensing Supervisor from Region 7, and a Family Services Supervisor from Region 7 formed a team to develop and implement a Foster Parent/Birth Parent Mentorship model for Region 7. The team completed the first benchmark which was to identify and develop criteria to incorporate into the model. The team met on January 22, 2020 via conference call and reviewed practice models and strategies implemented in other states. The team also reviewed the outcomes, values and approaches identified by the Permanency Workgroup to guide permanency practice in South Dakota. The team identified the values, criteria for participation, and approaches to be incorporated into the mentoring model guidelines for Region 7 based on the information reviewed.

The next benchmark was to identify at least four foster families who have experience developing quality partnerships with birth families to support reunification who will be interviewed to gather input for the model. The team met in person on March 11, 2020 to identify the foster families meeting the aforementioned criteria. As the team met to discuss the process of gathering information from foster parents, it was decided to also obtain input from birth parents and youth age 12 and older who have experience working with a foster family and reunification. Questions were developed for the foster parents, birth parents, and youth interviews at this meeting. A subsequent meeting was scheduled to identify the birth parents and youth. CPS supervisors were sent an email to identify youth to provide input related to ways foster parents can assist with maintaining relationship with birth family and asked to submit names/information by May 22, 2020. Only one youth was identified who met the above criteria after 2 inquiries state-wide. A youth from Region 6 was proposed and selected to interview. The interview occurred on June 3, 2020. Two birth families from Region 7 were selected to interview for input and scheduled to occur on June 23rd or June 25th of 2020. Three foster families were identified for interviews which are scheduled for those same dates.

Well Being Outcome 1: Families Have Enhanced Capacity to Provide for their Children’s Needs:

Well Being Outcome 1	
Item 12: Needs and Services to Child, Parent, Foster Parents	
2016 CFSR	2019 Baseline Data
36%	60.0%
Item 13: Child and Family Involvement in Case Planning	
2016 CFSR	2019 Baseline Data
51%	67.2%
Item 14: Caseworker visits with Child	
2016 CFSR	2019 Baseline Data
85%	86.2%
Item 15: Caseworker visits with Parents	
2016 CFSR	2019 Baseline Data
34%	62.3%

South Dakota developed initiatives on improving needs and services for children and parents. These initiatives include;

- Yearly fidelity reviews of the Non-Resident Case Plan, Protective Capacity and Protective Capacity Evaluation led by the Ongoing Program Specialist,
- Bi-annual Fidelity reviews of the Child Case Plan, both narrations to review the process of developing the case plan and the document, this is led by the Outcomes Management Program Specialist,
- The Regional Managers and Supervisors incorporate periodic practice exercises during office/unit staff meetings to assist with sustainability of the motivational

interviewing model; Safety, Permanency and Well-Being reviews, and Parent Engagement Survey will capture the effectiveness of Motivational Interviewing based on the outcomes,

- Quarterly fidelity reviews of the parent and child caseworker visit narrative tabs led by the Outcomes Management Program Specialist.

Non-Resident Parent Case Plan: The Ongoing Program Specialist conducted a fidelity review for Non-Resident Parent (NRP) case plans and Protective Capacity Assessment (PCA) case plans for the time frame of January 1, 2019 to October 31, 2019. There were 155 Non-Resident Parent case plans and Protective Capacity Assessment case plans for the above time frame eligible for the review. Thirty-nine (25%) of the case plans were pulled for the fidelity review. Below is a summary of findings for those cases reviewed where a case plan was completed.

- 5 NRP's were incarcerated
- 4 NRP's had ICPC's
- 8 NRP's were not cooperative
- 7 NRP's had the wrong case plan goal-18%
- 9 NRP's had the wrong case plan-23%

Disposition of the case at the time of the review:

- 9 cases the children returned to the Resident Parent
- 7 cases the children were placed with the Non-Resident Parent-18%
- 7 cases the Non-Resident Parent had Termination of Parental Rights-18%
- 3 cases there were No Case plans even though they were created in Doc Gen, they were not completed
- 2 cases ended in a Guardianship with other relatives
- 1 case the child Aged out
- 9 cases the children are still in Placement
- 1 Transferred to the Tribe

Family Services Specialist did not follow the Non-Resident Parent Case Plan or Protective Capacity Assessment policy in 76% of the cases reviewed. It was found the overall the documentation lacked detail and the FSS did not utilize the model in decision made regarding the NRP.

Each office received the findings and feedback of the Fidelity Review with the expectation to review the results with their staff. The Ongoing Program Specialist provided feedback to the Regional Manager, Supervisor and Family Services Specialist on each case reviewed.

As a result of the fidelity review, it is evident more focus needs to be on the Non-Resident Parent and their involvement with the agency. This is confirmed in the Child and Family Services SPWB reviews. Family Services Specialists need to ensure they are engaging any non-resident parent when children are in foster care. Currently, Child Protection Services does not have a way to measure how many Non-Resident Parents are being engaged or not being engaged. Child Protection Services is working on ensuring each Non-Resident Parent is opened for services in the FACIS system. A review of policy will be completed to ensure it supports expected practice. After enhancements, a training will be provided to field staff. CPS has initiated a project to improve the trial reunification

screen in FACIS to capture information regarding with whom the child is in trial reunification.

As a result of the Non-Resident case review and the results of the SPWB reviews, the Ongoing Program Specialist is in the process of making Non-Resident Parents (fathers, in particular) a priority when working with children in the foster care system., CPS is planning for a yearlong emphasis of engaging fathers. In March 2020 a workgroup was formed to work on the Year of the Father project. The workgroup is made up of the Ongoing Program Specialist, FSSs and Supervisors. One of the goals is to have Non-Resident Fathers be part of the workgroup in an advisory role on how to get Non-Resident Parents engaged with Child Protection Services and their children. The workgroup will analyze the data from the survey results, create monthly activities for FSSs to engage and educate the importance of Non-Resident parents' involvement in their child(ren)'s lives. The workgroup is in the early stages and will work through the CQI process to guide the project.

The Ongoing Program Specialist is overseeing a field case study to determine how many non-resident parents CPS have engaged, what the barriers are to engaging non-resident parents and FSSs' perceptions of the importance of involving non-resident parents in their children's lives. The initial study was completed on May 15, 2020 and will be utilized as a baseline to measure the effectiveness of CPS's fatherhood initiative.

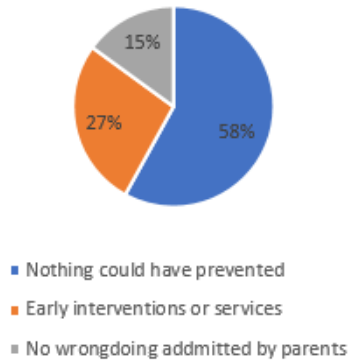
Child Case Plan: A revised Child Case Plan was implemented in June 2019. This continues to be monitored and coaching and consultation occurs as needed for the local offices. The first fidelity review of the Child Case Plan process, including parent and child engagement, occurred in December 2019. Please see Child's Written Case Plan under the Case Review Systems for details regarding analysis of the fidelity reviews and next steps.

Motivational Interviewing (MI): Supervisors are relaying a lack of confidence to train their staff, even after completing MI Level I and MI Level II. On December 2, 2019, the Child Protection Services Management Team met to discuss ways to support Supervisors and help them find the confidence to utilize MI skills and complete MI exercises with their staff. The Independent Living Program Specialist, who is currently an MI trainer, will complete a Zoom meeting once a month, lasting approximately 20 minutes. The first training was completed January 6, 2020. A specific MI adherent exercise and coaching is completed for supervisors statewide, which supervisors then can replicate with their staff. Staff are surveyed periodically after training and the results are utilized by the Independent Living Program Specialist to determine next training events.

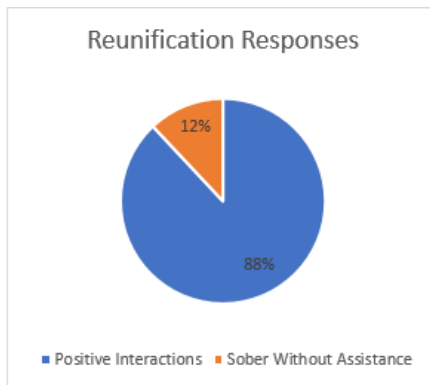
A parent survey is completed annually to help measure engagement from the parents' perspective. The parent survey is completed with parents who have their children home on Trial Reunification or have successfully achieved the goal of Reunification. The most recent parent survey was completed December 2019 and 53% of the parents selected participated. Please see charts below for survey results.

Parents were asked about services, if accessed sooner, may have prevented their involvement with CPS and their children coming into CPS custody, parents stated the following:

Prevention of CPS Intervention



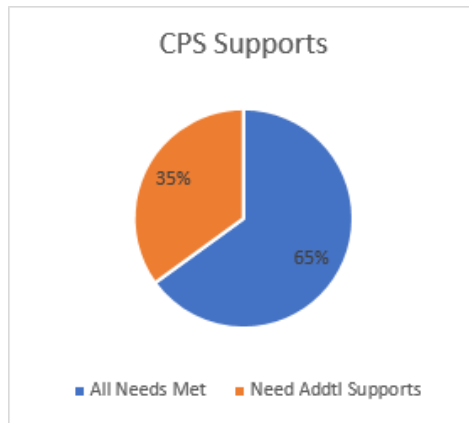
Parents were asked what helped in returning their children home, including what they did, what CPS did to help and what others did to help.



Parents were asked if they have insight as to what could be done in the community to help families who are in crisis, they stated the following:



Parents were asked if additional services were needed to help them achieve reunification.



The parent’s survey results were provided to the CPS Management Team. The Regional Managers will share the results with their supervisor groups. They will discuss the trends and pick out key points they want to focus on to help CPS make improvements when engaging parents. The Program Specialists will discuss the results as well and pick out key points they would like to focus on when engaging parents. Next steps of the parent survey were due to be discussed at the April 2020 supervisors meeting, however, this was cancelled due to COVID-19. The Outcomes Management Program Specialist is collecting each region’s plan. A master plan for the state will be developed moving forward based on the parent survey results. Another parent survey will be completed in December 2020 and yearly thereafter to help measure improvement

Well Being Outcome 2: Children receive appropriate services to meet their educational needs:

Well Being Outcome 2	
Item 16: Educational Needs of the Child	
2016 CFSR	2019 Baseline Data
90%	97.0%

South Dakota developed initiatives to improve needs and services for children and parents. These initiatives include;

- The Independent Living Program Specialist incorporating improvements to policy and practice of the management (tracking and planning) of educational credits for youth in care,
- Provide education to staff and residential facilities on the management of educational credits for youth in care completed by the Independent Living Program Specialist and Group and Residential Program Specialist beginning July 23, 2019, until completion,
- Fidelity reviews of the credit tracking management process will be completed by the Independent Living Program Specialist and Group and Residential Program Specialist twice a year.

The ILS Workgroup met in 2019 and 2020 to discuss policy and practice changes to enhance tracking of high school credits. Recommendations were submitted and will be

added to the FACIS system. Educational training, specific to tracking credits has been added to the ILS module of the Permanency and Well Being Certification Training. In August 2019, the ILS Program Specialist and CRPs met with a representative from the Department of Education to collaborate with scholastic tracking and enhancements. Training regarding education tracking and employment opportunities was provided to McCrossan Boys Ranch Group Care Center and ILPP, The AXIS 180 Program, Sacred Heart, the ILS Workgroup, and the Permanency Workgroup. In addition, Young Voices presented educational data and challenges to State Legislators and the South Dakota Youth Care Provider Association. Data collected from 2019 (calendar year) youth input and NYTD (FFY) indicates the following: 80% of youth are attending school when they transition from care, 55% of 19-year-olds have obtained their diploma or GED, 36% of 19-year-olds are still attending school, and 95% of youth report they would like to attend college.

CPS has collaborated with the Department of Labor to ensure continuity of employment training services are offered to ILS youth. The Department of Labor has presented at ILS Workshops and ILS Workgroups regarding available services. Training regarding education tracking and employment opportunities was provided to McCrossan Boys Ranch Group Care Center and ILPP, The AXIS 180 Program, Sacred Heart, the ILS Workgroup, and the Permanency Workgroup. The ILS Workgroup met in 2019 and 2020 to discuss policy and practice changes which would enhance tracking youth employment. Recommendations have been submitted and will be added to the FACIS system. Data collected from 2019 (calendar year) youth input and NYTD (FFY) indicates the following: 85% of youth have employment experience, 53% of youth report being employed at the time they transition from care, and 60% of 19-year-olds are currently employed.

Well Being Outcome 3: Children receive adequate services to meet their physical and mental health needs:

Well Being Outcome 3	
Item 17: Physical Health of the Child	
2016 CFSR	2019 Baseline Data
76%	94.0%
Item 18: Mental/Behavioral Health of the Child	
2016 CFSR	2019 Baseline Data
66%	68.0%

South Dakota’s plan regarding physical and behavioral/mental health performance is outlined in the Health Care Oversight Plan. Please reference for more details.

Seven Systemic Factors:

1.) Information System

The State’s CCWIS system is called FACIS (Family and Child Information System). Quality data collection, both qualitative and quantitative, is a strength for South Dakota as evidenced by the information available through reports which readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care. During the 2016

Child and Family Services Reviews; the State's information system was rated as a strength and found in substantial conformity. The State submits the required AFCARS, NYTD and NCANDS reports on time and with minimal errors noted. The State utilizes the FACIS data reports to submit each year's budget request for funding CPS.

The State will continue development and implementation of improvements and modifications to FACIS that support Federal and State reporting and support the State's policy and practice. The State will continue to develop functions in the system for any updates to federal requirements such as AFCARS, NYTD, IVE Eligibility and funds reconciliation. As CPS practice is enhanced in South Dakota in safety, permanency, and well-being; the necessary system changes to support the program will be made. The program changes necessary in South Dakota for best practice will drive system changes. The system will not drive the practice used to deliver services to children and families.

Quantitative data reports are enhanced as needed based on changing requirements or areas of focus. The data reports are provided to offices/regions as they develop and implement Continuous Quality Improvement (CQI) plans in specific areas of focus. For example, an office may be working on a targeted recruitment plan and reports are provided regarding the demographics of children in care in their specific area.

South Dakota's FACIS system includes compliance reports which provide real-time access to items missing information in the system. These compliance reports can be used with staff during their regular staffing with supervisors. Staff have consistently shared they use the Compliance Reports generated in FACIS to monitor their caseloads and required data entry items.

FACIS system training continues to be provided during the State's certification trainings covering the corresponding areas of policy and practice. FACIS for clerical staff, tribal, and private agency staff is offered at least 4 times per year as there is a need for training staff. Additional topic specific trainings are provided as needed. During the COVID-19 emergency, FACIS Program Specialists provided training remotely to staff via Microsoft Teams. These were one-hour topic specific presentations where staff had the capability for questions. As of May 2020, three topics have been presented including placements, legal hearings and IV-A & IV-E eligibility. Staff report finding the trainings informative and are interested in more topics. Management Team will evaluate if ongoing training in FACIS will continue in this remote fashion once the pandemic is over. One possibility is to offer one topic specific training per month. Ongoing training in specific areas is provided by request of the office or region. Training on FACIS data reports is provided to various levels of the management team on an as needed basis.

The FACIS Team & Management Team members use the appropriate data quality utilities and tools provided to ensure data is accurate. These include using the AFCARS Data Quality, Compliance & Frequency Reports, NYTD NDRU & NCANDS portal programs to review data prior to submission. Any data errors found are addressed and corrected wherever possible.

South Dakota had some areas needing improvement in AFCARS reporting and had an ongoing AFCARS Improvement Plan.

The State submitted the required AIP update on April 5, 2019. The areas needing improvement were addressed in this submission. On August 28, 2019; the State received notice the AFCARS Improvement Plan was successfully closed.

CCWIS Requirements

The State had identified potential areas where Child Welfare Contributing Agencies (CWCAs) may be entering data in their own data systems and FACIS. This information was contained in the State's annual APDU submitted 07/31/2018. The State held informational meetings and conversations to inform these agencies about CCWIS requirements and what data maybe be duplicated. South Dakota has completed the assessment of the private agencies who utilize the FACIS resource module to enter license and demographic information for their licensed foster homes, which are used by CPS for placement of children requiring treatment foster care. The seven agencies were contacted during Fall 2019. Six of the agencies indicate they are not using any other type of database separate from FACIS to enter information regarding these foster homes. One agency indicated they use a program called Clinicians Desktop. The agency indicates workers are maintaining information regarding licenses and demographics for foster homes in both databases. As of December 31, 2019; this agency had 31 total licensed homes in FACIS. The State will pursue the feasibility and costs associated with implementing an interface between the private agency database and FACIS.

The State will include more detail for the comprehensive data quality plan in accordance with CCWIS requirements. The Data Quality Plan details will be included with the FFY 2021 APDU due on August 1, 2020.

AFCARS Requirements

The State will be focusing significant technology resources to developing ways to capture the new additional AFCARS requirements. The State intends to focus first on adding data fields to capture sibling placements and multiple Tribal affiliations for children in foster care. FACIS captures all legal hearings and all placements for children in foster care. Reporting on these elements will only require changes to the data extraction. Other additional elements will be evaluated as to what information is required and how best to document the information.

Comprehensive Safety Intervention Reporting

The State has a robust, functioning comprehensive safety intervention process. The documentation for the danger threats and conditions for return is only contained within the standardized Word templates.

The State has begun the process to incorporate documentation of the danger threats present at time of intake, danger threats identified during the initial family assessment and during the protective capacity assessment process. The project to add these fields is approximately 70% completed. The additional protective capacity assessment fields are scheduled for implementation by May 31, 2020. The fields to capture danger threats associated with intake and initial family assessment are scheduled for implementation by 06/30/2020. Data reports will begin incorporating the information in time to report information starting July 1, 2020.

Court Data

The State is collaborating with the Court Improvement Project coordinator to refine and develop improved analytic data reporting to provide to the court system. Please see

section on Power BI for more details on this initiative. As well, the State is coordinating review of court docket numbers to ensure accurate information is being stored in both data systems.

Fictive Kinship Placements

The State added two new placement setting selections to capture and report data related to fictive kinship placements. Fictive Kinship and Foster Family (Fictive Kin) were added on February 14, 2020. The State is updating data reports to capture the new information.

Independent Living Services

The State plans to improve the FACIS Independent Living screens to accurately reflect which documents are provided to youth as they exit foster care and data regarding employment. The State does not have a target date yet for this project due to other current projects and limited additional resources.

Information Systems Initiative

The Department of Social Services initially contracted with a private consulting firm to assist the Department with analyzing the capability and viability of existing systems, areas where there is duplication of entry or effort and prioritizing technology needs and resources. The Department has since hired a new staff person in this role.

The various divisions within the Department meet with this individual bi-weekly to discuss the current technology projects, projected upcoming needs or enhancements and efficiency & teamwork between department staff and Bureau of Technology staff. The stated goals are to create a more comprehensive, user-friendly way for stakeholders to access needs and services.

Power BI

The State has begun exploring the use of Microsoft Power BI for the purpose of sharing data in a user-friendly, visual format. Power BI interfaces with the State's CCWIS (FACIS) system to draw the data directly without the need to manually enter the data thus reducing the possibility of errors. Data can also be drawn from other resources such as the census. Once the data is drawn down into Power BI it can be easily refreshed to ensure current data is utilized and displayed. The information can then display in various visual formats such as line, bar, pie graphs or maps.

At this time the use of this system is still in development as we are conducting quality assurance checks to ensure the correct data is being utilized as well as accurately displayed. For example, since many of the requested data displays are dependent upon accurate identification of court circuit one QA task is to ensure the accuracy of court docket numbers.

A series of charts and graphs were developed which detail information of importance to the judicial system such as the number of children in care and the length of time in care. This information is displayed by both judicial circuit as well as by individual judge. The examples were shared with the Court Improvement Committee during a telephonic conference for feedback and suggestions. The CIP asked for additional reports detailing the data on a county level by judge. The department is currently developing these additional data sets.

As the Department is in the development of a new office of licensing for foster care resources, a map was developed using Power BI to show the current location of licensed family foster care resources to aid the new office in identifying the ideal location for staff allocation.

The department is also exploring the use of this program to display commonly sought data in a dashboard format which would be available for public access. At this time an ad hoc committee has been formed and tasked with identifying the most requested data points.

2.) Case Review System

Child's Written Case Plan

South Dakota received an overall rating of Area Needing Improvement for the child's written case plan based on information from the statewide assessment for the 2016 Child and Family Services Review.

A workgroup composed of Permanency and Well-Being Certification trainers was established in August 2014 to make improvements to the Child Case Plan. The workgroup surveyed staff responsible for completing Child Case Plans to obtain their input on what they like about the current Child Case Plan and what they would like to see changed with the current Child Case Plan. The workgroup noted some trends in the survey responses, which included taking out the activity sheet and making the needs assessment area clearer. The Child Case Plan was piloted in Sioux Falls, Rapid City, and Mission offices beginning in August 2016. Training and statewide implementation was completed in August 2017. Updates were made to the Child Case Plan after statewide implementation to further enhance the quality and usability of the Child Case Plan. The Child Case Plan Workgroup was expanded in November 2018 to consist of the original workgroup members and a Family Services Specialist representative from each Region. The goal of the workgroup was to revise the Child Case Plan to consider balancing what is manageable for Family Services Specialists, what is in the best interest of the child, and meeting IVE requirements. The workgroup sought input from foster parents throughout the state and Young Voices for what they would find meaningful in a child's case plan. The workgroup met February 1, 2019 to finalize the updates to the Child Case Plan. At the meeting were two youth currently in foster care to provide their input on making the Child Case Plan present more positively about youth, to expand the Independent Living Section, improve how the Child Case Plan is reviewed with them by their worker, and enhance the description of connections.

The Family Services Specialist Compliance report alerts them when the Child Case Plan and evaluation is coming due for each child in protective custody. Policy states the Child Case Plan will be completed within 60 days of initial placement. The child's case plan is reviewed every 6 months from the date the child, parents, placement resource, and the FSS sign the plan.

The Outcomes Management Program Specialist monitored the implementation of the Child Case Plan. Supervisors submitted newly completed Child Case Plans to the Program Specialist prior to the family signing the case plans, and after the Supervisor reviewed it. The Program Specialist provided written feedback in the Child Case Plan document if something was not completed according to policy. Depending on how much and what feedback was provided, the Program Specialist may have reviewed the Child Case Plan again to provide additional feedback. A spreadsheet was kept of every Child

Case Plan reviewed from each office. The Program Specialist reviewed additional Child Case Plans from each Family Services Specialist, as necessary. Once it is determined a Supervisor has demonstrated the ability to provide feedback to their staff with fidelity to the policy and procedures of the Child Case Plans, the Program Specialist will do quarterly reviews of a sample of the Child Case Plan.

Starting in May 2018, there was a shift from the Outcomes Management Program Specialist reviewing the Child Case Plan to providing onsite coaching and consultation regarding the Child Case Plan process. The Outcomes Management Program Specialist communicated with the Regional Managers to determine if offices within their Region were candidates for onsite coaching and consultation on the Child Case Plan. The coaching and consultation occurred in Region 1, Region 3, Region 5, and Region 7. Once the newest update to the Child Case Plan is implemented the coaching and consultation will continue in the identified offices where support is needed.

As a part of the review of the Child Case Plan, the Program Specialist will also be reviewing the case narratives that relate to the development of the Child Case Plans and evaluations to help determine if parents and children are involved in the case planning process and if quality conversations are happening between the Family Services Specialist, parents, and child.

The child's needs and strengths are documented in the "Child Case Plan". The key areas documented are:

1. Physical Health
2. Mental Health
3. Educational/Developmental Health
4. Maintaining Child's Relationships (Family, Cultural, Attachment, Community, Siblings, Social, etc.)
5. Independent Living Skills
6. Other identified needs (As Applicable)

The FSS meets with all parties involved in the development of the child's case plan. A supervisor consult is required before the plan is signed by the parties involved.

The Child Case Plan is captured in the Program Improvement Plan under Goal 3, Strategy 2. A revised Child Case Plan was implemented in June 2019. This continues to be monitored and coaching and consultation occurs when needed. The Child Case Plan Fidelity Review was completed December 31, 2019. The target pull was any case plan completed between September 20, 2019 and December 3, 2019, as policy was fully released September 20, 2019. The pull was for initial child case plans only and did not include multiple children within the same sibling group. The review captured 15% of the case plans completed between September and December. The results of this fidelity review revealed a need for more coaching with staff and supervisors to make the Child Case Plan child specific, particularly in the needs sections. The Permanency and Well Being Certification Trainers will review the data and areas needing enhancement to the training material. The June 2020 review will be enhanced to identify the regions to identify specific areas struggling with components of the child case plans. The information gathered will be utilized to coaching/consultation sessions to help improve the quality of child case plans. The data from the December 2019 review results, trends, and findings was highlighted in Child Protection Services Newsletter.

Periodic Reviews

South Dakota received an overall rating of Area Needing Improvement for periodic reviews based on information from the statewide assessment and stakeholder interviews for the 2016 Child and Family Services Review. Information in the statewide assessment and collected during interviews with stakeholders indicated in South Dakota, periodic reviews occur by courts and by administrative review. Administrative reviews are conducted by the Permanency Planning Review Team (PPRT). In one large region of the state, the PPRT conducts all periodic reviews, while in other regions, the PPRT conducts the review only in those cases where the courts do not. Stakeholders reported that court periodic reviews are timely. However, because the process for scheduling a PPRT when the court does have a periodic review is unclear, it is uncertain whether periodic reviews conducted by PPRTs are occurring timely. Stakeholders also said that periodic reviews do not occur timely for children who have the goal of other planned permanent living arrangement.

There is a provision in state law, SDCL 26-8A-24, that requires the court to hold review hearings of adjudicated abused and neglected children every six months. There is another provision in state law, SDCL 26-7A-19(3), that covers situations where an adjudication has not been completed but a child continues in care. If the child is in temporary custody of the Department of Social Services and has not been adjudicated as an abused or neglected child, the court shall review the child's temporary custody placement at least once every sixty days.

To ensure the case review requirements are met, those CPS offices where the court does not hold review hearings every 6 months must have a Permanency Planning Review Team for review of all children in legal custody, including those cases where CPS has been awarded placement and care responsibilities by a tribal court. This includes children in kinship care and children who have been returned home for a trial home visit.

The PPRT is required to review every child in care every 6 months until the child is no longer in custody. Cases where parental rights have been terminated and the child is placed in a pre-adoptive home waiting finalization must also be reviewed. The PPRT shall consist of a CPS supervisor, the FSS, a placement resource representative, and a community person unrelated to the delivery of social services to children in foster care or their parents. It is the requirement of the supervisor to serve as chairperson of the team.

The review is open to the participation of the parents, foster parents, pre-adoptive parents, or relative caretaker of the child. It is the duty of the supervisor to certify that all participants have been notified and that all reasonable efforts have been made to secure their participation.

Changes were made to FACIS case compliance screen for PPRT tracking. The definition has been updated to consider the new Permanency Review checkbox on the Client Legal Screen. If a legal hearing has this box checked, Case Compliance will read this as satisfying the PPRT requirements. Offices who have regular hearings on a timely schedule will no longer need to add separate legal hearings, one of the hearing and a PPRT Administrative Review line. The initial PPRT or review hearing are due six months a child's in care. Subsequent review hearings or PPRT's are due six months from the previous review hearing. If the review hearing or PPRT is late, the six months starts counting from the date of that review. Children will start showing on the Case Compliance screen four months before the PPRT or review hearing is due to give time to schedule the review hearing or PPRT.

Permanency Hearings

South Dakota received an overall rating of Area Needing Improvement for permanency hearings based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and collected during interviews with stakeholders showed that permanency hearings are happening regularly for children in state court. Tribal judges reported that generally they do not have a consistent, formalized process for scheduling permanency hearings and that permanency hearings do not occur timely for children in Tribal courts.

Permanency hearings are captured in South Dakota's Program Improvement Plan under Goal 2, Strategy 3; Enhance the quality and ensure timeliness of permanency hearings. Quality and timely permanency hearings support the achievement of permanency for children. Goal 2, Strategy 3 in the Program Improvement Plan states best practice standards will be developed, implemented, and measured in Minnehaha County and Pennington County. There has been a revision and instead of Pennington County, efforts will be focused in Brown County. The court and the agency will work on improving hearing quality and timeliness of permanency hearing to improve timely achieving of permanency goals. The South Dakota Guidelines for Judicial Process in Child and Abuse Neglect Cases was updated in October 2019 and distributed in January 2020. This update included best practice standards both pre-dispositional permanency hearings and post-dispositional permanency hearings. The guidelines were updated by the Court Improvement Program Committee, which includes stakeholders statewide. The effectiveness of the guidelines will be measured through the court room observation process. The Court Improvement Program Coordinator and Deputy Division Director reviewed court room observations instruments from Nevada, Arizona, Virgin Islands and the National Center for State Courts in preparation for drafting South Dakota's court room observation instrument. The instrument has been approved by the CPS Division Director and Administrator for South Dakota Court. UJS and CPS are working together to determine who will completing the court room observations to ensure it is a neutral party with the necessary expertise. Court room observations will begin in Minnehaha and Brown County once court resumes as normal after the COVID-19 pandemic is mitigated enough to allow for regular court procedures.

SDCL 26-8A-22 (Final decree of disposition-no termination of parental rights) and SDCL 26-8A-26 (Termination of parental rights) state that in no case may a child remain in foster care for a period more than twelve months from the time the child entered foster care without the court holding a permanency hearing and making a dispositional decree. The court is to review the child's permanency status and make a dispositional decree every twelve months if the child continues in the custody of DSS. As part of the permanency hearing, the court shall determine whether the state has made reasonable efforts to finalize the permanency plan that is in effect.

CPS policy regarding permanency hearings mandates staff must request a permanency hearing for every child that has been in the Department of Social Services care for 12 months, and the child must have a Dispositional (Permanency) Hearing on or before the 12-month anniversary of the child's removal date. There must be a Permanency Hearing requested every 12 months if the agency has custody, or placement and care responsibility.

Termination of Parental Rights

South Dakota received an overall rating of Area Needing Improvement for termination of parental rights based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and collected during interviews with stakeholders indicated there is not a consistent statewide process for filling termination of parental rights (TPR) petitions. South Dakota provided data showing that timely filings of TPR petitions did not occur in several cases. Stakeholders said that termination proceedings do not occur timely for Native American children.

Not filing timely termination of parental rights petitions was captured in South Dakota Program Improvement Plan under Goal 2, Strategy 4, which is a collaboration with the legal systems to implement a petition specific to termination of parental rights to comply with the Adoptions and Safe Families Act. While many of the States Attorneys establish during court hearings, or by notice prior to a dispositional hearing, the intent to initiate termination of parental rights, most of the jurisdictions do not file a petition that specifically addresses the State's intention to pursue termination of parental rights. CPS worked with a Deputy States Attorney from Pennington County to develop a petition template to use for filing of termination of parental rights. The template was introduced to States Attorneys and Tribal Prosecutors and state and tribal Judges prior to implementation.

The termination of parental rights petition was sent out by the Executive Director of the States Attorneys Association on March 1, 2019. The TPR petition was presented to the Regional Managers and Supervisors at the Spring Supervisor/Regional Manager Meeting. Regional Managers were asked to follow up with local States Attorneys to ensure they received and are using the TPR petition on July 16, 2019. There were some State's Attorneys who confirmed they received the TPR petition to use and some did not recall receiving the information. The Regional Managers forwarded them the letter with the attached TPR petition. The Outcomes Management Program Specialist has quarterly discussions with the Regional Managers regarding any cases where the TPR petition is not being filed in their Region. The last meeting was on May 13, 2020 and no issues were identified at that time.

The Department must request the State's Attorney or Tribal Prosecutor to file a petition to terminate parental rights when a child has been in foster care for 15 of the most recent 22 months. The States Attorney and Tribal Prosecutor is the entity that files the petition. The exceptions to the provisions are:

- The child is being cared for by a relative;
- The case plan documents a compelling reason for determining that filing such a petition would not be in the best interests of the child; or
- Not all the services in the case plan that are necessary for the safe return of the child to the parent's home have been completed but progress toward the goal is being made and is documented.

The Department must document any compelling reasons for not filing a petition to terminate parental rights in the Adoption and Safe Families Act (ASFA) form. The ASFA form must also include the date the child entered foster care. The date is the earlier of either:

- The date of the first judicial finding that the child has been adjudicated abused or neglected; or

- The date that is 60 days after the date when the child was removed from a parent or guardian.

SDCL 26-8A-21.1 allows the court to not reunify child with the parent for certain circumstances including those felonies specified in ASFA. SDCL 26-8A-21.2 requires the court to hold a permanency hearing if reasonable efforts are not provided and further requires the court to consider termination of parental rights, guardianship, placement with a permanent relative, or determine if there are compelling reasons to not enter a disposition that includes any of those options. SDCL 26-8A-26.1 allows the court to terminate parental rights for any child that has been abandoned for 6 months or longer. CPS policy requires a petition for termination of parental rights be filed on an abandoned infant as defined by state law. State law requires that children be appointed attorneys in abuse and neglect court actions to represent the interests of children.

Notice of Hearings and Reviews to Caregivers

South Dakota received an overall rating of Strength for notice of hearings and reviews to caregivers. Findings were determined based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and collected during interviews with stakeholders showed there is a process in place to notify foster parents, adoptive parents, and relative caregivers of reviews and hearings. Written notices are provided to caregivers. The written notice informs caregivers of their right to be heard in any review or hearing.

CPS has a written policy regarding the “Notice to Out of Home Providers”. This policy can be found in the Legal section, of the CPS Procedures Manual. The policy states: “It is the FSS responsibility to assure that the foster parent, pre-adoptive parent, or relative caregiver, receives written notice of all hearings regarding the child placed in their home. The provider must also be given the opportunity to provide a verbal presentation or a written statement or report to the court.”

In June 2007, the Chief Justice of the South Dakota Supreme Court gave a directive, by letter, to all circuit court judges to ensure foster parent, pre-adoptive parents, and/or relative care givers receive notice of hearings. CPS policy requires the FSS offer the placement resource the option to be heard orally in court, submit written comment, or have their comments included in the court report.

Policy also requires the supervisor assure all participants are notified by letter. Placement Resource providers can be reimbursed for travel for attendance at PPRTs.

3.) Quality Assurance System

South Dakota received an overall rating of Strength for the quality assurance system based on information from the statewide assessment in the 2016 Child and Family Services Review. In the statewide assessment, South Dakota provided enough information to show the quality assurance system is functioning in the jurisdiction where the services included in the CFSP/APSR are provided. The state conducts quality assurance reviews and uses reports from CCWIS to evaluate the process. Reports are accessible to all staff and the state uses the reports and case review results to implement improvements and monitor progress.

Child and Family Services Review (CFSR) was completed in September 30, 2016 and the CFSR Final Report was issued on February 1, 2017. South Dakota CPS began to analyze items where the state underperformed. South Dakota submitted an initial PIP to the Children's Bureau on May 22, 2017. South Dakota CPS and the Children's Bureau had several discussions, negotiations and revisions to the PIP. South Dakota submitted the final version of the PIP to the Children's Bureau on February 26, 2019. The PIP was approved as of March 6, 2019.

Initially, the offices for each round of the PIP review years were chosen by the Measurement and Sampling Committee (MASC) by using the three data points of average weighted poverty, median number in foster care, and median foster care rate (number in foster care per 1,000 population). They grouped offices to be roughly comparable to the grouping of the five of the seven CFSR sites. Sioux Falls and Rapid City were not included in the analyses as they are reviewed annually, and their demographics are different from the rest of the offices in the state. South Dakota CPS had several phone calls with MASC and the Children's Bureau about what would be in the best interest of South Dakota moving forward with the PIP Measurement.

CPS transitioned from doing office reviews to regional reviews. This means every office in the region is represented in the case pull and cases are randomized together. Regions already had cross assignments between the offices within the regions, therefore, cases were already getting pulled on a regional level during individual office reviews. A regional review also allows for a larger in-home pool of cases. Initial Family Assessments with Present Danger Plans cases are still a part of the case pull, however, are randomized with the in-home cases. As policy is strictly enforced for Initial Family Assessments with Present Danger Plans, they will disappear from the case pull. In transitioning towards a regional review, South Dakota CPS established a new baseline for the Program Improvement Plan (PIP). The best interest of South Dakota CPS was taken into consideration when deciding to start the regional review and establishing a new baseline. If South Dakota CPS continued to use the Child and Family Services Review (CFSR) while under the PIP Measurement, reviews would have to be completed consecutive six months. South Dakota is a rural state and does not have its own review team, therefore existing staff complete the reviews. It was not feasible for South Dakota CPS to complete the reviews in consecutive six months periods.

South Dakota Program Improvement Plan was approved March 6, 2019 and Program Improvement Plan Measurement Plan was approved on February 21, 2019. The reviews held between February 2019 and November 2019 established South Dakota's baseline for the Program Improvement Measurement Plan. Please see Case Review Outcomes section for data from the 2019 Child and Family Services Review and 2019 Baseline Year. South Dakota's PIP Measurement Year 1 started January 2020. Region 2 and Region 5 have completed reviews. Region 1 was due to complete their review in June 2020, however, due to COVID-19 this review will occur September 2020.

The Outcomes Management Program Specialist has provided training to every Region to discuss each item, the purpose of the item, what the item considers and how South Dakota's current policy correlates to the item. During this training, there was discussion regarding new policy/documents being implemented and how they support CPS in making progress towards better Outcomes. These include: Parent/Child Narrative Tabs, Child Case Plan, Non-Resident Parent Case Plan, Conditions for Return and Protective Capacity Assessment. The Outcomes Management Program Specialist discussed areas

CPS underperformed in the CFSR. It was discussed how the policies we currently have, and the ones being implemented, when followed, will help achieve better outcomes. During this training, the Outcomes Management Program Specialist provided refresher training on engagement of children and parents in case planning, as well as needs assessment. This refresher training will be provided at the request of the Region as they are entering their PUR.

South Dakota CPS will continue to enhance the statewide review process. With the shift at the beginning of the current five-year plan going to regional reviews, this process will continue to be assessed and enhanced as it is integrated into practice. South Dakota CPS vision for the review process is to be consistent, focused on the Onsite Review Instrument and Instructions, provide data to help enhance policy and practice in the entire child welfare system, and to bridge any gaps there may be between South Dakota CPS Policy and federal standards.

During the 2016 Child and Family Services Review (Round 3), South Dakota chose to have a state conducted CFSR. South Dakota does not have a QA/CQI State Review Team. After doing a state conducted CFSR it was determined South Dakota does not have the capacity to do a state conducted CFSR in Round 4. South Dakota will be seeking to do a traditional CFSR in Round 4.

Continuous Quality Improvement

The CQI Core Team has been operational for nine years. CQI Core Team meetings are held monthly, updates are provided at the Management Team/Supervisor Meetings. Supervisor Advisory Group (SAG) continues to meet monthly and address topics as presented to them by the field, or by the CQI Core Team.

CQI is instrumental as South Dakota CPS is under their Program Improvement Plan. CQI Core Team will be used to gather data on outcomes, analyzes data to determine next steps, and initiate any policy change-needed. CQI will be done at the regional levels, with both the staff and stakeholders in the community, to improve outcomes South Dakota CPS underperformed in, to be improved as an entire child welfare system. The CQI Core Team has created a stakeholder survey to receive feedback on the jurisdiction's strengths and challenges in serving children and families who are in the Child Welfare System. Each office will have yearly CQI meetings with their stakeholders to discuss the Child Welfare System in their jurisdiction. Prior to those meetings, the office will send their stakeholders the survey to collect data on how the area is functioning. This data will be presented at the CQI meetings with the stakeholders. South Dakota CPS will also present the most recent data from the Safety, Permanency, and Well Being Reviews from their area. CPS, along with community stakeholders, will develop a CQI plan to improve safety, permanency, and well-being outcomes in their jurisdiction. Stakeholder CQI meetings are scheduled to start in the fall of 2020; there will be an update on the success of implementation on the 2022 progress report.

Review of the CPS Continuous Quality Improvement (CQI) Program

The five components essential to a well-functioning CQI system in relation to CPS's CQI program are discussed below. A description of strengths, concerns, and enhancements are included within each section.

1. Foundational Administrative Structure

Following the completion of the second round of the Child and Family Services Review in South Dakota, CPS recognized the need to establish a more coordinated improvement process. A workgroup was developed to explore the adoption of the Continuous Quality Improvement (CQI) philosophy. The first step in the process was to develop a concept paper which outlined the vision of how the initiative could be implemented within CPS. This was followed shortly thereafter by the CQI Plan which is a more detailed description of the incorporation of the philosophy.

CPS recognizes, due to staff limitations, it would not be possible to devote staff to full-time CQI activities. For the philosophy to be effective and sustainable, it is necessary for the philosophy to be a shared responsibility of all members of CPS. With the support of the leadership of CPS and the Department of Social Services (the Department), the CQI Plan was adopted. This support was based in part on the understanding the CQI concept supports the Department's Mission and Vision as well as CPS's Core Values. The Department has also included CQI into its Strategic Plan, which includes a requirement for all Divisions to have an ongoing CQI process in place.

The CQI Plan defines a three-tiered structure. Although these tiers operate separately, they are interconnected. The first level developed was the Core Team which is comprised of the Division Director, Assistant Division Director, CCWIS staff, and State Office staff members. Regional Managers are included in the CQI meetings as needed, such as Region 1 and Region 6 when discussing goals in the Program Improvement Plan, focused in those regions. The second tier developed was the Supervisor's Advisory Group (SAG) which consists of a supervisor from each of the seven regions within CPS. The SAG membership is on a staggered rotation allowing all supervisors to eventually serve. The final tier to be fully developed is the Local CQI Teams. Between the second and third round of the CFSR, the teams were considered the local office. Since the completion of round three in 2016 CPS is including stakeholders in each local office as a part of the CQI team.

Since the core belief of CPS related to CQI is the important to share information with all staff, the meeting agendas, minutes, and information related to analysis and improvement strategies from the Core Team and SAG are stored in an electronic format which is available to all staff within the Department. Information related to analysis and change initiatives by the Local Teams is also available in this folder.

To assist all staff with enhancing their knowledge of CQI, CPS developed a training program which is initially presented to staff in the local offices prior to the development of their "team" and expected application of the philosophy. The training is provided in conjunction with the SPWB exit meetings and includes a guided application of the process. Since the results of the office review are known at this time, the areas needing improvement are discussed and the group decides what outcomes should be addressed through the CQI process. The trainers then assist the local office in preparing for their CQI meeting with stakeholders and applying the CQI process to the selected area needing improvement. Follow-up training is provided as needed or requested. This training includes an evaluation component which has enhanced the learning experience. CQI plans are monitored by the Outcomes Management Program Specialist.

The strength of CPS's CQI practice lies in several facets. First, the Department and Division leadership have a strong commitment to utilizing the CQI lens to seek

improvement in achieving the Department's mission. The Department includes CQI as a regular agenda item for the Department Management Team and Leadership Team meetings. The concept of CQI being a shared responsibility allows for and encourages staff buy-in and ownership. Every staff member has been exposed to CQI through training and ongoing CQI projects within the local offices as well as at the regional and state levels. The various tiers of CQI systems have been developed (local teams, SAG, CQI Core Team) and are operational.

A challenge for CPS to the administrative structure is the lack of resources to have a dedicated full time CQI team. Staff involved with CQI must include CQI data collection, analysis and improvement initiative development into other assigned duties. The two Program Specialist who lead reviews and CQI have jobs relating to other areas within CPS. The CQI Core Team members have other primary job duties. Reviewing data and conducting analysis of the data requires significant time and effort. At times, other staff are called upon to assist in reviewing data for purposes of analysis by the CQI Core Team. Sustainability of the CQI program depends on the support of administration to allow key staff to dedicate time to CQI while fulfilling their other job duties. Given the level of support provided to the development and implementation of the CQI program in CPS, it is clear this area will continue to have the support of leadership within the Department and CPS.

2. Quality Data Collection

Quality data collection is the foundation of a fully functional CQI system. Primary sources of quantitative data include FACIS CCWIS reports, AFCARS, NCANDS, NYTD, and state data profiles. Qualitative data is gathered through several avenues, including case record reviews, peer reviews, licensing renewal studies, parenting education outcomes data, customer satisfaction surveys, supervisor surveys, and foster parent surveys.

South Dakota's case record review process (which is more fully discussed in the Case Record Review Data and Process section) is referred to as the Safety, Permanency and Well-being Reviews (SPWB). Prior to the SPWB reviews, reviewers receive training on the 2016 CFSR Instrument and Instructions to promote consistency across reviewers. The two Program Specialists that oversee the reviews provide further consistency in that they attend all reviews and have the final decision on ratings. All cases are reviewed by one or both of the two Program Specialists before results are finalized. Every effort is made to ensure cases are rated consistently. The Assistant Division Director is consulted on any case rating where a rating decision cannot be reached due to gray areas in the instructions.

FACIS (Family and Child Information System) the state's CCWIS system is used to input, collect & extract quality data for the state's child welfare system. The FACIS Team and the Bureau of Information & Technology staff regularly extract and submit data for AFCARS, NCANDS, NYTD & the CFSP/APSR. For each of the items that are submitted through an extraction process, the State maintains mapping documents that clearly document what FACIS data fields and information are used for each element on these reports. FACIS reports are provided to the State's NCANDS designee for input into the NCANDS portal. CPS uses the data quality tools and utilities provided to ensure required processes are followed. The FACIS Project Manager ensures

changes to mapping for reports are documented in the appropriate mapping documents.

South Dakota's CQI Core Team reviews data and monitors trends across the state as well as trends within specific offices. These reviews can be prompted by Core Team members, the Management Team, or the SAG. Ad hoc review teams have been created to review specific areas of concern. CPS's Management Team members review the State Data Outcomes reports when those are released and compare the information to our internal reports or case review results.

Quantitative data reports are provided in a report viewer function for any staff to access. These quantitative reports are used for office/region/statewide review. CPS's FACIS system includes compliance reports providing real-time access to items that are missing information in the system. These compliance reports can be used with staff during their regular staffing with supervisors. Staff have consistently shared they use the Compliance Report generated on FACIS to monitor their cases and required data entry.

Ongoing training in specific areas is provided at the request of the office or region. Training on FACIS data reports is provided to various levels of the Management Team on an as needed basis.

As part of the SPWB office reviews, input is sought from Supervisors, Family Service Specialists, and other stakeholders regarding systemic factors such as training needs for staff and resource providers, quality of services provided by CPS, and service array. This information is summarized in an office final report submitted to the Division Director, Assistant Division Director and Regional Manager.

The FACIS Project Manager and the Management Team review information provided regarding federal requirements or guidelines on a regular basis. The FACIS Project Manager and members of the Management Team have participated in Federal workgroups related to data outcomes, collaborating with the court systems, technology and CQI/QA. CPS regularly extracts and submits data for AFCARS, NCANDS, NYTD & the CFSP/APSR.

The FACIS Team and Management Team members use the appropriate data quality utilities and tools provided to ensure data is accurate. These include using the AFCARS Data Quality, Compliance and Frequency Reports, NYTD NDRU & NCANDS VAA programs to review data prior to submission. Any data errors found are addressed and corrected wherever possible.

Staff receive initial training in the FACIS system which includes explanations of data fields pertinent to AFCARS submissions and the importance of timely and accurate data entry. During case reviews, data quality issues are addressed with the appropriate staff. The FACIS system has numerous edit checks in the system to help assure quality data entry including date edit checks prompt a user if the date is more than 180 days in the past or future. The FACIS system has filters that help ensure quality data including filters to assist with selecting appropriate legal hearing selections. The FACIS system has alerts that are provided to staff when an event occurs such as a child being discharged from a residential treatment facility.

Quality qualitative and quantitative data collection is a strength for CPS. Challenges within the area of data collection center around ensuring staff enter data in a timely manner for the various reports to capture the necessary data. The timely entry of data can be monitored through various reports on FACIS and efforts will be made to make improvements where needed.

3. Case Record Review Data and Process

The SPWB review process began in April 2009. The 2016 CFSR Onsite Review Instrument and Instructions is the tool used to review cases. The review process has evolved over time based on feedback from reviewers and the staff in the offices being reviewed. The SPWB reviews emulate the Child and Family Services Reviews as it includes not only case file reviews but also includes case related interviews with key individuals and non-case related community stakeholders. The SPWB reviews are led by a team of two Program Specialists who choose the cases, schedule review dates and reviewers and who are onsite for the week of the office reviews. Each of the seven Regions are reviewed every year. Reviews are typically held every month except December, January, March, June, and August. The number of cases reviewed each year include a minimum of 25 in-home cases per year and a minimum of 45 foster care cases per year. Typically, between 72 and 76 cases are reviewed annually. These cases are chosen six to eight weeks in advance from the AFCARS report for placement cases and the in-home reports for in home cases.

Program Specialist, Regional Managers, and Supervisors are required to participate in one review each year. Family Services Specialist are also given the opportunity to participate in the review process. Reviewers are not assigned to review cases from any office in their home region, to ensure there is not a conflict of interest. Two cases are assigned to each team of two reviewers by the Program Specialists in charge of the reviews. Each team is led by either a member of the State Office staff, a Regional Manager, Supervisor or experienced Family Services Specialist.

Another important component in the review process as well as the CQI philosophy is to obtain information from individuals as well as case file reviews. Interviews are typically with the Family Services Specialists assigned to the case, the supervisor overseeing the case, children, parents, foster parents, kinship resources, residential treatment case managers, therapists, CASA volunteers, children's attorneys, school personnel/counselors, safety plan providers, and anyone else the review team determines could provide information about the case. Reviewers receive their cases on the Monday of the onsite review week. The following is the layout of the onsite review week:

- Monday at 8:30 am to 3:00 pm on to review the case file.
- Monday at 3:00 pm until 12:00 pm on Wednesday to complete their interviews.
- Wednesday at noon until 5:00 pm Friday to complete their case write ups on the Online Monitoring System.

As the onsite week progresses and interviews are completed, the Program Specialists overseeing the review provide individual case consultation as needed, answer questions regarding the rating of each Item, and finally, review and discuss the outcomes on each case prior to reviewers submitting the final documents outlining the strengths, and areas needing improvement. The final discussion of the case and

review of the outcomes by the Program Specialists provide a second level of review, to insure inter-rater reliability.

A survey is sent to stakeholders in the region a week prior to the onsite review and are completed by the end of the onsite review week. The survey gathers information relating to service array, permanency and staff/foster parent training. South Dakota started conducting surveys instead of individual stakeholder phone calls in January 2020, at the beginning of the PIP Year 1 Measurement Year. The surveys can reach more stakeholders and provide more data on how the child welfare system functions within that region. Region 2 and Region 5 both have completed reviews in 2020 and utilized the stakeholder survey. Region 5 reached out to 56 stakeholders with 52% of them responding to the survey. Region 2 reached out to 106 stakeholders with 41% of them responding to the survey. Surveys have been sent to the following individuals; State Court Judges, Tribal Judges, States Attorneys, Tribal Prosecutors, child's attorneys, parents attorneys, CASA Directors, mental health directors, domestic violence shelter directors, drug and alcohol service providers, ICWA directors, BIA Social Services Directors, law enforcement officials, family visitation center directors, court services officers, parole agents, schools and residential/group care facilities. All stakeholder feedback is provided to the Regional Manager, Assistant Division Director and Division Director.

At the end of the review week, after all the cases have been reviewed and the documents on each case have been completed and submitted to the Regional Manager, discussion is held with the reviewers to obtain their feedback on what worked well and what could be improved upon as far as the review process. One suggestion had been made was regarding developing a more formal training for reviewers to promote consistency. In response to the suggestion, a more comprehensive SPWB Reviewer Training was implemented in January 2014. Prior to the new training, the training was conducted via conference calls and through various documents provided to the reviewers. The training has since been conducted annually in June for all staff scheduled to review cases within the upcoming year. However, due to COVID-19 the training in June 2020 did not occur and it was revised to offer the training via zoom before each review to increase reviewer retention. The participants are first trained on the review process, the definition of all the items and how to rate them and the Online Monitoring System. After that is complete, the participants have small group discussion on the ratings for a case the participants are assigned review prior to the training. The participants use the Onsite Review Instruments and Instructions in rating the items. There is also discussion and practice on how to write Strengths, Areas Needing Improvement, and when an item does not apply. Any material needed for the training is provided to participants prior to the training and are stored on the public folder for them to access at any time.

The Supervisor and Regional Manager are given two weeks after the onsite review to provide a rebuttal to the findings. Only rebuttals changing the rating of the item are accepted. The rebuttal must consist of the office producing documentation that was not found during the onsite review. The office needs to make sure the case meets the criteria for a strength as outlined in the OSRI. The rebuttals are reviewed by the SPWB Onsite Leaders, and the case reviewers are consulted to assist in determining if the outcomes should be changed based on the new information provided. If further guidance is needed, the Assistant Division Director is consulted, and a decision is made as to the result. A CQI Meeting is held in the office to present a summary of the

findings of the review to all staff and stakeholders. These exit meetings include information related to stakeholder surveys and the results of the case file reviews. Outcomes related to the case reviews are shared in a Power Point presentation to supplement the verbal presentation. Please see above section regarding the CQI process with stakeholders.

The case record review process has been greatly enhanced and continuously improved over the course of the last five years. The process is working well, and every effort is being made to ensure consistency in ratings across the state. Reviewers are not partnered from the same Regions and are assigned by the Outcomes Management Program Specialist. Discussion is held with the Regional Manager after the reviews to obtain feedback about the teams.

As previously stated, South Dakota moved from doing office reviews to regional reviews. The regional review process creates a better sample of cases across the region instead of pulling every in-home case from an office there is a true "sample" not 100% pull. From February 2019-November 2019 South Dakota created a new baseline to measure outcome progress for the Program Improvement Plan. During this time, 65 cases were pulled. January 2020 started the PIP Measurement Year 1, in which 72 cases will be pulled that year as well as PIP Measurement Year 2 and 3.

In addition to the SPWB case reviews that occur, ad hoc reviews are completed when specific trends or outcomes warrant further analysis and review. Reviews have been or are being conducted pertaining to services to prevent removal, monthly caseworker visits, APPLA, placement stability, safety management, non-resident parents, assignment of abuse and neglect reports, timeliness of Initial Family Assessments, kinship search, fidelity of implementation of the concurrent planning model, permanency issues for youth in long term care, and foster/adoptive parent recruitment and retention. These reviews are conducted by the Permanency Workgroup, CSI Workgroup, CQI Core Team, or various sub-workgroups. The ICWA Program Specialist also conducts regular compliance reviews of ICWA cases and provides the results to the individual offices and the Management Team.

4. Analysis and Dissemination of Quality Data

There are several levels of data analysis that occur throughout the agency. Data, both qualitative and quantitative, are analyzed at the local level as offices review the results of the SPWB reviews. Data is analyzed at the regional and statewide levels as Regional Managers and Supervisors review the various data profiles, FACIS data and surveys. The Supervisor Advisory Group (SAG) meets monthly. The SAG serves as another level of data analysis, as they work on issues identified by the field, or by the Management Team. The SAG disseminates results both to the Management Team and the field. The CQI Core Team meets monthly to discuss issues that have come to their attention through the SPWB reviews, SAG, or data profiles and other reports. The CQI Core Team then analyzes data around specific issues and reports findings to the Management Team.

Individual case review results from the SPWB reviews are distributed to the Regional Manager at the end of the onsite week. The Regional Manager is encouraged to share the specific results with the supervisor(s) as well as each staff person. An Excel

spreadsheet is prepared showing the results on each case reviewed. As mentioned previously, the review results are shared via Power Point, handouts, and through discussion at the CQI Meeting held after the onsite review.

While QA reviews serve as the data collection component in the CQI structure, it is important to continue the CQI loop. Upon receiving the local CQI training, offices are expected to examine instances of lower achieving performance indicators utilizing root cause analysis and to develop an improvement plan which includes continued evaluation. While data analysis occurs on a regular basis by the various groups with CPS, it historically has occurred to a lesser degree at the local level between supervisors and the Family Services Specialists. Through the course of the local CQI training and application of the CQI process to improving specific outcomes and practice, all staff at the local office level will become more engaged in data analysis.

Sharing of statewide and local data with stakeholders for their analysis and use and eliciting feedback on their analysis and conclusions is also an important component of CPS's CQI philosophy. In previous sections of this report, it has been detailed how information is shared with internal stakeholders and their feedback is sought. There is a shift from holding meeting across the state with stakeholders to share results to involving stakeholders in the offices CQI process and efforts towards change.

5. Feedback to Stakeholders and Decision-Makers and Adjustment of Programs and Process

Collecting and analyzing the data are important steps within the CQI process. However, the agency and the stakeholders must then use the information to drive change to improve outcomes for children and families. One of the overarching goals of the 2020-2024 plan is to improve communication between partners of the child welfare system. This includes stakeholders as reviewers, a survey to them, and CQI meetings with the stakeholders. Information will be used at the CQI meetings with the stakeholders is data from the SPWB reviews, results of a survey sent to them during the onsite review, and any pertinent data from FACIS.

Regional Managers are invited to participate in a portion of the Program Specialist meetings to discuss gaps in policy and practice that are causing poor outcomes following their region's review. This might include adjusting a current policy or practice, developing new practice guidelines or policy, providing additional training, making additions or changes to the FACIS system, or collaborating with another agency in the community to improve outcomes. The Court Improvement Program and CPS actively collaborate on enhancing practice to achieve better permanency outcomes.

4.) Staff Training

Staff Training was found to be a strength in both initial and ongoing training in the 2016 CFSR. CPS has enhanced the training even more since the 2016 CFSR. During SPWB stakeholder interviews and during stakeholder meetings, staff training was not often mentioned as a concern. CPS staff have commented during reviews and meetings that the training helps them do their jobs, but it is more an issue of not having enough time on the job before being trained. CPS has refresher training as part of the current training plan and that training is underway. CPS will gather data and more information related to staff perspective on training for the FFY 2021 APSR for further assessment of this Systemic Factor for the FFY 2024 CFSR Statewide Assessment through staff input and surveys.

CPS continues to provide mandatory Certification training for all newly hired Family Services Specialists. The Certification program also is required for any newly hired Supervisors, Regional Managers, or Program Specialists. The rotation allows for staff to enter the training cycle shortly after their hire date. The current Certification training is 217 hours of training.

The training rotations will be as follows:

- Foundation (36 hours)
- Mandatory Reporter training (1 hour)
- Initial Family Assessment/Safety Evaluation/Planning/Interviewing (36 hours)
- Ongoing Services/Case Planning and Safety Management (36 hours)
- Permanency/Well Being (34 hours)
- Trauma Informed Practice (20 hours)
- Motivational Interviewing Level one (12 hours)
- Motivational Interviewing Level one (8 hours)
- Foster/adoptive parent training program (PRIDE) (30 hours)
- Common-Sense Parenting classes (4 hours).

The Certification faculty includes 39 trainers from CPS and a physician who trains on medical indicators of child abuse and neglect. The ICWA Program Specialist continues to provide Cultural Awareness training as part of Foundation training week.

CPS continues to evaluate the training needs of field staff. CPS has been enhancing certification training to create more skill-based training. Faculty for each training meet periodically to evaluate and plan for further enhancement of the training to meet the development needs of the field staff.

Ongoing Training

CPS continues to provide formal ongoing training for Family Services Specialists and Family Services Specialist Supervisors. Depending on the need, CPS provides training either through Skype for Business or traditional classroom settings.

Consultation, coaching and skill development continues with the Regional Managers on the Comprehensive Safety Intervention model. The regional managers complete a survey on Survey Monkey determining the accuracy of the decisions which were made, and the sufficiency of information collected in the Initial Family Assessment. Conference calls are held with the Regional Managers as a group with the Ongoing and Protective Services Program Specialists providing the consultation. The process will be completed every other month with the expectation during the months in between the Region Managers will complete the same process with the Supervisors in their Region. In December 2019, the Regional Managers and the Program Specialist in Ongoing and Protective Services met to review the process to determine next steps. It was determined the process will continue as it is currently designed. To ensure the development involves the field staff, the Program Specialist for Ongoing Services creates an assignment from the case that was reviewed, and the Supervisors complete it with the Family Services Specialist. The Supervisor also reviews the case and the findings with the Family Services Specialist who did the Initial Family Assessment reviewed.

In January of 2020 a survey was sent out to Family Services Specialists to help determine if they were using the skills learned at the Motivational Interviewing Training and if they were continuing to develop their skills. To ensure Motivational Interviewing continues to

be utilized as a tool by Family Services Specialists to engage their clients, the Independent Living Skills Program Specialist has created a monthly learning session on different Motivational Interviewing techniques and exercises which is completed through Zoom. Please see the case review section, Well Being 1 for more information on efforts to evaluate MI's effectiveness.

In October of 2019 a contract was completed with Hollie Strand, Forensic Examiner for the Pennington County Sherriff's Office to complete seven sessions on prevention and recognition of internet crimes against children for Family Services Specialists, Supervisors, Regional Managers and Foster Parents. Those sessions were held October 2019, February 2020 and April 2020 in different locations across the state.

Supervisor Development

CPS continues to focus on the enhancement of supervision skills. In response to achieving this objective, CPS is committed to providing specialized training for Supervisors related to clinical and consultation skills in implementing the Comprehensive Safety Intervention (CSI) model.

5.) Service Array

Service Array was found to be in substantial conformity in the 2016 Child and Family Services Review. CPS continues to provide access to a wide array of services to assist families and children. CPS identifies a family's needs through the Initial Family Assessment (IFA) process. At the conclusion of the IFA, safety analysis is completed to determine if there is impending danger and if the family needs to receive services based on child safety. The IFA is a bridge to the Protective Capacity Assessment (PCA) which is the ongoing intervention process. The PCA provides the FSS with a structured approach for engaging and involving caregivers and children in a case planning process. Intervention services are not focused on compliance, but rather behavior changes. Services to children and families are provided by CPS, as well as community partners through contractual agreements or referral.

CPS seeks input from stakeholders, parents, and youth about service array and delivery in their area. There are seven Regional reviews held each year where the Outcomes Management Program Specialist provides a stakeholder survey to several community partners, including; State Court Judges, Tribal Judges, State's Attorneys, Tribal Prosecutors, child's attorneys, parent's attorneys, CASA Directors, mental health directors, domestic violence shelter directors, drug and alcohol service providers, ICWA directors, BIA Social Services Directors, law enforcement officials, family visitation center directors, court services officers, parole agents, schools and residential/group care facility representatives. Please see Goal 1, Objective C for a summary of the Region 2 and Region 5 stakeholder surveys in regard to service array.

Parents. Specific questions are asked about what services are available in their community, what services are not available they think would benefit their community, and barriers families have in accessing services. Additionally, a parent survey started in 2019 and will continue to be used yearly to captures various aspects of them working with CPS, but to also to assess what services were instrumental in returning their children to them. Parents are specifically asked if there were services they needed that would have helped their children return sooner but were not available to them. Please see case review outcomes, Well Being 1 for details regarding the latest parent survey.

During this reporting period, Young Voices provided service input for multiple areas. In February 2020, collaboration with Young Voices improved starter kit fund amounts aimed at enhancing youth engagement. Through youth input additional categories were added, and starter kit amounts were increased. For example, graduation from high school was increased from \$100 to \$300, to represent the magnitude of this accomplishment. Young Voices provided input on the transitional meeting that is held prior to youth reaching the age of majority. This led to updated forms and practices that will enhance service provisions. In February 2020, Young Voices presented information to the South Dakota Youth Care Providers Association about Young Voices; discussed the NYTD data; the importance for youth to be employed; to complete high school; have connections, and to be able to attend the Young Voices Meetings and ILS Workshops. In October 2019, Young Voices members presented information to a group of juvenile justice providers regarding Positive Youth Development. The youth are currently working on the Young Voices Booklet, which is an overview of the Young Voices program and included information about youth rights and responsibilities.

Service Delivery

Many of the services to children and families are directly provided by CPS staff or are obtained through the Department of Social Services. CPS provides a continuum of services, including the following programs and services:

- Initial Family Assessment
- Protective Capacity Assessment
- Child Case Plan
- Permanency Planning
- Permanency Roundtables
- Family Group Decision Making and Placement Team Meetings
- Out-of-Home Placement and Placement Supervision (kinship, emergency, basic and specialized foster care)
- Special Needs Day Care
- Child Care for Kinship Families, Foster Families and Adoptive Families
- Visitation
 - Policy is currently being revised to include family time services.
- Transportation
- Family Support Flexible Funding
- Parenting Prevention Programs
- Subsidized Guardianship
- Adoptive Placement and Supervision
- Adoption Subsidies
- Medicaid Covered Services such as medical, dental, vision, mental health and alcohol and drug
- Licensing Services to include foster care, private child placement agencies, emergency shelter care, group care and residential and intensive residential treatment
- Independent Living and Transitional Services
 - CPS has several services to assist youth prepare for independence and the transition to adulthood, which are detailed in the ILS section of the CFSP and subsequent APSRs.

For further information, please see service continuum.

6.) Agency Responsiveness to the Community

Agency Responsiveness to the Community was found to be in substantial conformity in the 2016 Child and Family Services Review.

DSS is committed to collaborating with community partners to prevent child abuse and neglect. DSS releases annual press releases to announce the designation of April as National Child Abuse Prevention Month. DSS encourages people in communities across the state to work together to keep children safe and offer the support families need to stay together. Child abuse prevention material is provided to the Common-Sense Parenting class participants statewide. Parenting Education Partners provide information to parents and service providers in their areas of service. See Community Based Child Abuse Prevention (CBCAP) section under Child and Family Service Continuum for further discussion of convening community partners to prevent child abuse and neglect.

Surveys are completed with community stakeholders, parents and children, and CPS staff when QA reviews are completed to obtain input on CPS service delivery. The results of the interviews are provided to the Regional Managers and Supervisors for each office reviewed to help in determining systemic strengths and needs and responding to the needs either locally or programmatically. The information gained from the interviews is used to assess outcomes and the CPS service system.

CPS asked partners with the Child Welfare System to participate in a survey to learn more about the awareness and use of community supports and resources to help parents care for their children. This is further explained in the collaboration section.

7.) Foster and Adoptive Parent Licensing, Recruitment, and Retention

During the 2016 Child and Family Services Reviews; the state's Foster and Adoptive Parent Licensing, Recruitment, and Retention program was rated as a strength and found in substantial conformity.

CPS has consistently licensed more families than families who discontinue providing care.

Please refer to the Foster and Adoptive Parent Diligent Recruitment Plan for detailed information regarding plans for performance enhancements and assessment and strategies for continually strengthening outcomes consistent with our vision.

III. Plan for Enacting the State's Vision

Families are engaged by a child welfare system who recognizes and supports their value and resiliency.

The collaboration for South Dakota's vision statement began at the National Conference for Child Abuse and Neglect in April of 2019. A team comprised of CPS, United Judicial System, the Division of Behavioral Health, and the South Dakota Center for Prevention of Child Maltreatment were presented the opportunity to attend the conference together and collaborate on the future of child welfare in the state of South Dakota.

Further collaboration with internal and external teams provided the input necessary to finalize South Dakota's vision statement. The same partners contributed to the

development of the CFSP and will inform the progress reported in our future APSR. Please refer to the Collaboration Section for further details.

The process of envisioning the future of child welfare through the development of a vision statement, provided an opportunity for multiple discussions, both internal and external. The vision statement provided the child welfare system the impetus to create the Candidates of Care group and reinvigorate the Permanency Workgroup through the addition of external partners and parents. These groups will provide the forum for further development, planning, and evaluation to ensure the goals remain effective in enacting the state's vision.

A. Goals

- 1. The child welfare system is robust, engaged, and working towards a shared vision.**
- 2. Prevention interventions are utilized by child welfare system partners to ensure only children requiring alternative care to secure safety enter state custody**
- 3. Interventions are utilized by the child welfare system to achieve timely permanency outcomes for children which meet their individualized needs.**

Goal 1. The child welfare system is robust, engaged, and working towards a shared vision.

The first goal, the child welfare system is robust, engaged, and working towards a shared vision, provides the avenue to create the necessary framework and infrastructure to realign child welfare in South Dakota from a child welfare agency to the recognition of the existence and enhancement of a child welfare system. During the process of collaboration, it was determined a root cause for the obstacles preventing the improvement of child and family outcomes, is the lack of a comprehensive, coordinated, and effective child welfare system. CPS has made diligent efforts throughout the years to engage internal and external stakeholders, but there remains a perception of child welfare as a problem which belongs solely to CPS, not all members of the child welfare system. The lack of a cohesive child welfare system results in fragmented efforts towards improvement which lacks accountability and ownership for child welfare by the child welfare system. To move forward with the CFSP, and subsequent APSRs, a robust and engaged child welfare system is essential.

Goal 1, Objective A:

The regional Safety, Permanency, and Wellbeing (SPWB reviews) will incorporate reviewers from outside CPS. Reviewers from the areas of legal and judicial, service providers, CASA, other state agencies, state or district school system, etc., will partner with CPS to review and evaluate the effectiveness of the current child welfare system.

Rational: The SPWB reviews inform the child welfare system on the outcomes of children and families. By incorporating reviewers from outside of CPS, the members of the child welfare system will be informed and develop understanding and ownership of the outcomes. Reviewers will have firsthand exposure to evaluating how the actions of the entirety of the child welfare system impact the outcomes of families and children.

Interim Benchmarks:

Year One: Non-CPS reviewers will comprise 5% of the entire review team

- **Benchmark: End of Year One:** Non-CPS reviewers comprised 4.5% of the review team. South Dakota was on target to meet this benchmark, however, the Region 1 review moved due to COVID-19 from June 2020 to September 2020, which falls in the 2022 progress report timeframe. South Dakota would have had 5.9% of stakeholders in the review teams if Region 1 remained as scheduled.

Year Two: Non-CPS reviewers will comprise 10% of the entire review team

Year Three: Non-CPS reviewers will comprise 15% of the entire review team

Year Four: Non-CPS reviewers will comprise 20% of the entire review team

Year Five: Non-CPS reviewers will comprise 20% of the entire review team

Training and Technical Assistance

Training is provided to stakeholders prepare for the SPWB review process, including the Onsite Review Instrument Instructions (OSRII), interviews, justification of findings, and navigating the Online Monitoring System. Stakeholders are partnered with CPS staff who are experienced and demonstrate competence in the completion of the SPWB reviews. The Outcomes Management Program Specialist is available during onsite reviews to provide any technical assistance.

Goal 1, Objective B:

CPS will develop a dashboard outlining the status of outcomes of children and families to be published on the CPS home page. The report will include basic data: number of abuse and neglect reports; number of present danger plans implemented; number of families served through in home services; number of children in out of home care, including the number of children in kinship care; number children discharged from CPS custody; number of children adopted; number children free for adoption; number of resource homes, both foster and kinship, and a list of tribes with IVE agreements.

Rational: To be engaged, a child welfare system must be well informed of the status of children and families served by the system.

Interim Benchmarks:

Year One: Dashboard elements. First dashboard published on webpage by October of 2020 with SFY 2020 data.

- **Benchmark: End of Year One:** The South Dakota FACIS team is prepared to release the data in October of 2020. There are no current barriers preventing the information to be published at this time.

Year Two: Second dashboard published on webpage by October of 2021 with SYF 2021 data.

Year Three: Third dashboard published on webpage by October of 2022 with SYF 2022 data.

Year Four: Fourth dashboard published on webpage by October of 2023 with SYF 2023 data.

Year Five: Fifth dashboard published on webpage by October of 2024 with SYF 2024 data.

Training and Technical Assistance: The dashboard will be created in consultation with the DSS Communications Director.

Goal 1, Objective C:

The community feedback component of CQI will be enhanced to effectively identify and engage the child welfare system partners. Data beyond the outcomes from the SPWB reviews will be identified and shared. The local child welfare systems will develop strategies to improve child and family outcomes. The local system will have the opportunity to gauge the effectiveness of their interventions through ongoing local CQI.

Rational: To be engaged, a child welfare system must be well informed of the status of children and families served by the system.

Interim Benchmarks:

Year One: Develop office specific meeting format regarding data and education regarding child welfare system by July 2020

Regional Managers develop calendar for meetings by August 2020

Begin specific meetings by September 2020

- **Benchmark: End of Year One:** The Outcomes Management Program Specialist consulted with the Regional Managers and answered questions regarding their calendar. CQI meetings with stakeholders will begin September 2020, following regional reviews. The Outcomes Management Program Specialist implemented the stakeholder survey in January 2020; data will help develop the meeting format as the findings will be incorporated into the meetings. The meeting format is on target to be completed by July 31, 2020. The meeting format will be presented to the CPS Management Team for final revisions.

Year Two: Meetings held in each community with a CPS local office

Year Three: Meetings held in each community with a CPS local office

Year Four: Meetings held in each community with a CPS local office

Year Five: Meetings held in each community with a CPS local office

Training and Technical Assistance: The Outcomes Management Program Specialist will help each Regional Manager prepare for their stakeholder CQI meeting by providing data, an outline on how to present the data, and any other support they require. The Outcomes Management Program Specialist will be available to be at the office CQI meeting for any additional support.

Goal 1, Objective D: CPS will explore the development of a Child Welfare Advisory Council.

The Child Welfare Advisory Council will include the leaders of CPS, Unified Judicial System, Department of Education, Department of Health, Department of Human Services, Department of Corrections, parent, youth, placement resources, law enforcement, tribal relations partner, Governor's office policy advisor, House of Representative, Senator,

States Attorney, Parent's Attorney, Child's Attorney, prevention partner, Center for the Prevention of Child Maltreatment and others.

Rational: Multiple state and local level efforts continue to support the recognition of a child welfare system. A creation of a child welfare advisory council will solidify these efforts with one overarching council providing a unified forum to build consensus and cohesiveness to enact the vision of child welfare in South Dakota.

Interim Benchmarks:

Year One: Division Director will discuss and determine support from administration for the development of a council – June 2020

- **Benchmark: End of Year One:** South Dakota Child Protection Services intends to release a Request for Proposal to complete an internal capacity assessment in preparation for the implementation of Family First. South Dakota will consider recommendations from the assessment prior to moving forward with an advisory council.

Year Two: If approved, council members will be selected, appointed, and inaugural meeting will be held. – June 2021

Year Three: Council will adapt and confirm a shared vision of the child welfare system. Goals, objectives, progress assessment measurements will be developed, and implementation will begin – June 2022

Year Four: Assessment measures will confirm the effectiveness or need for refining goals, objectives, and measurement standards. Revisions to the plan are made as necessary.

Year Five: Council will evaluate effectiveness and commitment. If the council is effective and council members are engaged, the council will continue. If changes are necessary to enhance effectiveness and engagement, they will occur. If the council is found to be an ineffective means to impact the child welfare system, it will disband.

Training and Technical Assistance: Technical assistance request will be submitted to Children's Bureau to provide an overview of child welfare to the council and determine opportunities for peer mentoring from existing child welfare councils in other states. Facilitator versed in implementation science will be contracted to facilitate council meetings and provide project management, as available in budget.

Goal 2 Prevention interventions are utilized by child welfare system partners to ensure only children requiring alternative care to secure safety are placed in state custody.

The second goal focuses on the need for the child welfare system to effectively utilize prevention interventions, both existing and others yet undeveloped, to ensure children who can safely be cared for in their home or in the home of an extended family or family network do not enter custody. Children and families are best served in the least intrusive means necessary. Research informs the child welfare system of the unintended consequences of unnecessary placements of children through studies of short and long term placement impacts on children and their families. The practice model in South Dakota has long supported the utilization of Present Danger Plans (PDP) to prevent children from entering the foster care system. The utilization and support of the PDP process has received varied support from staff internal to CPS and external stakeholders.

Goal 2, Objective A:

A Candidates for Care team functions at a state level and supports Candidate for Care teams locally in Rapid City and Sioux Falls. The Candidates for Care Team is a collaboration of disciplines in the areas of child protection services, medical and mental health systems, public health, housing, faith-based agencies, domestic violence agencies, legal and judicial systems, school systems, private agencies, and substance abuse treatment programs. An area of specific focus are prevention efforts to avoid any unnecessary placement of children into foster care.

Rational: The Candidates for Care teams provide a venue for the state and local child welfare system to share in a common goal to support the vision statement of supporting and recognizing the value and resiliency of families. Children experience better outcomes when they are cared for by safe caregivers familiar to them. In reviewing data, during the timeframe of July 1, 2019 to May 31, 2020 Sioux Falls developed 161 Present Danger Plans, which is a 23% increase from the previous year and Rapid City developed 77 Present Danger Plans, which is three times as many from the previous year.

Interim Benchmarks:

Year One: Invite state and local child welfare leaders and policy makers to share perspectives on the potential to utilize other interventions to keep children safe outside of custody; share national and local data to confirm the potential to implement; provide a forum for discussion of varied perspectives, call for commitment to continue the discussion and form teams in the communities of Sioux Falls and Rapid City. December of 2019 Statewide team members identified and confirmed. Biannual meetings (May and November) scheduled. Group purpose confirmed. October of 2019 Contract with facilitator for state level group as budget allows. October 2019 Local groups identified and confirmation of membership. Group purpose confirmed August 2019

- **Benchmark: End of Year One:** Seventy-eight participants attended the initial Candidates for Care planning meeting in Pierre on May 23, 2019. Multiple agencies were represented from Sioux Falls and Rapid City, which are the two largest cities in South Dakota and have the most children in the foster care system. The participants focused on why children come into care for short periods of time, what is preventing present danger plans, services offered in the perspective areas and identified barriers. The group determined the outcomes the group will strive for, which are making sure the right kids are in the right beds and decrease the number of children in care, particularly kids that are in short term foster care.

On November 1, 2019 the Department of Social Services contracted with Sage Consulting to provide facilitation and project coordination services for the Candidates for Care Plan. The statewide meetings were scheduled for June 10, 2020 and November 4, 2020 in Pierre, SD. Due to the COVID-19 pandemic the June 10, 2020 was postponed.

Rapid City held their first meeting with community agencies on March 6, 2020. Their objectives are as follows:

- Objective 1: Engage stakeholders in the child welfare process of Present Danger Plans to prevent children from coming into custody versus staying safe in their homes. (Child Welfare System)

- Objective 2: Provide support for families from community resources to increase caregiver's capacity to keep children safe and thriving. (Family First Evidence-Based Prevention Programs)
- Objective 3: Provide access to resources of families and their children in crisis. (capacity is needed)

Sioux Falls was to hold their first meeting with community agencies on March 24, 2020. However due to the COVID-19 pandemic the meeting was rescheduled as a virtual meeting.

Year Two: Goals, objectives, and measurement standards developed for state and local groups. June 2020

Year Three: Strategies for goal achievement implemented at state and local level. June 2021

Year Four: Measurement of progress of plans at state and local level. Revisions and enhancements implemented, as needed. June 2022

Year Five: Measurement of progress of plans at state and local level. Revisions and enhancements implemented, as needed. June 2023

Measurement: Decision point of implementation of a PDP will be a fidelity review finding during CSI fidelity reviews. Reviews will show in 75% of reviewed cases, a PDP was implemented and/or considered. An increase in 10% in the number of PDPs at state level and both communities.

Training and Technical Assistance: Facilitator and project manager for state and local teams.

Goal 2, Objective B:

Collaborate with tribal partners to prevent the unnecessary placement of Native American children into foster care. Native American children are only placed in foster care when their safety can be secured through no other intervention.

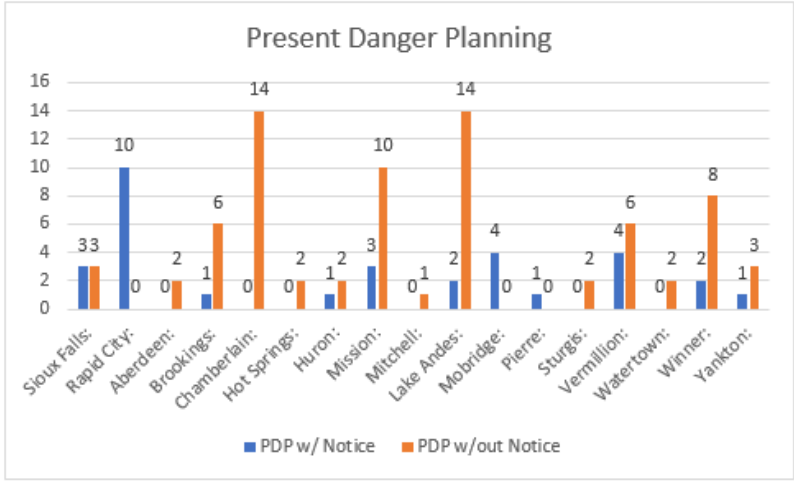
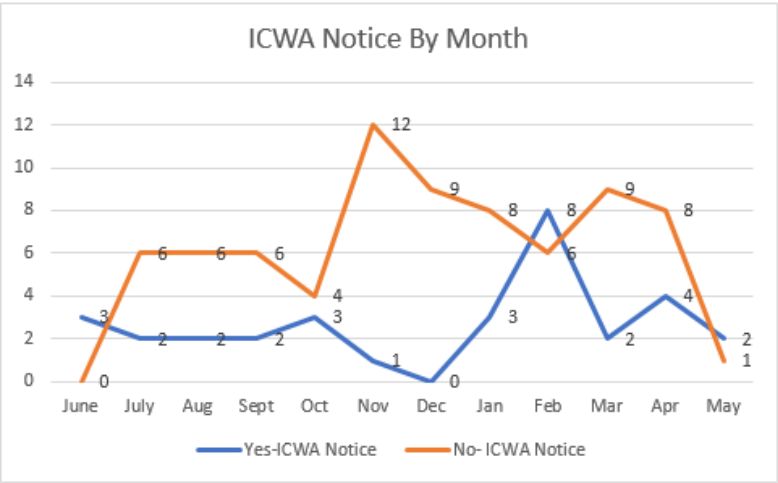
Rational: Over 60% of children in the custody of CPS are Native American, most are from one of the nine tribes located in South Dakota. Tribal authorities are notified of children who are under the jurisdiction of state court. Tribal authorities are unaware of children and families being served by CPS without court intervention, therefore, the tribes do not have the opportunity to offer support prior to removal.

Interim Benchmarks:

Year One: CPS PDP policy revised; PDP plans redesigned to capture parental authorization allowing ICWA contact. Native American parents are informed and asked to authorize CPS's notification of applicable tribe's ICWA director of PDP. ICWA Program Specialist included on all tribal notifications for data collection purposes. FACIS data enhanced to track all children who enter a PDP; all Native American children who enter a PDP; Native American caregivers who authorize tribal notification; and Native American caregivers who do not authorize tribal notification.

- **Benchmark: End of Year One:** The Present Danger Plan (PDP) is an immediate, short term plan to keep the child(ren) safe when they have been identified as being

in danger because of the actions of their caretaker(s). It is an alternative to court custody and placing children in foster care. This plan is developed in cooperation with the child(ren)'s parents or caretakers. The use of these plans is a part of active efforts to prevent removal and keep children connected to their families. As a result of feedback from the tribes, the PDP process was changed to allow a parent the choice to have their Tribal ICWA Program notified or not. Policy was updated as of January 1, 2019 and staff were instructed to email the tribe if the parent consents and the ICWA Program Specialist for tracking purposes. The state's CCWIS system will be updated to track the tribal notices, implementation is targeted for July 1, 2020. Please see charts below for the data collected by the ICWA Program Specialist:



Year Two: PDP data shared and discussed at State Tribal Consultation meeting, including percentage of cases of tribal response or lack of response. Enhancements identified, as necessary. Parental consent data collection implemented in FACIS.

Year Three: PDP data shared and discussed at State Tribal Consultation meeting, including percentage of cases of tribal response or lack of response. Enhancements

identified, as necessary. Parental consent received on 20% of all PDPs with Native American families

Year Four: PDP data shared and discussed at State Tribal Consultation meeting including percentage of cases of tribal response or lack of response. Enhancements identified, as necessary. Parental consent received on 25% of all PDPs with Native American families

Year Five: PDP data shared and discussed at State Tribal Consultation meeting including percentage of cases of tribal response or lack of response. Enhancements identified, as necessary. Parental consent received on 25% of all PDPs with Native American families.

Measurement: The ICWA Program Specialist (ICWAPS) will monitor, report, analyze outcomes, and develop necessary practice or reporting enhancements.

Training and Technical Assistance: Family Services Specialists will be trained in Foundation Training and Initial Family Assessment Training regarding the notification to the Tribal ICWA directors when a present danger plan is completed, and the family gives permission for the tribe to be notified.

Goal 2, Objective C:

CPS and Department of Health (DOH) will explore avenues to partner to enhance Safe Care Plans and Home visiting program

Rational: The child welfare system does not have consensus on the most effective and least intrusive means to secure the safety of substance impacted infants. Absent shared agreement of response, children may unnecessarily be placed into state custody.

Interim Benchmarks:

Year One: CPS will explore with partners in DOH their interest and availability to collaborate in the enhancement of safe care plans. March 2020

- **Benchmark: End of Year One:** South Dakota applied for and was selected as one of nine states to attend the 2020 Practice and Policy Academy: Developing a Comprehensive Approach to Serving Infants with Prenatal Substance Exposure and their Families. South Dakota will take eleven individuals to the academy, which was initially planned for May 2020 in Newport Beach, California. Due to the COVID-19 pandemic, this has been moved to August 25-27, 2020 and will be held virtually.

The purpose of the academy is to enhance the capacity to meet the needs of infants who are affected by prenatal exposure of substance use and to receive technical assistance in mobilizing a comprehensive team in developing Plans of Safe Care. Currently, the State of South Dakota's data and information collection is specific and limited to children who meet criteria for assessment through Child Protection Services. South Dakota desires to collaborate and bring together cross-agency partners to develop, implement, and monitor Plans of Safe Care for all infants affected by substance use, not just those infants who meet criteria for child welfare intervention. South Dakota has three large health care facilities (Avera Health, Monument Health, and Sanford Health), which are all represented on the team. The team also has representatives from the Division of Child Protection Services, Division of Behavioral Health, Division of Family and Community Health,

South Dakota Indian Child Welfare Act Coalition, University of South Dakota School of Medicine, Great Plains Tribal Chairmen's Health Board, and the Unified Judicial System.

Year Two: Protocols and funding streams for safe care plans will be established. March 2021

Year Three: Evaluation of safe care practices to inform site selection and launch initial implementation steps March 2022

Year Four: Evaluate site data, enhance protocols, as necessary March 2023

Year Five: Evaluate site data, if proven successful plan statewide implementation. March 2024

Measurement: At year five, 75% of substance impacted newborns will have safe care plans. Over 40% of the safe care plan will not involve state custody.

Training and Technical Assistance: Training assessment and planning will be coordinated with Department of Health, as necessary.

Goal 2, Objective D:

Ensure precise and accurate decisions are made regarding the safety of children and the necessity for out of home care and enhance agency Present Danger Plan practice.

Rational: The child welfare system will not engage in collaborative efforts to secure safety for children through PDPs, if CPS does not demonstrate the ability to accurately identify safe caregivers and effectively manage child safety in PDPS.

Interim Benchmarks:

Year One: Identify and utilize opportunities to provide PDP coaching through existing PIP strategies. March 2020.

- **Benchmark: End of Year One:** The case review completed October 2019 revealed Region 1 needs to enhance the accuracy of present danger determinations and improve diligence in exploring all alternatives through present danger planning to avoid children coming into agency custody unnecessarily. During the January 14, 2020 coaching session, the supervisory team identified inconsistencies in decision making and varying levels of expertise and confidence in safety determination as root causes of the inconsistent decision making and lack of present danger planning. In order to develop supervisor expertise and confidence, follow up coaching sessions occurred January 2020 through March 2020 to target present danger determination and planning.

Year Two: CSI workgroup completes fidelity review of PDP practice through a random selection of Present Danger Assessments and Present Danger Plans. Based on findings, coaching locations selected. March 2021

Year Three: Priority sites receive PDP coaching

Year Four: Fidelity review of PDP practice of sites receiving coaching. Revisions to coaching strategy as necessary. Next tier of sites selected receive PDP coaching

Year Five: Fidelity review of PDP practice of sites receiving coaching. Determination of further implementation of coaching strategy.

Measurement: Sites receiving PDP coaching increase successful fidelity review findings confirming accurate and precise practice by a minimum of 10%.

Training and Technical Assistance: Development of instrument to measure PDP fidelity, reviewer preparation, PDP coaches developed to sustain efforts beyond initial coaching efforts.

Goal 2, Objective E:

Data is available through FACIS to identify the present danger threats which frequently cause children to be unsafe, the number of these children entering custody, and the number of the children entering a present danger plan.

Rational: Accurate and precise data is necessary to understand all factors contributing to children being in present danger and determining what, if any, further strategies must be implemented.

Interim Benchmarks:

Year One: CPS program staff and Bureau of Information and Technology (BIT) staff will consult on the necessary enhancements to FACIS to develop screens and reporting necessary for data collection and analysis. June 2020

- **Benchmark: End of Year One:** Present Danger Threat screens are developed and tested in the CCWIS system and targeted for implementation on July 1, 2020.

Year Two: Updates launched in FACIS and data collection-initiated July 2021

Year Three: Data collected for SFY22. Evaluation of data to ensure accuracy and any needs for enhancement. Data distributed to multiple teams involved with candidates for care.

Year Four: Data collected for SFY23. Evaluation of data to ensure accuracy and any needs for enhancement. Data distributed to multiple teams involved with candidates for care.

Year Five: Data collected for SFY24. Evaluation of data to ensure accuracy and any needs for enhancement. Data distributed to multiple teams involved with candidates for care.

Training and Technical Assistance: CPS will continue consultation with BIT to move project forward.

Goal 2, Objective F:

Establish feedback loop between danger data and CBCAP Parenting Education Advisory Board for Parenting Education Program.

Rational: An initial step to expand the prevention partnerships to prevent children from entering the child welfare system is a well-informed population. The advisory board meets to provide ongoing opportunities for agencies and providers to collaborate to support community-based efforts to design, provide activities, and develop initiatives aimed at the prevention of child abuse and neglect. Through the provision of accurate and timely state and regional data the advisory board can more effectively develop prevention initiatives.

Interim Benchmarks:

Year One: Candidates for Care state and local teams include members, as available, from the CBCAP Parenting Education Advisory Board. Program Specialist leading CBCAP efforts joins state Candidate for Care team. December 2020

- **Benchmark: End of Year One:** The Program Specialist leading the CBCAP efforts joined the Candidates for Care team, however, due to COVID-19 the meeting for June 2020 was cancelled, however, will attend the November 4, 2020 meeting.

Year Two: Continuation of coordination of Candidates for Care Teams

Year Three: Continuation of coordination of Candidates for Care Teams; Data collected from Goal 2 Strategy E (SFY 2022) presented to Advisory Board

Year Four: Continuation of coordination of Candidates for Care Teams; Data collected from Goal 2 Strategy E (SFY 2023) presented to Advisory Board

Year Five: Continuation of coordination of Candidates for Care Teams; Data collected from Goal 2 Strategy E (SFY 2024) presented to Advisory Board

Measurement: CBCAP Parenting Education Advisory Board for Parenting Education Program will be surveyed at the end of year five to gather impact of shared data on targeting prevention initiatives.

Training and Technical Assistance: None needed

Goal 3. Interventions are utilized by the child welfare system to achieve timely and suitable permanency outcomes for children.

The third goal focuses on the need for the child welfare system to effectively establish permanency for children. Permanency planning is the process of taking prompt, decisive action to maintain children in their own homes, or to permanently place them with other families. Children and families are best served when the system is functional; permanency planning can only be achieved in a timely manner through a system wide recognition and investment in child welfare. The absence of any major partner in permanency planning causes significant delays and jeopardizes positive outcomes for children.

Casey Family Programs (December 2011) Timely Permanency through Reunification Breakthrough Series Collaborative. "Reunification is much more likely to take place early in a placement rather than later. With every year a child remains in foster care, the likelihood of reunification declines (pg. 11).".

The Adoption and Foster Care Analysis and Reporting System (AFCARS) 2012 indicates that:

- Almost 40 percent of the 23,396 youth who aged out of the US foster care system ended up homeless or couch surfed.
- Nearly 60 percent of young men had been convicted of a crime and only 48 percent were employed.
- 75 percent of women and 33 percent of men receive government benefits to meet basic needs.
- 50 percent of all youth who aged out were involved in substance use and 17 percent of the females were pregnant.

The urgency of timely and suitable permanency outcomes for children has received varied levels of attention from the child welfare system. The state's PIP Goal 3/Objective 3 includes significant collaboration with the Judges, State's Attorneys in SD's two largest counties, CPS, and CIP to establish timely and quality permanency hearings. The CFSP and subsequent APSRs provide further supports for this goal.

Goal 3, Objective A

Determine, design, and distribute engaging and meaningful data outlining the child welfare system's performance in achieving permanency for children.

Rational: Concise, clear and indisputable data provides a foundation for an understanding of how children are experiencing the child welfare system in South Dakota. All the partners in achieving permanency for children have significant demands on their time and attention. Data which provides clear analysis builds consensus on performance and areas needing improvement. Data points to be highlighted include time from initial custody to adjudication, time from adjudication to final disposition, time from petition for termination to final dispositional hearing, time from final dispositional hearing to permanency finalization, and in cases with appeals, time between appeal and Supreme Court decision, etc.

Interim Benchmarks:

Year One: The CPS Assistant Division Director and CIP Coordinator will attend the 2019 National Child Welfare Evaluation Summit Leveraging Data and Evaluation to Strengthen Families and Promote Wellbeing. The summit includes a variety of topics relevant to legal partners including how court and child welfare data can be linked to amplify systems assessments and target improvement efforts and how to present data and enhance stakeholder's understanding of performance. August 2019

The Assistant Division Director and CIP Coordinator will coordinate with the CPS FACIS team to utilize information from the Evaluation Summit into design and development of updating data sharing with judicial partners. Data sharing agreements revised, as necessary April 2019.

- **Benchmark: End of Year One:** The CPS Assistant Division Director and CIP Coordinator attended the 2019 National Child Welfare Evaluation Summit Leveraging Data and Evaluation to Strengthen Families and Promote Wellbeing. Data reports are developed and tested in the CCWIS system and on track to be implemented July 1, 2020. The enhancements will be presented to presiding judges at their next meeting, which is scheduled to be held in the fall of 2020.

Year Two: CIP and CPS will distribute newly revised data reports to judicial partners.

Year Three: CIP and CPS will distribute newly revised data reports to judicial partners. CIP and CPS will gather input from judicial partners on usefulness and enhancements of permanency data. Revisions will occur, as necessary.

Year Four: CIP and CPS will distribute newly revised data reports to judicial partners. CPS and CIP will gather input from judicial partners on usefulness and enhancements of permanency data. Revisions will occur, as necessary.

Year Five: CIP and CPS will distribute newly revised data reports to judicial partners. CPS and CIP will gather input from judicial partners on usefulness and enhancements of permanency data. Revisions will occur, as necessary.

Measurement: Length of time to achieve permanency will decrease by 10% by Year Three and by 15% by Year Five.

Training and Technical Assistance: Consultation with Center for the Courts, as necessary

Goal 3, Objective B:

Implement Community Based Recruitment of In-Home Safety Plan Providers

Rational: At the conclusion of the Initial Family Assessment, CPS completes a Safety Plan Determination (SPD) for children who are found to be in impending danger. When the SPD indicates the necessity of an out of home safety plan (placement) Conditions for Return are developed. Conditions for return are written statements of specific behaviors, conditions, or circumstances that must exist before a child can return and remain in the home with an in-home safety plan. The conditions for return are directly connected to the specific reasons why an in-home safety plan could not be put into place. Often the lack of resources within the family, community, and agency to develop a sufficient in-home safety plan are identified as a condition requiring the child to be placed out of the home. Children deserve to be in their home, whenever it is safe to do so; CPS believes there are potential resources in local communities to build safety networks around children and families.

Interim Benchmarks:

Year One: Implementation strategies and timeline developed. Pilot implementation site selected. Local team identified. April 2020

- **Benchmark: End of Year One:** In April 2019, the Huron community was selected to be the first pilot site for the community-based recruitment of in-home safety plan providers.

In June 2019 the Huron Family Services Specialist, Supervisor and Regional Manager developed a list of potential participants to be trained as a safety plan provider. A letter was distributed explaining the Department of Social Services mission statement, the safety plan recruitment project and details about the informational meeting to eighty individuals and local businesses.

On August 19, 2019 two community informational meetings were held, 50% of attendees submitted commit to know more about being a safety plan volunteer card. Those individuals were invited to attend the safety plan provider training.

Twenty participants attended training, consented to central registry screening, agreed to confidentiality statements, and a “get to know you” form. The “get to know you” form provided basic information about volunteers and who they thought would be good fits and more challenging matches in safety planning. The information is utilized to match volunteers and families. As of April 2020, the Huron office has assigned volunteers to five cases.

The Ongoing Program Specialist, Regional Manager and Huron staff have monthly phone calls to monitor the project. The Huron office has seen a decline in the number of cases requiring in home safety plan providers outside of the family. In order to maintain the interest of the volunteer safety plan providers who were trained, the Huron office sends out monthly newsletters informing the safety plan providers of what is occurring in the Huron office, trainings they could attend and other various tidbits. The Regional Manager, Ongoing Program Specialist and the Huron staff have been exploring other options the Huron office could use the safety plan providers such as for mentorships while the kids are in foster care. Huron is located in Beadle County, which is one of the counties most impacted by COVID-19 in South Dakota, therefore, impacting all areas of child welfare practice.

Year Two: Community recruitment occurs in selected service area. Pool of community safety plan providers established and utilized.

Year Three: Evaluation of success of community safety plan providers. Evaluation of timeliness of reunification, success of reunification with community providers

Year Four: Based on evaluation findings, revise process and resource recruitment and preparation

Year Five: Evaluation of success of community safety plan providers. If outcomes determine potential for positive outcomes, request budget support of further implementation.

Measurement: By year three, in the pilot site, there will be a 50% increase with the number of in-home cases as well as a decrease of children in out of home care by 25%. Children that are returned home with an in home safety plan will not re-enter care do to having a support system in place. Complete a tracking system that will track the number of cases that utilize community safety plan providers vs the number of cases that utilized the families support network.

Training and Technical Assistance: Development of training curriculum for community safety plan providers.

Goal 3, Objective C:

Enhance quality of data to collect and allow for analysis of Conditions for Returns prohibiting children from moving to trial reunification.

Rational: CPS develops conditions for return at the conclusion of the Initial Family Assessment. Conditions for Return are reevaluated at critical case junctures, including Protective Capacity Case Plan and Case Plan Evaluations. The agency has anecdotal information which leads to the premise of the most common barrier to trial reunification is the lack of supports within the family, community, and agency to develop a sufficient in-

home safety plan. However, there are no mechanisms within FACIS to collect or report on Conditions for Return. Better information on the conditions prohibiting trial reunification will provide the child welfare system the data necessary to develop the services and supports to mitigate these conditions.

Interim Benchmarks:

Year One: CPS program staff and Bureau of Information and Technology (BIT) staff will consult on the necessary enhancements to FACIS to develop screens and reporting necessary for data collection and analysis. June 2020

- **Benchmark: End of Year One:** Present Danger Threat screens are developed and tested in the CCWIS system and are on track to be implemented July 1, 2020.

Year Two: Updates launched in FACIS and data collection-initiated July 2021

Year Three: Data collected for SFY22. Evaluation of data to ensure accuracy and any needs for enhancement.

Year Four: Data collected for SFY23. Evaluation of data to ensure accuracy and any needs for enhancement.

Year Five: Data analysis utilized to identify service gaps and begin planning to resolve. Cross reference with Goal 3 Objective B.

Training and Technical Assistance: CPS will continue consultation with BIT to move project forward.

Goal 3, Objective D:

Year of the Father Project, an initiative to enhance engagement towards father's in areas of safety, permanency, and wellbeing for children.

Rational: Engagement towards both mothers and fathers is important in achieving permanency for children. Through fidelity reviews and Safety, Permanency and Well Being reviews, it is evident there is a lack of engagement towards fathers.

Interim Benchmarks:

Year 1: The Fatherhood Project was not included in the South Dakota's Plan of Enacting the State's Vision until Year 2, therefore, there are not benchmarks to capture in year 1.

Year 2: Fathers be part of the workgroup in an advisory role on how to get fathers who are not living in the home with the child or maltreating caregiver engaged with Child Protection Services and their children. The workgroup will analyze the data from the survey results to create a baseline, create monthly activities for FSS's to engage and educate the importance of fathers involvement in their child(ren)'s lives. South Dakota will consult with an advocate for fathers to present to Child Protection Services staff about engagement of fathers.

Year 3: The workgroup will analyze the data from the survey results, oversee monthly activities for FSS's to engage and educate the importance of fathers involvement in their child(ren)'s lives.

Year 4: The workgroup will conduct a second survey and will analyze the data from the survey results. The workgroup will evaluate what was achieved in outcomes and make changes to the corresponding policy and practice.

Measurement: Fathers who are receiving services from Child Protection Services will be more engaged and involved in their children's lives.

Training and Technical Assistance: None

Implementation Supports

The Court Improvement Program (CIP) received technical assistance from the Capacity Building Center for Courts to support Goal 3 of the CFSP/APSR, as well as Goal 2 of the PIP. South Dakota has the support of the CIP Committee as well as the Chief Justice in working towards achieving the permanency goals outlined in both the PIP and CFSP/APSR.

IV. Quality Assurance System:

Please see Assessment of Current Performance in Improving Outcomes section under Systemic Outcomes for information on the Quality Assurance System.

V. Service Descriptions:

Child and Family Services Continuum

CPS provides a full range of child welfare services statewide. Services are provided in the tribal jurisdictions either directly by CPS or under agreements in which the Tribe provides the full array of services. The services provided by CPS include intake for child abuse and neglect reports, 24/7 emergency response, assessment of abuse and neglect and child safety, ongoing protective services, reunification services to families, independent living services, permanency planning services, licensing of child welfare agencies and parenting education. CPS uses the Comprehensive Safety Intervention (CSI) model to respond to reports of abuse and neglect, assess child safety and provide ongoing services to families. The CSI is a safety driven model integrated throughout the components of the services to families. CPS coordinates these services with community and tribal providers.

Intake

The first phase of the CSI is intake. State law requires reports of abuse and neglect to be made either to the county State's Attorney, law enforcement or CPS. The county State's Attorney and law enforcement are required to inform CPS about reports they receive. CPS receives intake calls during normal business hours Monday through Friday between 8:00 am and 5:00 pm. After hour emergency reports are received by law enforcement dispatch. CPS restructured the intake system in January 2015 to a regional call system. Intake Specialists are all within the same unit even though they are in different offices.

CPS can access information on criminal court convictions through the Unified Judicial System which provides information related to determining child safety during the intake process. CPS also networks and consults with key community and tribal stakeholders who could have relevant information about family history. Several jurisdictions across the state have community and tribally based Child Protection Teams and Multidisciplinary Teams for the purposes of assisting in the assessment and treatment of child abuse and neglect. CPS offices request collateral information from selected mandatory reporters to obtain relevant background information.

CPS uses the Child Maltreatment Screening and Response Determination to “triage” Request for Services (RFS) assignments based on child safety and vulnerability. The determination provides a structured decision-making process for Supervisors and Family Services Specialists designated as Screeners to assist staff performing intake duties in the initial determination of child safety and vulnerability which then drives CPS’s timeframes for initial contact.

To continue to advance the centralized process, CPS is centralizing the screening process. This centralized process will reduce the number of Supervisors and Family Services Specialist are responsible for screening referrals. The new process includes four centralized Screeners who will solely be responsible for decision-making of referrals statewide, regardless of the location of the family. This new structure was initially piloted in South Dakota’s two largest offices, Rapid City and Sioux Falls. Over the course of the year, additional offices were added. Centralized Screening was implemented statewide by June 1, 2020, ahead of the targeted completion date of July 1, 2020.

Emergency Response

CPS staff provide emergency response to reports of abuse and neglect 24 hours a day and seven days a week, which is coordinated with local law enforcement. Calls are routed through local law enforcement agencies and CPS staff respond to the reports determined to indicate present danger. Law enforcement or a court services officers are authorized to take temporary custody of a child without an order of the court if certain criteria defined in South Dakota Codified Law are met.

Initial Family Assessment

CPS and law enforcement have the authority under state law to investigate child abuse and neglect reports. CPS and local law enforcement have a protocol in place regarding coordination of investigations of abuse and neglect depending on child safety and whether the report involves a potential crime. The Initial Family Assessment (IFA) is the assessment process used by CPS when a report is assigned. The IFA places the emphasis on decision-making regarding intervention on impending and present danger threats to child safety rather than the substantiation of an incident. The IFA is supplemented with processes for Present Danger Plans (PDP), Safety Plan Determinations, Conditions for Return, and In-Home Safety Plans. The PDP allows CPS to consider an alternative to children being placed in CPS custody during the completion of the IFA when it is indicated the child is unsafe due to present danger threats. CPS uses the PDP to explore with the family possible ways of controlling the danger threats to child safety. The parents can voluntarily allow the children to be cared for by other caretakers mutually agreed upon between the parent and CPS pending the completion of the IFA. Another option during the completion of the IFA, is the removal of the alleged maltreating caregiver. Safety planning is used following the completion of the IFA when threats to child safety exist in the home. The use of a safety plan gives the parent and CPS additional time to make better determinations during the ongoing services phase as to what behavioral changes and services are needed to help the parent and CPS manage child safety. The most intrusive Safety Plan is when a child is removed from the home and placed in the custody of CPS because danger threats cannot be managed with the child in the home. An important component of the Safety Plan requires coordination with other stakeholders who can be part of the Safety Plan. The Safety Plan providers may be other family members, treatment providers, school representatives, day care providers, etc.

Ongoing Services

CPS believes case decisions need to be based on an ongoing analysis of safety. The Protective Capacity Assessment (PCA) is the ongoing process within the CSI model occurs between CPS and the parents. The PCA emphasizes self-determination and facilitates case planning with the

family based on danger threats, the protective capacities of the parents, and needed behavior change. This focuses on case planning on behavior change rather than just the incident or compliance through the development and enhancement of caregiver protective capacities. The PCA is used with both in-home cases and cases where the child is placed in the custody of CPS in an out of home safety plan.

CPS works with the parents during the PCA process to determine what must change and what services are necessary to achieve these behavioral changes. The PCA Case Plan is developed around the necessary services and includes roles, responsibilities, and time frames for those who are involved in the plan. South Dakota is an expansive, rural state with a small population base. The availability of services to families varies depending on the geographical area of the state. The PCA process encourages the parent to lead the determination of what services they believe are necessary to make behavior changes and encourages the utilization of natural services identified by the family; e.g. tribal elders as counselors. CPS facilitates parent's access to services through collaboration with service providers, assistance with working with service providers, assistance with transportation, paying for expenses for services not covered through other means, and assistance in addressing other issues may create barriers for families to access services. The PCA Case Plan Evaluation is used by CPS through communication and contact with the family members and communication and coordination with service providers to evaluate the Case Plan progress to assess whether the diminished protective capacities are being enhanced, and subsequently, whether danger threats are being controlled.

Placement Services

CPS provides placement services when a child is placed by either law enforcement or the courts in the custody of CPS. Placement options include kinship (relatives) care, fictive kin, foster care, welfare agencies licensed by CPS, and in some instances, out-of-state placement resources. Licensed child welfare agencies include family foster care, emergency/shelter care, treatment foster care, child placement agencies, Alternative Placement Services, Group Care Centers for Minors, Residential Treatment Centers, and Intensive Residential Treatment Centers. Residential treatment programs are also available for children with needs related to substance abuse, mental health, and developmental disabilities.

CPS considers placement with relatives a priority and state law include provisions requiring a relative placement to be the first consideration when a child is placed. Kinship home studies are completed through a contract with a private agency. The kinship study process includes background checks and the assessment of the capacity of kin related to the needs of the child and determination of the prospective caregiver's ability to provide a safe home based on identification and evaluation of their existing protective capacities. CPS can consider an expedited placement with relative kin or fictive kin soon after the child is placed in care before a home study is completed if the child has a substantial connection to the kin provider and if the necessary safety determinations can be made.

CPS provides supervision, case planning, permanency planning services, and independent living services to children in CPS custody. When law enforcement removes a child from a caretaker, without the assistance of CPS, CPS must have contact with the child within 24 hours of placement (kinship or foster care). In cases where law enforcement calls CPS for assistance, CPS will immediately respond. When a child is removed from the home, CPS will then meet with the child the next working day. A home visit is then required within the next 14 days, with a third visit required in the next 30 days.

CPS completes the Child Case Plan within 60 days of the child being placed in care. The case planning process emphasizes the involvement of parents, the child, foster parent, and others who have a significant role in the family. The Child Case Plan assesses and documents the child's needs, determine the services and supports needed and documents the efforts made in meeting the child's needs, assuring stability and facilitating permanency. CPS uses the Child Case Plan to assess progress and adjustments in the plan. CPS works in coordination with the tribal ICWA programs and other tribal resources when the child is affiliated with a Tribe. These efforts are described under the section on ICWA and collaboration with the Tribes. Additional tools CPS uses to promote stability and permanency for children in care and enhance family involvement include placement team meetings, team decision-making meetings, family group conferencing, permanency planning team meetings, APPLA meetings, and concurrent planning.

Permanency Planning Services

When reunification is not successful, CPS makes concerted efforts to place children in an alternative permanent placement. CPS considers placement with relatives as a priority and makes ongoing efforts to locate relative placement resources. CPS provides subsidies for guardianship using state funds and through the Guardianship Assistance Program. CPS provides financial and medical subsidies and post-adoption services to children and their adoptive families. Many adoptions and guardianships are with the children's foster parents or relatives. CPS also places children and youth in Another Permanent Planned Living Arrangement (APPLA) as an alternative when adoption and guardianship are not the permanent plans and APPLA is the best option for a youth over age 16.

CPS provides support to placement resources and at least monthly visitation to assure the stability, safety, and well-being of children in placement. CPS makes efforts to assure the health, education, connections and physical needs of children are met while in foster care. These efforts are documented in the Child Case Plan and the caseworker narratives.

CPS uses a variety of planning meetings to assist in permanency decisions and permanency planning. Those include Placement Team Meetings, Concurrent Planning meetings, Family Group Conferencing, Team meetings, and Permanency Roundtable Meetings.

Interstate Compact on the Placement of Children (ICPC)

When the best placement family for a child does not live in South Dakota, the Interstate Compact on the Placement of Children (ICPC) is utilized. The ICPC, established in 1960, establishes procedures for ensuring the safety and stability of placements of children across state lines. CPS administers ICPC in South Dakota.

Community-Based Child Abuse Prevention Grant

CPS serves as the lead agency for the Community-Based Child Abuse Prevention (CBCAP) Grant. The CBCAP funding received by the state of South Dakota is used to 1) support community-based efforts to provide Parenting Education Programs and to prevent child abuse and neglect; 2) to support networks of partnerships for child welfare, schools, court systems, Head Start Programs, tribal agencies, and other organizations to better strengthen and support systems for families to reduce the likelihood of child abuse and neglect; and 3) to foster understanding, appreciation, and knowledge of diverse populations in order to prevent child abuse and neglect.

Parenting Education Program

The Parenting Education Program helps to assure a safe, non-threatening home for all children through the education of parents and a focus on activities and resources reduce the likelihood of

child abuse and neglect. CBCAP funding makes it possible to support primary prevention programs and strategies which are available to all families, as well as secondary prevention efforts, which target children and families at risk for abuse and neglect in South Dakota. The Parenting Education Program is offered to families and communities in South Dakota. The classes are posted to the website, so the communities have access to locations, dates, and times when the classes will be offered in different areas. If there is a need to have a class in an area not listed on the website, the Parenting Education Program will work with the Parenting Education Partners to meet the request.

Chafee Program

South Dakota's Chafee Program is designed to assist youth in foster care as they are working toward independence. The program has been successful because the Family Services Specialists (FSS) and Community Resource People (CRP) provide Independent Living Services (ILS) to the youth at an early age. The FSSs and CRPs continue to build on their relationship with youth as they transition to adulthood. Over this transition period, the youth establish strong connections and trust with the CRPs. The CRP Program continues the support of youth, while in care and after the youth transition to adulthood. The strength of the ILS Program is the involvement of youth in the planning process and incorporating input and feedback through surveys completed at the ILS Workshops, the Teen Conference, the Age 16, Age 17, and Exit Surveys, and through the Lutheran Social Services Community Resource Person Satisfaction Survey.

Licensing

State law requires child welfare agencies, which provide foster care, adoption, group care, independent living, residential treatment, and intensive residential treatment to be licensed. The Department of Social Services is the entity that is responsible for licensing child welfare agencies and monitoring child welfare agencies' compliance with licensing standards. The Department of Social Services has processes in place to assure placement resources meet safety requirements and to assure licensing standards are consistently applied to all placement resources.

Adoption

The CPS adoption program is responsible for the selection of the adoptive family for youth in CPS custody when the permanent plan changes to adoption. A formalized adoption selection committee is responsible for the selection of the adoptive family for youth. The committee is made up of the Family Service Specialist, the Family Service Specialist Supervisor, outside CPS representatives, the Adoption Program Specialist, the Child's Attorney, and other relevant participants. A review of the child's needs is considered as well as the approved adoption home studies of families interested in adopting. Placement laws are considered, and a decision is made regarding what is in the best interest of the child.

Youth who do not have an identified adoptive resource can be assigned to a Wendy's Wonderful Kid's recruiter or be candidates for the Permanency Roundtable process. The adoption program can access services through the Adoption Exchange, AdoptUsKids program and SD Kids Belong for specialized recruitment efforts. CPS has started to track these youth to better document efforts in locating an adoptive family.

Once a family is identified, a full disclosure meeting is held. The full disclosure meeting is an opportunity for the prospective adoptive family to review the child's entire Child Protection Services file. The family is able to take copies of the child's medical record, mental record and school record contained in the file. The adoptive family is encouraged to speak with the various professionals involved with the child. This gives the family a comprehensive view into the child's life and allows for them to make an informed decision on whether they can commit to the child.

Once the family makes a commitment to the child, the family is asked to complete the full disclosure form. The Family Services Specialist will then explain adoption assistance. If the family requires adoption assistance in order to adopt, the family may negotiate up to the basic foster care rate. Other adoption assistance may include Medicaid coverage until a child is age 18 and a non-medical subsidy covering pre-existing conditions. The Adoptive Placement Agreement and Subsidized Adoption Agreement are signed on the date of the adoptive placement. Non-recurring adoption expenses reimbursements are made available to the family to offset the cost of adoption.

When the Adoption Petition and Notice of Hearing are filed with the court and CPS is notified the adoption program completes the adoption consent and the recommendation for adoption finalization based on the Court Report and Report of Investigator sent in by the local CPS office. Post adoption services and support are provided by the Adoption Specialist. The youth's record is sealed.

The Adoption Program Specialist manages the adoption assistance program and oversees subsidy payments, Medicaid coverage, and post-adoption services for youth adopted by CPS. The adoption program is responsible for technical assistance on adoption-related matters to field staff and to the general public about policy, administrative rules, and state law. The program is responsible for creating and amending existing policy and administrative rules on adoption.

The adoption program is responsible for administration of the Interstate Compact on Adoption and Medical Assistance program, and the adoption portion of the Interstate Compact on the Placement of Children. The adoption program manages the Adoption Registry and assists adoptive families and adoptees with petitions to open sealed adoption records and complete adoption searches.

Adoption Support

There are 2,000 children currently receiving adoption assistance through Child Protection Services. Adoption assistance may include a maintenance subsidy, Medicaid coverage, and a non-medical subsidy covers services for pre-existing conditions. The amount of a subsidy and types of adoption assistance are negotiated prior to adoption finalization and remain in effect up to the youth's eighteenth birthday. Child Protection Services has been successful in obtaining continued legislative support for the adoption program. The SD Legislature has approved increases to the adoption budget every year for the last six years.

A combination of Adoption Incentive funds, Children's Trust Fund and State General funds support the Post Adoption Contract available to adoptive families in South Dakota. A Request for Proposal (RFP) process is completed every five years. A new RFP was issued in March 2020. The only proposal submitted was from the current contracted provider. The Post Adoption Contract is held by Children's Home Society with two primary locations in Sioux Falls and Rapid City, South Dakota's two largest communities. Contract services are available for families statewide with some services for rural families offered through technology when available. The contract offers individual child therapy, consultation, family therapy, crisis intervention, Eye Movement Desensitization and Reprocessing therapy (EMDR), referrals to appropriate services, one-on-one parent education, psycho-educational services, and family support. The contract facilitates adoption competency training for mental health professionals to create a statewide network of mental health providers prepared to meet the counseling needs of adoptive families. The contractor will be promoting the NTI National Adoption Competency Mental Health Training now available to South Dakota. Currently their staff are completing the training.

Due to the COVID-19 pandemic, the annual Adoption Competency Conference was held on Zoom instead of in person, where C.A.S.E. presented. Eighty-four people participated in the conference. This includes twenty-five Child Protection Services staff, fifty agency and private practice professionals and nine adoptive parents. Service delivery was also impacted by the pandemic. Delivery of service was delayed initially until everything could be adapted to online service delivery. Intensity of services increased with families due to families working from home and having to home school their children.

Funds are obligated, and timely expenditures of the funds are monitored by the CPS Adoption Program Specialist through the Department of Social Services monthly Grant Expense Report. The Post Adoption Services are provided to families involved in Inter-Country adoptions.

The adoption program also offers individualized post adoption services to families needing services not offered through the Post Adoption contract or Medicaid funding. These services include tutoring services, equine therapy, specialty camps for children with special needs, neuro-feedback, orthodontic work, after-school programs, respite care, various developmental disability assessments, from Fetal Alcohol Spectrum Disorders (FASD) testing to Autism evaluations, applied behavioral analysis, social learning programs, crisis stabilization services, group care, and residential treatment services.

For youth requiring psychiatric residential treatment, the Adoption Program Specialist assists families with applications for funding through Medicaid and CPS provides tuition funding if not provided by the child's school district.

Forty youth and twenty-three families were served through the Post Adoption Contract in SFY2020. Twenty-one families received Beyond Consequence Training. Thirty-nine adoptive youth received residential treatment and nine youth received group care services. Twenty-four children received tuition assistance for group and residential care.

CPS continues to work to improve timeliness to adoption. South Dakota contracts with recruiters from Wendy's Wonderful Kids to assist with targeted recruitment for youth available for adoption. South Dakota has implemented permanency roundtables to remove barriers to adoption on stagnated cases and to better establish appropriate case goals. South Dakota has a partnership with SD Kids Belong to create videos of children to assist with recruitment for an adoptive home.

Information System

CPS has a functioning CCWIS called Family and Children Information System (FACIS). FACIS provides CPS with the ability to gather and maintain the necessary information related to the management of case activity throughout the CPS services continuum. FACIS provides the information required to be submitted for federal reporting under Title IVE, Title IVB, and Chafee. FACIS is used by all staff to document child welfare work including intake, IV-E eligibility, case management, placements, caseworker visits, resource management, adoptions, guardianships, financial management, reporting, administration and interfaces. This is not an exhaustive list of documentation but provides a quality overview of major areas of focus.

South Dakota has dedicated resources assigned to FACIS with three assigned FACIS Program Specialists whose primary functions are to maintain the FACIS system, provide oversight of the data, provide technical assistance to all users and complete projects to make improvements to the system when needed. One Program Specialist is designated the CCWIS Project Director. Security is managed through a FACIS administration function. Only designated FACIS Program Specialists can add access for staff and reset passwords in FACIS.

Continuous Quality Improvement (CQI)

CQI is instrumental in the five-year plan as South Dakota Child Protection Services will be under their Program Improvement Plan. The CQI Core Team gather data on outcomes, analyzes data to determine next steps, and initiate any policy change needed. CQI will be done at the regional levels with both the staff and stakeholders in the community to address outcomes CPS underperformed in to be addressed as an entire child welfare system. CQI is managed by the Outcomes Management Program Specialist.

Training

CPS provides mandatory Certification training for all newly hired Family Services Specialist. The Certification program also is required for any newly hired Supervisors, Regional Managers, or Program Specialists. The Certification faculty includes 39 trainers from CPS and a physician who trains on medical indicators of child abuse and neglect. The ICWA Program Specialist continues to provide Cultural Awareness training. Certification consists of 217 hours of training.

CPS continues to provide formal ongoing training for Family Services Specialists and Family Services Specialist Supervisors. Depending on the need, CPS provides training either through Skype for Business or traditional classroom settings.

Consultation, coaching and skill development continues with the Regional Managers on the Comprehensive Safety Intervention model. The regional managers complete an instrument determining the accuracy of the decisions and the sufficiency of information collected. The findings are then debriefed with the Regional Managers and the Ongoing and Protective Services Program Specialists. The record read promotes enhancement of skills and consistency in decision making across the state. The process is replicated regional every other month.

Inclusion of Other Federally Funded Programs

CPS, Temporary Assistance for Needy Families, Medicaid, Child Care, and Supplemental Nutrition Program are all programs within the Department of Social Services. As described in the collaboration section, Division Directors for each program meet on a regular basis to coordinate in strategic planning and evaluation to best serve our consumers. In April of 2020 the Division of Children and Family Services was created under the Department of Social Services. Child Support, Economic Assistance and Child Protection Services all fall under this division. Please see collaboration section. CPS staff and Division of Developmental Disability staff frequently consult to ensure mutual consumers are receiving high quality services. Developmental Disability staff presented at the 2019 Fall Supervision Conference to ensure CPS staff are aware of the full spectrum of services available through Disabilities and the most effective process for accessing the services. Please see collaboration section for Birth to Three and Head Start collaboration. Please see tribal collaboration in the tribal collaboration section of the CFSP and subsequent APSRs.

Service Coordination

1. Community Based Child Abuse Prevention (CBCAP):

South Dakota's Department of Social Services is the lead agency for the Community-Based Child Abuse Prevention (CBCAP) grant. The mission of the South Dakota Department of Social Services is, "To strengthen and support individuals and families by promoting cost-effective and comprehensive services in connection with our partners foster independent and

healthy families.” and is executed and supported with CBCAP resources. The Division of Child Protection Services has established and will continue to implement a continuum of community-based child abuse prevention programs. These programs lead and support a statewide network of public and private agencies, service providers, and individuals whose services strengthen and assist families. The goals of the program are focused on reducing the likelihood of child abuse and neglect through family-centered and holistic preventive services for children and families.

South Dakota is currently in its twenty-second year of funding the Parenting Education Program. The goal of the Parenting Education Program is to enhance parenting practices and behaviors, such as developing and practicing positive discipline techniques, learning age-appropriate child development skills and milestones, promoting positive play and interaction between parents and children, and locating and accessing community services and supports. CBCAP funding makes it possible to support primary prevention programs and strategies which are available to all families, as well as secondary prevention efforts, which target children and families at risk for abuse and neglect in South Dakota. The classes are posted to the state website, so the communities have access to locations, dates, and times when the classes will be offered in different areas. If there is a need to have a class in an area not listed on the website, the Parenting Education Program will work with the Parenting Education Partners to meet the request.

The CBCAP Advisory Board for the Parenting Education Program is at the center of a statewide network. This network provides an ongoing opportunity for agencies and providers to collaborate and support community-based efforts to design and provide activities and initiatives aimed at the prevention of child abuse and neglect. The CBCAP SLA Program Specialist leads and directs the CBCAP Advisory Board. The Division of Child Protection Services contracts with the Black Hills Special Services Cooperative to provide a staff person to assist with additional training and support to the statewide network. The CBCAP SLA Program Specialist and the Black Hills Special Services Cooperative Specialist provide leadership for the Parenting Education Advisory Board. A strong parent voice is a critical component of the Advisory Board. Parents are involved in all aspects of the planning and implementation of prevention programs and services.

The Parenting Education Advisory Board meets at a minimum of twice per year. The Advisory Board serves as a vehicle to ensure an ongoing focus on the social and emotional well-being of children in the state of South Dakota through building on the resources of the state and communities. The Parenting Education Advisory Board Meetings provide each member with an opportunity to describe their programs and services allowing each member to identify areas of potential collaboration and networking opportunities. The meetings allow the CBCAP SLA Program Specialist to provide education and information on a variety of areas related to child abuse prevention and to facilitate the development of a network of community-based services and providers. These meetings also provide a feedback loop where data trends are shared and discussed.

The Division of Child Protection Services as the CBCAP SLA maintains a network of Parenting Education Partners strategically located to cover the geographic areas of the state (See Figure 1). The Division of Child Protection Services provides outreach to parents across state through this network of Parenting Education Partners. Each partner offers the Boys Town Common Sense Parenting (CSP) classes in their region of the state, and one partner offers Positive Indian Parenting in the Sioux Falls area. Parenting programs equip parents with the knowledge and the skills needed to be effective parents. Class sessions and course materials

assist parents to recognize and reinforce positive behaviors with praise and positive consequences, to provide preventative teaching and corrective teaching, and to teach techniques for self-control and staying calm. Role-playing during each class session increases the parent's confidence and strengthens the relationship with their children. Parents equipped with appropriate knowledge and skills create safer home environments for children and decrease the likelihood of abuse and neglect. The CSP Program helps parents make their homes peaceful, enjoyable, and safe for the whole family. Each Parenting Education Partner is required to be certified in the parenting curriculum and monitored through a peer review process and an examination of the evaluations completed by each class participant.

The Division of Child Protection Services contracts with Great Plains Psychological Services to provide Positive Indian Parenting. The National Indian Child Welfare Association (NICWA) developed the curriculum for Positive Indian Parenting. The eight-week class connects elements from traditional Indian parenting with skills and information utilized in contemporary parenting practices. A licensed professional counselor, who is Native American, was trained in the program by NICWA. This practical, culturally sensitive training program is offered in the Sioux Falls area.

The statewide prevention activities provided by the Parenting Education Partners, Domestic Violence Centers, Child Protection Teams, and the Division of Child Protection Services included:

- Governor's Executive Proclamation: The website contains the Executive Proclamation and resources to promote community awareness can be used throughout the year, as well as activities designed especially for April, Child Abuse Prevention Month.
- Prevention Resource Guide: The 2019-2020 Prevention Resource Guides Strong and Thriving FAMILIES were distributed to the Child Protection Service staff, Tribal Child Welfare Agencies, and Parenting Education Partners to strengthen families and prevent child abuse and neglect.
- Child Abuse Prevention materials distributed to CSP class participants statewide.
- Common Sense Parenting brochure: The brochure has information about the CSP Program, locations, and contact information for CSP Providers. The CSP brochure includes information about the Six Protective Factors.
- Safe Home Rule: Parents attending CSP classes make a staying calm plan and learn skills to help them and their children remain calm. Parents attending CSP classes will write a Safe Home Rule in place for the safety of everyone in the home.
- Mandatory Reporting brochure: South Dakota requirements regarding reporting child abuse and neglect.
- Safe Havens in South Dakota brochure: If a parent of a baby, less than 60 days old, feels they cannot care for their baby they can leave the baby with an emergency medical services provider, or employee at any fire department, law enforcement agency, clinic, licensed child placement agency or medical facility. Leaving a baby under this law with an emergency medical services provider or child placement agency as allowed for under this law is not a crime.
- Child Care Assistance Program: Child Care Assistance is available to families who meet income guidelines and are working or working and attending school a minimum of 20 hours per week.
- Registration and Licensure of Child Care Environments: Information for licensing a childcare environment.

- Parent’s Guide: Child Seat Safety: Buckling up the right way in a car seat, booster and seat belt brochure.
- Impaired Driving Information: Reducing alcohol-related crash fatalities and injuries is a priority for the Office of Highway Safety brochure,
- Pedestrian and Bike Safety: Helmet information brochure.
- National Children’s Helpline: Get emotional support from a trained advocate, become empowered and a stronger parent.
- Sexual Abuse Prevention Programs: Strategies to prevent sexual abuse brochure.

The following are Child Abuse Prevention Activities were held in the reporting period:

- Health Connect of South Dakota Health Fair
- Koins for Kids Quarter Craze
- Henry’s 5K Run/Walk is an event held each April to support Henry, who was abused and disabled at childcare when he was five months old.
- Display blue and silver pinwheels on the street to focus attention to Child Abuse Prevention month.
- “Wearing of blue” day in honor of Child Abuse Prevention Month in April.
- Child Abuse Prevention was presented during CSP classes.
- Walk a Mile in Her Shoes
- Audre and Daisy presentations to schools in the five-county area.
- Kids Safe/YMCA Healthy Kids Day Event.
- Bike rodeo
- Stand Up to Child Abuse 5K Run and Walk.
- Blue Sunday Campaign creating child abuse prevention efforts.
- Relationship workshops to elementary, middle school, teenagers and adults.
- Safety Expo
- Child Abuse Prevention information posted on Facebook.
- Love Doesn’t Hurt presentation and drawing contest is designed for fifth- graders.
- Break the Cycle presentations were presented to 8th grade students.
- Annual Candlelight Vigil
- Lip Sync Battle
- Family Fun Day
- Newsletters
- Family Strengthening Guide
- Denim Day
- Dancing with the Stars
- National Crime Victims’ Rights Week Walk
- Annual Child Abuse Awareness Art Expo
- The Enough Abuse Campaign
- Annual Child Abuse Art Expo
- Uplifting Parent Program

Description of the numbers served by CSP and PIP (FFY2019)

Populations Served	# served
Number of families with children with disabilities	135
Number of parents with disabilities	64

Total number children who received preventative direct services	1658
Total number of parents/caregivers who received preventative direct services	552
Total number families who received preventative direct services	507

Other services and programs provided to families throughout South Dakota (FFY2019)
The Division of Child Protection Services uses Promoting Safe and Stable Families funding to provide foster parents and adoptive parents with respite care services through the South Dakota Department of Human Services Respite Care Program. The Respite Program served 675 children and adults. There were 362 families who received respite care services. The number of children and adults in each diagnosis category are as follows:

Populations Served	# served
Number of participants with a chronic medical condition	78
Number of families at-risk (foster and adoptive)	191
Number of participants with a developmental disability	146
Number of children birth to age 5 with a developmental delay	80
Number of participants with a serious emotional disturbance	73
Number of participants with a traumatic brain injury	6
Number of adults with a serve & persistent mental illness	0

In alignment with efforts to reorient child welfare to focus on strengthening families through prevention at the community level, an objective of the CFSP, and subsequent APSRs, is to establish a feedback loop between danger data and the CBCAP Parenting Education Advisory Board and Parenting Education Program. These stakeholders meet to provide ongoing opportunities for agencies and providers to collaborate to support community-based efforts to design provide activities, and develop initiatives aimed at the prevention of child abuse and neglect. A benchmark of this plan is to ingrain members from the CBCAP Parenting Education Advisory Board and the Program Specialist leading CBCAP efforts to the Candidate for Care team. This team is responsible to enhance a child welfare system reorienting the child welfare to focus on strengthening families through prevention at the community level. During this reporting period, the CBCAP SLA Program Specialist was added to the Candidates for Care team. In addition, information regarding danger data was shared with the Parenting Education Partners and Advisory Board to enhance targeting specific areas of need.

CBCAP grantees are an important resource to strengthen prevention activities. CBCAP grantees work in close collaboration with South Dakota Department of Social Services who serves as the CBCAP state lead agency and the child welfare agency. This strengthens the ability to ensure the CBCAP goals and strategies align with the child welfare agency. The CBCAP grantees, families served, and other stakeholders are an integral part of creating a shared vision. CBCAP grantees target and serve specialized populations. The CBCAP SLA, CBCAP grantees, and Parenting Advisory Board are active participants in stakeholder meetings related to the CFSP/APSR. The CBCAP SLA Program Specialist was added to the Candidates for Care team. In addition, the CBCAP SLA Program Specialist serves on the Parenting Education Partners Peer Review, South Dakota CFSR PIP Workgroup, Permanency and Well-Being Workgroup, South Dakota Housing for the Homeless Consortium, State Tribal Workgroup, Independent Services Advisory Group, and Young

Voices Youth Advocacy Group. The State Tribal Workgroup allows the CBCAP SLA Program Specialist the opportunity to enhance and gather referrals for the Positive Indian Parenting Program. The Independent Services Advisory Group and Youth Voices Group both work closely with NYTD data, which provides opportunities to enhance the way pregnant and teen parents are served.

2. Children's Justice Act (CJA)

The Children's Justice Act Task Force, Justice for Children's Committee (JCC), was first established in 1988 and continues to focus on efforts to improve child abuse and neglect cases in the various stages of the process. The South Dakota Department of Social Services, Division of Child Protection Services (CPS) has representation on the JCC. The JCC remains a joint committee with the Citizen Review Panel.

The Task Force meets four times per year. Two of the meetings are in person and held in Pierre, South Dakota, which is home of the state capital and a central location. The other two meetings are held via conference call. There is high involvement and engagement of the Task Force members. The Task Force will be experiencing a vacancy in the defense attorney position within the next year and this position will be filled, as the individual in the position took a judgeship.

The Task Force members share agency updates at every meeting, which provides an opportunity for all the agencies to be aware of the different grants available in the state, training opportunities, and projects. This also builds relationships between the agencies.

The Department of Social Services and the Task Force continue to utilize Children's Justice Act grant funds to reach a level of an investigative and judicial process which is consistent in practice, effective in protecting children, limits the risk of further trauma to the child, and provides fairness to the accused. Children's Justice Act grant funds are used to fund Task Force activities focused on the areas emphasized in the Act.

3. Court Improvement Project (CIP)

The South Dakota Court Improvement Program Committee, through the direction of the SD State Supreme Court, assesses the child welfare system's handling of child abuse and neglect cases and recommends improvements for achieving safety, permanency, and well-being in a timely manner. The Chief Justice appoints four CPS staff to serve on the CIP. The CIP coordinator and CPS leadership work closely together, collaboration is evidenced through Goal 3 of the state's PIP which was developed by combined efforts of CPS and CIP. The CIP coordinator is a CFSR reviewer, a reviewer with the Safety, Permanency, and Wellbeing regional reviews, and a member of the State Tribal Consultation (see tribal consultation.) The CIP coordinator seeks CPS input in relevant sections of the CIP Self-Assessment.

4. Service Description

CPS seeks input from stakeholders, parents, and youth about service array and delivery in their area. Seven regional reviews occur a year; a survey is distributed stakeholders in the region in coordination with the review schedule. The survey gathers information relating to service array, permanency and staff/foster parent training. South Dakota started conducting surveys instead of individual stakeholder phone calls in January 2020, at the beginning of the PIP Year 1 Measurement Year. The surveys reach more stakeholders and provide more data on how the child welfare system functions within each region. Region 2 and Region 5 both have completed reviews in 2020 and utilized the stakeholder survey and had an average of 50% completion rate. CPS reaches State Court Judges, Tribal Judges, States Attorneys, Tribal Prosecutors, child's attorneys, parents attorneys, CASA Directors, mental health

directors, domestic violence shelter directors, drug and alcohol service providers, ICWA directors, BIA Social Services Directors, law enforcement officials, family visitation center directors, court services officers, parole agents, schools and residential/group care facilities through the survey process. All stakeholder feedback is provided to the Regional Manager, Assistant Division Director and Division Director. The Regional Manager is responsible for providing the feedback to the local stakeholders and staff. Starting in the fall of 2020 this will be done through CQI meetings in which stakeholders are able to attend.

A parent survey is completed annually to help CPS measure engagement from the parent's perspective. The parent survey is completed yearly to parents who have their children home on Trial Reunification or a successful goal of Reunification. Parents are stakeholders during the SPWB reviews. The most recent parent survey was completed December 2019 and 53% of the parents selected participated. The parent survey is completed by phone interviews as many parents don't have access to computers to complete an online survey. When asking parents what helped in returning their children home, including what they did, what CPS did to help and what others did to help the response was 88% positive. Parents reported feeling supported by their Family Services Specialist and having good communication with positive reinforcement from their FSS. Parents describe Child Protection Services helping them with funding, transportation, and providing visitation with their children. Parents reported how CPS helped removed barriers to help them maintain their sobriety. Parents gave themselves credit for their sobriety as well as utilizing services made available to them. Parents also credited drug court, foster parents, counseling and treatment as others who helped them make changes so their children could return home with them. Please see case review outcome section for more details regarding

Young Voices gives youth the opportunity to engage with their peers and enhance policies and practices of the child welfare system. Input is continually sought from this group and has led several successful initiatives. Through collaboration with the Young Voices Advocacy group, starter kit fund amounts were updated in February 2020, to increase youth engagement. Formerly referred to as, "The Exit/Transitional Meeting", the name of this meeting was updated with collaboration with the youth advocacy group. Young Voices contributed to enhancement in the forms and survey correspond with the now titled, "Transitional Independent Living Plan Meeting". Further information regarding Young Voices can be found in the John H. Chafee Foster Care Program for Successful Transition to Adulthood section.

The NYTD Review provides guidance to policies and practices related to collecting and reporting timely, reliable and accurate data on youth in transition. The NYTD data has identified strengths in positive youth connections, Medicaid coverage, and part-time employment. The NYTD data has identified additional support needed in education, full-time employment, substance abuse, and housing. Data collected from 2019 (calendar year) youth input and NYTD (FFY) indicates the following: 80% of youth are attending school when they transition from care, 55% of 19-year-olds have obtained their diploma or GED, 36% of 19-year-olds are still attending school, and 95% of youth report they would like to attend college. The NYTD Review has highlighted education and employment as opportunities for youth. The information has been incorporated to the CFSP/APSR goals of the ILS program. Staff modules and compliance reports were enhanced to assist staff with monitoring, tracking tasks related to youth in NYTD baseline and to assure youth needing to complete a NYTD survey can be located to complete the survey. The CRPs have access to FACIS and compliance report for cases assigned to them, which assists with meeting the NYTD requirements.

Parenting Education Partners have identified strengths through peer reviews of local Parenting Education providers. The peer reviews promote a continued collaboration with the community and how to effectively engage additional participants who would benefit from preventive services. Data collected from parent surveys are discussed during the peer reviews and utilized for delivery recommendations. The peer reviews have helped the program develop an understanding around new ways to engage communities and obstacles parents face in attending classes. There were six Parenting Education Program Peer Reviews held during FFY2019. Participants included were the following: Parenting Education Partners, Common Sense Parenting instructors, Responsive Parenting contacts, parents who completed the CSP class, court services staff, community representatives, local Division of Child Protection Services staff, Temporary Assistance to Needy Families staff, the CBCAP SLA Program Specialist and the contract designee. Peer reviews were held in Pierre, Mitchell, Winner, Isabel, and Sioux Falls. An evaluation instrument is utilized during the peer review process. The instrument measures and focuses on: accessibility and availability to parenting classes; service quality; individual agency oversight of the parenting program; outreach activities including fatherhood and prevention of child abuse and neglect; community relationships; effectiveness of the CSP Curriculum; ability of the network to identify obstacles and provide solutions; and marketing of resources in the service area. The Division of Child Protection Services requests information from parents about the sustainability of use of the CSP skills and what part of the CSP Program they are using with their children. A peer review parent survey is used to interview parents in a phone conversation who had previously attended CSP classes and are unable to attend the peer review. Comments from the parent surveys are included in the peer review and consistently indicate parents are continuing to use the parenting skills learned in the CSP classes after the classes have ended. Parenting Education Partners provide feedback about the peer review process at the conclusion of the review. An exit letter is sent to the participants and professional staff who attend the peer review stating commendations and recommendations made during the review. Parenting Education Partners, Division of Child Protection Services staff, parents and CBCAP partners value the opportunity to come together around the table to discuss issues and concerns and celebrate the success of the CSP and child abuse prevention activities. CBCAP funds continue to pay for mileage and honorarium for parents attending peer reviews. The Parenting Education Partners are required to have parents complete a class evaluation at the end of the six-week class. The survey provides parent input into the satisfaction and effectiveness of the CSP and Leadership Curriculum and training skills of the presenters. Evaluations were completed by participants and submitted by Parenting Education Partners.

Stephanie Tubbs Jones Child Welfare Services (title IV-B, subpart 1)

Please refer to CFS-101 for more details on title IV-B, subpart 1

Services for Children Adopted from Other Countries

Child Protection Services provided assistance to one intercountry adoptive family during the last fiscal year. The adopted child presented with extraordinary mental health needs and the adoptive family was unable to maintain the child in their home due to his violent outbursts. Child Protection Services provides Medicaid coverage for the child to support in mental health treatment in a psychiatric residential treatment center. Specific services the child receives through his placement include individual therapy, group therapy, medication management, medical appointments, and educational services. Child Protection Services staff provide case management to support the connection between the child and the family during treatment. Child Protection Services completes monthly visits to assess their readiness for the youth to transition out of residential care.

Services for Children Under the Age of Five

Children under the age of 5 comprise of 37.5% of the population of children in custody. A major goal of CPS is the Candidates for Care state and local teams. CPS has included in their Program Improvement Plan under Goal 1, Strategy 1 a goal to implement regional assessment, consultation, and coaching to evaluate the safety practice and supervision. This goal will consider whether children must remain in an out of home safety plan or if they can be maintained in their homes through a safety plan. The reviews will evaluate perspectives of staff related to working with families and permanency, the overall office culture and norms, and fidelity of practice and decision-making. CPS is also piloting in one community, in Region 5, a community-based recruitment of in-home safety plan providers. This will assist families to implement an in-home safety plan when the only barrier to an in-home safety plan is a support system. The Program Improvement Plan Goal 2/Strategy 3 focuses on the timeliness and quality of permanency hearings for children. The Court Improvement Program developed, established and implemented Best Practice Standards for permanency hearings. The goal was to create a standardized process for judges, attorneys, and CPS to follow for permanency hearings to ensure parents and youth receive quality engagement and representation and thorough court discussion focused on strategies and barriers to achieve the child's permanent plan in a timely manner. The South Dakota Guidelines for Judicial Process in Child and Abuse Neglect Cases was updated in October 2019 and distributed in January 2020. The Permanency Roundtable Model was introduced to Child Protection Services in 2016. Permanency Roundtables are a structured, professional case consultation designed to develop an aggressive, innovative and realistic Permanency Action Plan for the child or sibling group. This model was selected to assist Child Protection Services in developing appropriate permanency goals, address permanency related barriers, and to help achieve timely permanency. The above goals pertain to all children served by CPS, including the 37.4% of children who are under the age of 5.

The following services are found across the state of South Dakota:

CPS uses a range of services to help facilitate services for all children, including children under the age of five. These services include relative searches, concurrent planning, Placement Team Meetings, developmental assessments, FASD evaluations, special needs daycare, and mental health referrals.

CPS' certification training provides information to new staff on recognizing developmental milestones, beginning when a child is one month of age. In addition, new staff are also trained regarding developmental guidelines and visitation, emphasizing the need for increased visitation for younger children to support bonding and attachment.

The Child Abuse and Prevention Treatment Act (CAPTA) requires a referral to a Birth to Three Program for any child age 3 and under who are involved in a substantiated case of child abuse or neglect. The parent/guardian is advised and, with their permission, a referral is made for developmental screening of their child. CPS has and will continue to refer children to the Birth to Three Program. Children are still referred to the Birth to Three Program even if the case did not involve a substantiation on a case by case basis.

To help protect the safety of children while minimizing the potential trauma caused by interim or multiple placements, the Interstate Compact on the Placement of Children (ICPC) Regulation No. 7 requests expedited ICPC approval or denial by a receiving state for the placement of a child with a parent, stepparent, grandparent, adult uncle or aunt, adult brother or sister or child's guardian. Regulation No. 7 expedited approval process includes criteria the child sought to be

placed is four years of age or younger, including older siblings sought to be placed with the same proposed placement resource.

South Dakota Birth to Three contributes to the success of children with developmental delays and their families by providing dynamic, individualized early intervention services and supports by building on family strengths through everyday routines and learning experiences. The South Dakota Birth to Three Early Intervention Program serves children from birth to 36 months with developmental delays or disabilities and their families.

Early Intervention includes:

- A family-focused, in-home service for children from birth to 36 months of age with developmental delays
- A system of services and supports for families to help understand their child's development and specific training to assist the family in addressing these areas of delay
- A process helps the adults in a child's life learn to help the child develop
- A collaboration with the child's parents, caregivers, childcare providers, professionals and others, not just the child
- A voluntary system

The Parenting Education Program and Head Start Programs continue to work together to pursue areas of connection with the South Dakota Head Start Programs. Parent information and education are critical components of every Head Start Program. Head Start services are located in every county in South Dakota, both state and tribal. Parents with children who attend a Head Start Program are encouraged to participate in the Common Sense Parenting classes. The Parenting Education Partner's instructors are provided with materials and training to assist in providing parenting education to families with children aged 3-5. The Common-Sense Parenting Program and the Bright Start Responsive Parenting Program are comprehensive parenting programs designed to serve families in South Dakota. The Common Sense Parenting Program is a product of years of research compiled by Boys Town. The Program's easy-to-learn techniques address issues a parent may have with of communication, discipline, decision-making, relationships, and self-control when parenting. Parenting training for parents and caregivers of children birth to age 3 is available in two formats: Responsive Parenting and Understanding Me Up to Age Three. During each of these series, parents will learn about topics such as social-emotional growth, early brain development, safety, temperament and guidance. Instructors have been specially trained in infant-toddler caregiving. Both series are available in different locations throughout the state and are free.

Early Head Start programs provide family-centered services for low-income families with children ages 0-5. These programs are designed to promote the development of the children, and to enable their parents to fulfill their roles as parents and to move toward self-sufficiency. Early Head Start programs provide similar services as preschool Head Start programs, but they are tailored for the unique needs of infants and toddlers. Early Head Start programs promote the physical, cognitive, social, and emotional development of infants and toddlers through safe and developmentally enriching caregiving. This prepares these children for continued growth and development and eventual success in school and life. Following the general Head Start model, Early Head Start programs support parents, both mothers and fathers, in their role as primary caregivers and teachers of their children. Programs assist families in meeting their own personal goals and achieving self-sufficiency across a wide variety of domains, such as housing stability, continued education, and financial security. Early Head Start programs also mobilize the local

community to provide the resources and environment necessary to ensure a comprehensive, integrated array of services and support for children and families.

The Bright Start Program, through the Department of Health, is designed to help first-time expectant moms focus on their own health and well-being, so they can have healthier babies. Home visits are especially helpful for first-time moms. Trained nurses visit during pregnancy to share information about nutrition, ongoing prenatal care, home safety, and creating a positive home environment. Visits may also include goal-setting, building support systems, and can even address child care options and job training. Nurse home visits for first-time moms can begin anytime between the start of the pregnancy and two months after delivery. Once started, these visits can continue up to child's third birthday. Bright Start has programs in Rapid City, Huron, Pierre, Sisseton, Aberdeen, Pine Ridge, Bell Fourche, Spearfish, and Sioux Falls. The Sioux Falls program covers Minnehaha, Lincoln, Turner, and McCook counties.

The Indian Health Service (IHS), an agency within the Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska Natives. The provision of health services to members of federally-recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes. This relationship, established in 1787, is based on Article I, Section 8 of the Constitution, and has been given form and substance by numerous treaties, laws, Supreme Court decisions, and Executive Orders. The IHS is the principal federal health care provider and health advocate for Indian people, and its goal is to raise their health status to the highest possible level. The IHS provides a comprehensive health service delivery system for American Indians and Alaska Natives. IHS provides pre-natal care to women as well as dental, immunizations, pediatrics, behavioral health, and rehabilitation services. Locations in South Dakota include Eagle Butte, Fort Thompson, Mobridge, Lower Brule, Pine Ridge, Rapid City, Rosebud, Standing Rock, Sisseton, and Wagner. The Great Plains Area IHS also provides health services to Native Americans who are not counted in the user population of the Area. This population does not reside within any service unit; however, they meet the IHS eligibility criteria for health services provided at IHS or Tribally operated direct care facilities. The largest concentrations of the non-service unit eligible in South Dakota are in Aberdeen and Sioux Falls.

Child Safety Seat Distribution Program focuses on keeping children safe by providing child safety seats at no cost to families who meet income eligibility requirements to ensure they are in the best child seat for their height and weight until they are at least 4'9". At 4'9", most children can safely wear a seat belt. Current South Dakota law states "any operator of any passenger vehicle transporting a child under five years of age on the streets and highways of this state shall properly secure the child in a child passenger restraint system," and the operator of a motor vehicle must make sure a passenger who is at least five and younger than 18 must be wearing a "properly adjusted and fastened safety seat belt system." If the belts don't fit properly, the operator must find another "safety belt system" to secure the child ([SD Law 32-37](#)). This program distributes child seats to income eligible parents and children statewide, by assessing financial need.

Feeding South Dakota is a hunger relief organization who have distribution centers in Sioux Falls, Pierre, and Rapid City. Their vision is a hunger-free South Dakota where everyone in need has access to nutritious food because freedom from hunger and good nutrition are critical to the future economic, social, and emotional health of South Dakota citizens. Every single week, Feeding South Dakota assists in providing temporary food assistance to approximately 21,000 hungry individuals and families in South Dakota and their Back Pack Program gives food every weekend to over 5,500 kids who otherwise might go hungry.

Department of Health, Child and Family Services: Nurses and Nutritionist deliver public health services in each SD county. Services include immunizations, WIC, growth and developmental screenings, baby care.

The following services are from each of the seven CPS regions across South Dakota.

Region 1 (Rapid City)

Full Circle is located in Rapid City, SD and is a substance abuse residential treatment program for pregnant women and women with young children who have substance abuse issues. Mothers receive intensive and/or low-intensity treatment and rehabilitation counseling in the following areas while living in this facility:

- Substance Abuse
- Prenatal Care
- Education on parenting, nutrition, and family issues
- Trauma education
- Case management to link with other needed community services, including childcare and housing
- Rehabilitation counseling and recovery support
- Support in reunification goals

Children newborn to ten-years-old may be eligible to stay with their mother during treatment. This prevents foster family placement, provides opportunities for the family to stay together, and teaches the family to become a healthier unit.

Fatherhood First through Youth and Family Services (YFS) in Rapid City help fathers understand and embrace the vital role they play in their children's lives. Fatherhood First offers hands-on programming for fathers or father figures and their children. Fathers, or male role models, and their children participate in quality, hands-on activities organized and provided by staff. These events promote social skills, enhance child development, and strengthen the bond between a father and his child. YFS Fatherhood First staff members also provide individualized home visits to families enrolled in YFS programs.

Safe Families is an organization through Bethany Christian in Rapid City, SD. Families have utilized their services to voluntarily place children into their foster homes temporarily until the parents can take them back. These families become mentors and supports to the parents. The Department of Social Services has utilized these families if these children are placed in the Department's protective custody. The Bethany Christian resource families continue to be a support to the parents and the children which assists in successful reunification efforts. If needed they can also become adoption resources, while maintaining their relationships with the birth parents.

Parent/Child Interactive Play Therapy is a service through Behavior Management Systems (BMS) in Rapid City, SD. This parenting is specific to observing the parent with their child and providing feedback to enhance the parent's skills and relationship with the child. This service supports reunification efforts for parents with children under the age of five.

United Families Visitation Center is located in Rapid City, SD. United Families allows multiple visits a week for children and their parents. This is also valuable when there are infants or children under the age of five where it is imperative to offer more visitation to support reunification efforts.

OneHeart, Transformational Services (Recovery Team) is located in Rapid City, SD. Recovery Team members work with each assigned adult and family as part of a multidisciplinary service team. Team members are comprised of OneHeart Care Coordinators, Peer/Residential Support Specialists, Housing Liaison, Life Safety Officers, and Provider Partner case managers and team members. Services may be provided both on and off the campus. Team members collectively and collaboratively support each adult or family in their journey towards an overall recovery from the underlying conditions contributing to unstable living situations and assist guests with obtaining and maintaining housing. Transformational Services are provided within a Recovery-Oriented Care (ROC), Trauma-Informed Care (TIC), and Poverty -Informed Care (PIC) framework and include assessment, service referral coordination, advocacy and Person-Centered Planning (PCP). Team members utilize the technique of Motivational Interviewing to support their work with Guests. Additionally, the Recover Team's practices and decision making with clients are guided by evidenced based assessments and interventions, to include Service Prioritization Decision Assistance Tool (SPDAT), Adverse Childhood Experiences (ACES), Trauma-Focused Cognitive Behavior Therapy, and Functional Therapy. OneHeart Campus is not yet operational but has been awarded substantial funding and the Campus will begin renovations shortly. There will be apartments available for families as well as individuals. They will be able to provide direct services not only to prevent the removal of children from parent's care but to assist in reunification efforts recurring sooner.

Rural American Initiatives is another service in Rapid City, SD. This is a Head Start program specific to Native American Children. They are in the Lakota Homes community in Rapid City and have a huge community support. They are very supportive to the families they provide services to and will take children who are in foster care. They are supportive of reunification efforts.

Mommy's Closet, Volunteers Of America (VOA) in Rapid City, SD provides emergency supplies for children under five, case management help and pre-natal classes.

Region 2 (Deadwood, Sturgis, Hot Springs)

Bella Pregnancy Center in Spearfish, SD offers the Earn While You Learn Program (EWYL). Often, new parents not only have questions about the care of their child but wonder, "How am I going to provide all the things my baby needs?" Earn While You Learn is an educational program designed to help you become the best parent you possibly can be, while at the same time giving you the opportunity to earn some of the things you need to care for the physical needs of your baby. You can earn "Mommy Money" or "Daddy Dollars" to purchase these and other items while you learn important information vital to raising your child in a healthy, happy environment. During the months of pregnancy, there are many concerns for most new parents about pregnancy and how to meet the needs of the baby after birth. The Earn While You Learn (EWYL) program allows the expectant mother and father to gain information— while earning "Mommy Money" or "Daddy Dollars" to purchase necessities from the wide array of brand new and "like new" items in our Bella Boutique. The more you learn, the more you earn. The education is done on an individual basis. Upon enrollment the client chooses the day of the week they will have their classes.

Region 3 (Pierre, Eagle Butte, Mobridge)

Imagination Library through Capital Area United Way in Pierre, SD offers services to children and families. The Imagination Library is one the Capital Area United Way's Community Impact programs, established to increase access to early learning. The Imagination Library provides free age-appropriate books to any child, age 0-5, in Hughes and Stanley counties, at no cost to them or their family, regardless of family income. Books are mailed to the child's home each month until

their fifth birthday. Children will be able to build their own home library and access the joy of reading right from their home. Each book is age appropriate and includes such titles as The Little Engine That Could, The Poky Puppy, The Tale of Peter Rabbit and Favorite Finger Rhymes.

Simply Smiles is a not-for-profit organization who provides bright futures for impoverished children, their families, and their communities. The organization partners with population in need to create physical and emotional environments where suffering is alleviated and from which local leaders can emerge. The work of Simply Smiles instills hope and removes obstacles, empowering indigenous peoples to chart their own to self-determination and brighter future. About 10 years ago they came to Cheyenne River Sioux Reservation. They were allowed to use space at the community center next to the school in LaPlant. For a few years they have operated a summer camp and after school program for the children in the area. They have a few permanent staff from out of state and the local area. Otherwise they have a different group of volunteers every week who come from all over and with different skill sets. Last summer they provided dental care for a week in LaPlant and Eagle Butte. Last year they were able to get a 99-year lease through the United Church of Christ next to the community center. Their plan is to build a group of foster homes on the land one at a time. They would be kind of a communal foster community and support each other in fostering as well as do something paid or in kind for Simply Smiles to live in the home.

Urban Indian Health in Pierre offers affordable primary and preventative health care. Service include general pediatric care of childhood illnesses, vaccinations, well child checkups and pediatric acute care visits. They also offer nutrition counseling and teaching kitchen, Baby Steps a prenatal support group for pregnant women and their partners that meets monthly and mental health and substance use disorder counseling services.

Growing Up Together in Pierre offers a Childbirth class four times a year and Breastfeeding class six times a year for expectant mothers and their family support person. They also offer a Sibling Readiness Class six times a year to provide information about becoming a big brother or sister to siblings and their parents.

Mothers of Preschoolers (MOPS) is a peer support group of mothers who are expecting or have an infant, toddler or preschooler. MOPS meet during the school year twice a month, the second and fourth Tuesday at Community Bible Church in Pierre and on the second and fourth Thursday at First United Methodist Church.

Great Plains Healthy start serves Cheyenne River and Standing Rock reservations offer a variety of services to women, their partners and children from birth to 18 months. These services include; case management, health and life skills education, screening and referral and home visiting.

Cheyenne River Youth Project offers member families first access to emergency hygiene products, household items including cleaning supplies, clothing, school supplies and diapers.

Region 4 (Chamberlain, Winner, Mission)

Imagination Library through the Winner School District in Winner, SD offers services to children and families. The Imagination Library helps families and children establish increased access to early learning. The Imagination Library provides free age-appropriate books to any child, age 0-5, for any child residing within the Winner School District, at no cost to them or their family, regardless of family income. Books are mailed to the child's home each month until their fifth birthday. Children will be able to build their own home library and access the joy of reading right

from their home. Each book is age appropriate and includes such titles as The Little Engine THAT Could, The Poky Puppy, The Tale of Peter Rabbit and Favorite Finger Rhymes.

Lakota Tiwahe Center (LTC) is located on the Rosebud Sioux Tribe and provides Early Intervention Services to Families of infants and toddlers (Birth to 5 years old) with developmental delays and/or disabilities. The Lakota Tiwahe provides services in four areas:

1. Child Find for Early Identification
2. Developmental Screening/Educations
3. Parent Training
4. Early Intervention services

Lakota Tiwahe primary goals are to work towards decreasing the number of children born with disabilities and developmental delays, decrease the number of births to teenage mothers. LTC understands teenagers are at greater risk of having babies born with defects and developmental delays due to consumption and lack of prenatal care and screening all babies born on Rosebud Reservation at six months of age for physical and developmental delays.

FACE Program through the St. Francis Indian School on the Rosebud Sioux Tribe is a program designed for teen mothers and their children. It allows the mothers to continue their education and their children receive daycare/services/preschool.

Shared Waters serves expectant mothers and families with children age five and below by joining families in their homes for an hour twice a month and to help parents be their child(ren)'s first teacher by giving them the resources to do age appropriate activities with the family. Shared Waters helps to guide parent through this by giving them praise, advice, and other added resources available in the community. Parents who successfully complete home visits are given small incentive bags with diaper wipes and 20 diapers for each visit. Shared Waters also helps to provide Lower Brule enrolled members with baby formula if needed

Family Enrichment provides developmental screening using the Denver II Developmental tool for newborns up to age five, unless the child enters early head start at which time screenings are done there. The screenings are done once every three months. Family Enrichment also partners with the Chamberlain School District, local area Birth to Three Connections, and the Highmore School District to identify families with children in this age range to ensure developmental screenings are completed. The program provides assistance to the parents by providing donated items, such as formula, diapers, bottles, and wipes if available, purchasing children's books, making referrals to services and assisting with transportation if needed.

Region 5 (Brookings, Huron, Aberdeen, Watertown)

Sleep in Heavenly Peace is a non-profit organization who builds and delivers beds to children who do not have a bed. Their motto: "No kid sleeps on the floor in our town!" Sleep in Heavenly Peace is a group of volunteers dedicated to finding those young children who do not have the luxury of sleeping on a bed or even laying their heads on a pillow. Through the wonderful efforts of volunteers and generous donations, bunk beds are built, assembled and delivered to those children who are otherwise sleeping on couches, blankets or even floors. There are 109 Chapters across 38 states and Canada, one of those chapters being in Aberdeen and Brookings, SD.

1,000 Books Before Kindergarten is through the Brookings Library in Brookings, SD. The concept is simple, the rewards are priceless. Read any book to your newborn, infant, and/or toddler. The

goal is to have read 1,000 books (and you can repeat books) before your little one starts kindergarten. The Brookings Public Library offers tracking sheets to keep you going and celebrates reading milestones by tracking participation in the Library.

Toy and Resource Lending Library is in Brookings, SD and run through South Dakota State University. The mission of the Toy and Resource Lending Library is to assist families and caregivers in learning more about their child/children's development, education families and caregivers on how they can help children learn through play, and provide necessary knowledge, resources and tools for families and caregivers to learn about child growth and development. A variety of items, such as puzzles, games, blocks, children's books and more can be borrowed to assist children in their play.

Feeding Brookings in Brookings, SD is a United Way sponsored organization who provides food and hygiene items to families in the Brookings community. Ascension Lutheran Church in Brookings has volunteers who distribute produce and bakery items provided by the local Wal-Mart and Hy Vee stores, canned good from the Emergency Food Assistance Program, hygiene items, and a food item of the month as well as any donations from local churches and community members. There are no poverty restrictions, and everyone can utilize this opportunity. Each household receives a number and numbers are chosen at random for order of distribution. The Brookings Area Transit Authority (BATA) in Brookings provides free rides to Feeding Brookings.

Plus One Pregnancy Guidance Center in Huron is a non-profit faith-based organization who assists teens, women and couples facing unplanned pregnancies in making the healthiest choices possible for themselves and their unborn children. They provide a safe, compassionate atmosphere for free and confidential services. New moms receive support at Plus One until the child is two years old. The following free services are offered: Free Pregnancy Test, Peer Counseling & Support, Pre-Natal, Labor & Delivery Education, Adoption Planning Information, Parenting Education, STD/STI Information, Maternity/Baby Boutique, Assistance Referrals, Post-Abortion Counseling.

Mothers of Preschoolers (MOPS) is a peer support group of mothers who are expecting or have an infant, toddler or preschooler. MOPS meet during the school year twice a month, the second and fourth Tuesday, from 9:30 to 11:30 a.m. at Living Hope Alliance Church in Huron, SD. Sessions will resume in the fall. At each MOPS meeting, you can expect brunch, fabulous speakers on an array of topics, small group discussion time, devotions, participation in community services, and the development of new relationships. Childcare is provided during meetings.

Discover Your Child (DYC) is a service provided by Avera in Aberdeen, SD. DYC is a service provided to individual families in their home to teach parents how to enhance their toddler's development, intellectual growth, social development and motor skills. DYC has agreed at times to provide this service at the visitation center as a service to assist parents in developing their parenting skills which may be necessary to assist in movement toward reunification. They will continue services to the family once the children have gone home on reunification and have served as safety plan providers.

The Beacon Center in Watertown offers Play Therapy for children to promote healing through creative play. Play therapy draws on the child's innate abilities and strengths while accommodating non-verbal communication and thus fostering self-healing.

The Beacon Center Family Visitation Center in Watertown, SD provides a safe, child-friendly environment in which children and families can visit each other and become reacquainted with one another. The Family Visitation Center provides both visitation and exchanges. Visitations include Child Protection Service (CPS) visits and non-CPS visits. The facility offers three visitation rooms which are monitored through audio and video technology. The Family Visitation Center allows the Department to offer multiple visits a week. This is also valuable when there are infants or children under the age of five where it is imperative more visitation occur to support reunification efforts.

Kids Konnection in Aberdeen, SD is a visitation center who advocates for a child's right to establish and maintain positive interactions with significant adults in his or her life. Their trained staff facilitate visits on site and exchanges between parents and guardians in children's lives. A visit involves parents and children spending time together at Kids Konnection. Visits are monitored by staff and video recorded. The length of a visit depends on your family situation and need. Visit services allow parents to avoid encountering one another. An exchange involves custodial and non-custodial parents exchanging their children for visits which do not take place at Kids Konnection. Staff facilitate the exchange of the children between parents. Exchange services allow parents to avoid encountering one another. Kids Konnection allows the Department to offer multiple visits a week. This is also valuable when there are infants or children under the age of five where it is imperative more visitation occur to support reunification efforts.

Region 6 (Sioux Falls)

South Dakota is in the midst of a methamphetamine epidemic, while at the same time experiencing a growing opioid problem. These circumstances have led to a significant increase in the number of child abuse and neglect cases. Pregnant, parenting and postpartum women whose children have been removed or are at-risk of being removed from their custody due to substance use. Volunteers of America, Dakotas (VOAD) New Start Residential Program and its primary partner, the South Dakota Department of Social Services, Division of Child Protection Services (CPS) propose to address the need for formal coordination mechanisms among family serving agencies to respond to the rising rate of children in out-of-home placements due to parental substance abuse. VOAD's New Start Program is one of only two residential treatment facilities in the state where mothers can live with their children during recovery. VOAD is in Sioux Falls, SD, serves families from across the entire state. Mothers may have their children with them from ages 0-8 years old and a total of 2 children.

Heartland House, through Inter-Lakes Community Action Partnership (ICAP) is a Rapid Re-Housing Program in Sioux Falls, SD for homeless families with children, was created to help those families. To be eligible, families must have children living in the home, must be homeless and must commit to case management services. Families are required to work with a Housing Stabilization Coach to create a Housing Stabilization Plan and can generally receive up to 12 months of rental assistance based on their individual progress. The families pay rent based on their income. The goal for each of the participants is eventual self-sufficiency and housing stabilization. Maximum capacity for the program is 46 families at any given time.

This is a Family Visitation Center in Sioux Falls, SD. The Family Visitation Center provides safe supervised visits and exchanges with the goal, while in their care, children are emotionally and physically safe. Families spend time together in private, child-friendly rooms, monitored by professional well-trained staff. Staff also facilitate the safe exchanges of the children from one parent to the other. The Family Visitation Center allows the Department to offer multiple visits a

week. This is also valuable when there are infants or children under the age of five where it is imperative more visitation occur to support reunification efforts.

Safe Families in Sioux Falls, SD is a movement fueled by compassion to keep children safe and families intact. Through Host Families, Family Friends, and Family Coaches, they temporarily host children and provide a network of support to families in crisis while they get back on their feet.

Region 7 (Mitchell, Yankton, Lake Andes, Vermillion)

Big Friendz Little Friendz in Mitchell, SD has a Mentor Moms program who matches new and expectant young moms one to one with an experienced adult mentor mom. The mentor mom will assist with teaching essential parenting skills through observation, interaction, friendship, and role modeling. Matches meet once a week for an hour and commit to at least a one-year relationship.

Yankton County Parents as Teachers is a free home visiting program designed to provide all parents of children from before birth to age three with the information and support they need to give their child the best possible start in life.

River City Family Connections in Yankton, SD (RCFC) is designed for children and their separated or divorced parents where there has been domestic abuse, child abuse, or conflict involved with visitation. RCFC can also be used to establish or re-establish relationships with significant others. Their site serves as a comfortable, neutral location for the transfer of children and for on-site supervised visitation. They are committed to preserving family relationships with a secure, child-oriented setting. RCFC allows the Department to offer multiple visits a week. This is also valuable when there are infants or children under the age of five where it is imperative more visitation occur to support reunification efforts.

Family Visitation Center in Mitchell, SD (FVC) is available to parents and their children as a resource for families seeking a wide range of services in the process of custody and visitation litigation. The safety and comfort of the child is of utmost importance. Children are often caught in the middle of their parents' problems, especially when there has been history of abuse. FVC is designed for children and their separated or divorced parents where there has been conflict involved with visitation, domestic abuse, or child abuse. The Center serves as a comfortable, neutral location for the transfer of children for traditional visitation and as a location for monitored on-site visitation. The Family Visitation Center allows the Department to offer multiple visits a week. This is also valuable when there are infants or children under the age of five where it is imperative more visitation occur to support reunification efforts.

Efforts to Track and Prevent Child Maltreatment Deaths

South Dakota Codified Law 26-8A-3 mandates which entities are required to report child abuse and neglect.

"26-8A-3. Persons required to report child abuse or neglected child--Intentional failure as misdemeanor. Any physician, dentist, doctor of osteopathy, chiropractor, optometrist, emergency medical technician, paramedic, mental health professional or counselor, podiatrist, psychologist, religious healing practitioner, social worker, hospital intern or resident, parole or court services officer, law enforcement officer, teacher, school counselor, school official, nurse, licensed or registered child welfare provider, employee or volunteer of a domestic abuse shelter, employee or volunteer of a child advocacy organization or child welfare service provider, chemical dependency counselor, coroner, or any safety-sensitive position as defined in § 3-6C-1, who has reasonable cause to

suspect that a child under the age of eighteen has been abused or neglected as defined in § 26-8A-2 shall report that information in accordance with §§ 26-8A-6, 26-8A-7, and 26-8A-8. Any person who intentionally fails to make the required report is guilty of a Class 1 misdemeanor. Any person who knows or has reason to suspect that a child has been abused or neglected as defined in § 26-8A-2 may report that information as provided in § 26-8A-8.”

South Dakota Codified Law 26-8A-4 mandates anyone who has reasonable cause to suspect a child has died because of child abuse or neglect must make a report. The reporting process required by SDCL 26-8A-4 stipulates the report must be made to the medical examiner or coroner and in turn the medical examiner or coroner must report to the South Dakota Department of Social Services.

“South Dakota Codified Law 26-8A-4. Additional persons to report death resulting from abuse or neglect--Intentional failure as misdemeanor. In addition to the report required under § 26-8A-3, any person who has reasonable cause to suspect that a child has died as a result of child abuse or neglect as defined in § 26-8A-2 shall report that information to the medical examiner or coroner. Upon receipt of the report, the medical examiner or coroner shall cause an investigation to be made and submit written findings to the state's attorney and the Department of Social Services. Any person required to report under this section who knowingly and intentionally fails to make a report is guilty of a Class 1 misdemeanor.”

When CPS receives reports of child maltreatment deaths as required under SDCL 26-8A-4 or from any source, CPS documents the report in FACIS (CCWIS). In addition, the Protective Services Program Specialist, Assistant Division Director, and Division Director are immediately notified of the death. The Protective Services Program Specialist works closely with the Family Services Specialist and Supervisor assigned to the case to gather details regarding the death, as well as circumstances leading up to and surrounding the incident. Deaths which meet the NCANDS data definition are reported to NCANDS. The State has and will continue to provide information to the Justice for Children's Committee (JCC), which is a joint committee of the Citizen Review Panel and Children's Justice Task Force, regarding child deaths.

Because these teams are specific to infants and not all counties are included in the review, the South Dakota Department of Health has received a grant through the Centers for Disease Control and Prevention to implement a South Dakota Violent Death Reporting System (SD-VDRS) to collect data from death certificates, medical examiners/coroners and law enforcement related to various violent deaths to inform prevention efforts. As a part of the grant, the Department of Health has formed the South Dakota Preventable Death Team. This team will collaborate with law enforcement, medical examiners/coroners, and the Vital Statistics Office to create and implement a plan to collect timely and comprehensive data on all child deaths in all counties. The team will initially focus on the two largest counties, Minnehaha and Pennington, and then will expand statewide within the next two to four years. The Division Director, Assistant Division Director and the Protective Services Program Specialist are a part of the review team.

MaryLee Allen Promoting Safe and Stable Families Program (title IV-B, subpart 2)

CPS continues to use Promoting Safe and Stable Families (IVB, subpart 2I) funds to assist with providing services which help keep children in their homes, support parents to keep children safe when reunification occurs, assure stability of placements with foster parents, kinship parents, and adoptive parents, and facilitate adoptions. CPS views Promoting Safe and Stable Families funds

as a critical source for situations where even basic levels of support can make the difference in the success of family preservation. CPS will continue to request approval to use funds to provide:

- Contract services for Interstate Compact on the Placement of Children (ICPC) and kin placement home studies to support temporary and permanent placement with relatives and non-custodial parents;
- Contract for legal services to expedite permanency for ICWA children through the court process.
- Consultation services to expedite adoption placements;
- Child parent visitation through contracts with visitation centers; and,

In addition, funds will be made available for staff to help families meet needs which can help with placement prevention or reunification, including:

- Transportation- bus tickets, gas cards- for parents to access services and employment.
- Rental assistance, utility deposits to support placement prevention and reunification.
- Crisis or other day care to support placement prevention and reunification.
- Counseling/treatment for parents.
- Assessments and evaluations for parents and children to assess danger threats and determine service needs.
- Alcohol and drug treatment and testing for parents to assess danger threats and determine service needs.
- Supports and services to Present Danger Plan and Safety Plan providers to prevent children from entering care.
- Needs for kinship placement resources-beds, cribs, highchairs, initial food or clothing, etc.

Approval for use of funds must be provided by Regional Managers and State Office.

The IVB, subpart 2 funds will be allocated as follows:

- Family Preservation Services- 22%
 - CPS needs to enhance implementation of interventions in maintaining children in their homes and determining when children can be reunified. Funds will be used to support these efforts.
- Family Support Services-23%
 - The services and reason the service providers were selected include: community based family visitation center services for parents and their children, which were selected for contracting based on the fact they were already providing visitation services; community based counseling for parents and children selected based on the treatment providers who provide a specific type of service and expertise; FAS screenings by the University of South Dakota Medical School with the expertise in this area.
- Time Limited Family Reunification Services-30%
 - CPS will be increasing efforts to improve timeliness of permanency and funds will be used in this area to support those efforts.
- Adoption Promotion and Support Services-25%
 - CPS will be increasing efforts to improve timeliness of permanency and assure stability of adoptions and funds will be used in this area to support those efforts.

No category of Title IVB, subpart 2 is utilized below 20%.

Please reference CFS-101 for more details.

Payment Limitations:

- CPS does not spend more Title IV-B, subpart 1 for child-care, foster care maintenance, and adoption assistance payments in any fiscal year the state expended for those purposed in FY 2005. FY 2005 Title IV-B funds \$640,797; match funds \$213,599.
- CPS did not spend Title IV-B, subpart 1 funds in FY 2005 for administrative costs. The submitted CFS-101, Part III, includes \$0 for administrative costs.
- In FY 2018, the state did not use federal funds awarded under Title IV-B to supplant federal or state funds for existing family support, family preservation, family reunification and adoption support services based upon the state's FY 1992 expenditures.

Populations at Greatest Risk of Maltreatment

Children four and under and children in situations involving parental substance abuse are populations at high risk of maltreatment. CPS identified this population through abuse and neglect dispositions entered on the FACIS (CCWIS) system. The Initial Family Assessment is the process used by CPS to assess child maltreatment and child safety. A child age 6 or younger is automatically identified as vulnerable in the criteria utilized for determining children in impending danger and requiring intervention.

CPS refers children age 3 or younger to the Department of Education's Birth to Three program. The Birth to Three program is a family-focused, in-home service for children from birth to 36 months of age with developmental delays or disabilities. CPS staff may refer any child to the program; however, CPS policy mandates all children involved in a substantiated case are required to be referred to the Birth to Three program. In State Fiscal Year 2019, 433 children ages 0-3 were referred to a Birth to Three program.

The Protective Capacity Assessment (PCA) is the intervention model used by CPS with families receiving ongoing services. The PCA is used to strengthen the parent's protective capacities related to existing threats to child safety. The presence of danger threats and need to strengthen parental protective capacities are correlated, which means there is an automatic focus on age-appropriate interventions related to danger threats to younger children in cases involving children 6 or younger or for children with disabilities. There is a focus in the PCA on assessing the impact of substance use on parents' protective capacities. Treatment is focused on those situations where substance use is found to be out of control, threatening a vulnerable child, and likely to cause significant harm in the near future.

Kinship Navigator Funding (title IV-B, subpart 2)

The initial round of kinship navigator program funding is currently being utilized to learn more about the current needs, support networks and utilization of existing resource of kinship families as well as to evaluate the 211 Program.

The 211 Program is a free and confidential service which helps people across the US find local resources they need 24 hours a day, 7 days a week. In South Dakota 70% of the population have access to the 211 Program. Twenty of South Dakota's 66 counties currently have 211 coverage.

The 211 Program provides callers with information about and referrals to social services for every day needs and in times of crisis. For example, 211 can offer access to the following types of services:

- Basic Human Needs Resources
- Disaster Response and Recovery
- Mental Health and Health Resources
- Employee Supports
- Older Adults and Persons with Disabilities
- Children, Youth and Family Support
- Volunteer Opportunities and Donations

Child Protection Services released a Request for Proposal seeking vendors to assist in gathering information from kinship providers across the state regarding their needs and resources which are available or gaps in service. The consultant will interview families throughout the state, key Child Protection Services staff, community organizations with ties to kinship providers, and attorneys who may represent children. The information gained will result in a statewide assessment of resources and gaps available to kin in SD including 211.

Child Protection Services targets process completed of phase one by September 30, 2020 for the assessment, with findings to be provided to Child Protection Services on or before October 15, 2020. If there is funding left over after the assessment of kinship providers is complete, Child Protection Services will evaluate how funds can be utilized, to better serve the kinship providers' identified needs. Based upon the assessment, enhancements to 211 may include website updates. Progress in establishing information and referral systems that link kinship caregivers with eligibility and information for Federal, State, and local benefits, and relevant legal assistance and help in obtaining legal services will also be considered through analysis of the findings of the assessment.

Monthly Caseworker Visits Formula Grants and Standards for Caseworker Visits:

CPS policy requires staff to visit children within 24 hours of initial placement, then a two-week visit, then a 30-day visits, then monthly thereafter. For children in group/residential care the policy is monthly visitation. Staff are expected to visit children placed out of state approximately every six months with an expectation of monthly visits by the out of state agency providing supervision.

Child Protection Services staff are required to enter visits with children in foster care in FACIS (CCWIS). Reports in FACIS, which is accessible to staff, are used to report both monthly calendar visits and visits per child per 12 months based on CPS staff entries of visits into FACIS. CPS staff also document the detail of the visits in the FACIS narrative. The narrative is to include the Family Services Specialists assessment of the safety, permanency well-being of the child during each visit as well as the case activity related to case planning. A screen in FACIS allows staff to document visits as a specific activity and specify whether or not they are in residence. CPS developed a report to be used by the administration, the Family Services Specialists and supervisor to monitor the level of compliance with caseworker visits monthly. CPS added a caseworker visits compliance report.

CPS's consistently outperforms the National Standard of 95 % of children visited each month and 50% of the visits occurring in the child's residence, in **FY19 97.17%** of children were visited monthly and **93.49%** of these visits were in the child's residence. CPS will continue to explore opportunities to increase quality assessments of children in care caseworker visits.

CPS is developing a survey for foster parents to help monitor caseworker visits. The information gathered from the foster parent involves frequency of visits, location of visits, quality of visits, and foster parent satisfaction with visits. This information will be utilized to help increase the frequency and quality of caseworker visits with children as well as enhance services and supports to foster families.

CPS has implemented the COVID-19 caseworker visits changes. Family Service Specialists are completed caseworker visits via video conferencing for children in any placement setting. Children being served by CPS in the home are still receiving face to face caseworker visits.

CPS utilizes visitation centers to supplement parent and child visitation. When CPS staff observes these visits and meet with the children afterwards, it provides another opportunity for the children to feel freer to express feelings and concerns to staff. Caseworker Visits funds will be used to help fund these visits to give CPS another resource related to staff visits of children in care.

Adoption and Legal Guardianship Incentive Payments

Adoption and Legal Guardianship Incentive funds are used for a variety of services for children and families. A good share of the funding is used to fund a portion of the Post Adoption Services contract CPS has with Children's Home Society. The contract offers individual child therapy, consultation, family therapy, crisis intervention, Eye Movement Desensitization and Reprocessing therapy (EMDR), referrals to appropriate services, one-on-one parent education, psycho-educational services, and family support. The contract facilitates adoption competency training for mental health professionals to create a statewide network of mental health providers prepared to meet the needs of adoptive families and their children.

Funds are used to fund the Wendy's Wonderful Kids Contract. The contract provides for two recruiters working with youth statewide on recruiting and identifying adopted families. The youth assigned to the WWK recruiters are identified as youth harder to place. The case load for each recruiter averages fifteen to twenty children. The contract matched seventeen children with adoptive families and finalized on thirty-six children in state fiscal year 2020.

Adoption and guardianship incentive funds have been used to pay for child specific home study updates adoptive placement supervision services for youth matched with adoptive families living outside of South Dakota, who are approved through private adoption agencies.

Funds have been used for individual services and items requested by families. Some examples would be legal fees, home modifications, travel reimbursement and miscellaneous items.

Adoption Saving

Child Protection Services tracks adoption savings through the CCWIS program. All subsidized adoptions are entered in Family and Children's Information System (FACIS). When a funding source is determined and approved, IV-E adoption subsidies based on the provisions of Fostering Connections to Success and Increasing Adoptions Act of 2008 are identified as a "Fostering Connection's" case. The Subsidized Adoption Summary Details report identifies the calculated paid claims for eligible cases under "Fostering Connections". CPS calculates the state/federal match and determines the actual adoption cost savings. CPS's method has been approved by the Children's Bureau and reports the actual savings. There have been no changes to the methodology. Currently there are 177 youth receiving adoption assistance who are IVE because of Fostering Connections to Success and Increasing Adoptions Act of 2008.

CPS has spent the entire savings on Post Adoption Services. CPS assists several adopted youths in residential treatment and group care placements with tuition assistance and other services not covered under some other type of funding source. CPS's will continue to utilize adoption savings for post adoptions supports to families.

John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program):

Since the submission of the 2020-2024 CFSP, the South Dakota Independent Living Program continues to provide the following services; a brief description and any changes are listed in the subsequent paragraphs:

- Assignment of Community Resource Persons
- South Dakota Youth Advocacy – Young Voices
- Independent Living Services Workshops
- Teen Conference
- Independent Living Assessments and Case Planning
- Independent Living Planning Meetings
 - Age 16 Planning Meeting
 - Age 17 Planning Meeting
 - Transitional Independent Living Planning Meeting
- Housing Support
 - Independent Living Preparation Programs
- Starter Kit Funds
- Driver's Education
- Youth Organizers
- Independent Living Services Workgroup
- Liaison for Former Foster Care Medical Assistance Program (FFCMA)
- Collaboration with other public and private partners

Assignment of Community Resource Person:

CPS continues oversight of the contract with Lutheran Social Services (LSS) to provide Community Resource People (CRP). CRPs deliver support services regarding development of independent living skills for youth ages 14 through 21 to assist in their transition to adulthood and self-sufficiency. Also, CRPs assist youth to prepare for post-secondary education; provide personal and emotional support to youth through mentors and promotion of interactions with dedicated adults; provide financial, housing, counseling, employment, education and other appropriate support and services allow youth to have regular, ongoing opportunity to engage in age or developmental-appropriate activities as defined in section 475 (111) of the Act; and provide services to youth who after attaining 16 years of age have left foster care for kinship, guardianship, or adoption.

The following are the statistics related to services and activities completed by the CRPs for the timeframe July 1, 2019, through May 31, 2020:

Total Youth Served	419
ILS Services	3,320
Gender	
Female	226
Male	193
Race	
Native American	252
White	138
Black	25
Asian	2
Hawaiian	2

South Dakota Youth Advocacy – Young Voices

Incorporating Positive Youth Development in the foundation of the South Dakota Independent Living Program, the Young Voices program serves to ensure that practices are guided by youth input and experience. Youth have learned to speak about their life stories and experiences in a way which leads to positive changes in themselves and others. From July 1, 2019, to May 31, 2020, over 186 youth attended Young Voices Meetings around in Sioux Falls, Rapid City, Aberdeen, and Mitchell. Meetings are hosted monthly and include a virtual format to increase attendance. Young Voices Meetings give youth the opportunity to engage with their peers and enhance policies and practices of the child welfare system. Input is continually sought from this group and has led several changes noted in subsequent paragraphs.

Independent Living Services Workshops:

Rooted in positive youth development, ILS Workshops provide education and training in obtaining a high school diploma and post-secondary education, career exploration, vocational training, job placement and retention, training and opportunities to practice daily living skills (such as financial literacy training and driving instruction), and substance abuse prevention, and preventive health activities (including smoking avoidance, nutrition education, and pregnancy prevention). All eligible youth can attend a workshop on each topic before reaching age 18. In addition to inviting youth to each workshop, invitations are extended to foster parents, adoptive parents, staff from group homes and residential treatment facilities, Department of Corrections (DOC) staff, BIA (Bureau of Indian Affairs) and Tribal Child Welfare staff so they have a better understanding of issues confronting youth as they prepare for independent living. 259 youth participated in ILS Workshops from July 1, 2019, to May 31, 2020.

Teen Conference:

The conference is designed to help youth improve their independent living skills as they transition from foster care into self-sufficiency. Youth from CPS, DOC, residential treatment facilities, group care centers for minors, BIA and Tribal Child Welfare Agencies are invited to attend the conference. The conference furnishes meals, transportation, workshops, evening activities and lodging for youth. The idea of having the conference on a college campus is to encourage youth who have been in the foster care system to think about the option of post-secondary education. This type of atmosphere opens their eyes to the endless possibilities of what they can do next with their future. The conference provides youth in foster care the opportunity to interact with other youth in similar situations and to learn important life skills. The conference is a multi-day event which occurs every two years. The next Teen Conference is scheduled for the Fall of 2020.

Independent Living Assessments and Case Planning:

The Independent Living Program requires an independent living assessment for all youth, in care, at the age of 16, and then again at the time they exit foster care. The Casey Life Skill Assessment (CLSA) is used to evaluate a youth's readiness to meet the challenges of adulthood and is designed to provide a picture of a youth's strengths and needs. The assessment tool is used to match the needs with independent living services. The results of the assessment are expected to be incorporated into the youths' case service plans by FSSs. The CRPs are responsible for ensuring assessments are completed within three months of a youth's 16th birthday. From July 1, 2019, to May 31, 2020, 81 youth completed the CLSA.

Independent Living Planning Meetings:

Understanding transition planning is a process, the intent of Independent Living Planning Meetings are to review youths' long-term plans and break them down into smaller short-term goals. Planning

meetings are held to increase positive outcomes for youth and to enhance their supports. Before the meeting, the youth will identify influential people in their lives to invite to the meeting. Youth are encouraged to invite whomever they feel can help them plan for their future. Prior to the meetings, information such as the youth's progress in school and credit report information is gathered, to ensure the youth and their team have well-informed information to enhance transition planning. Planning meetings are utilized to partner with youth to assess their strengths and needs. Independent Living Plans are specific to each child, but all contain the same integral components such as housing, education, employment, mentoring, and continued support services. Planning meetings provide opportunities to foster self-determination and build resiliency, ensuring emotional and psychological needs are not overlooked.

- **Age 16 Planning Meeting:** Prior to this meeting the youth will complete the Casey Life Skills Assessment (CLSA). During the meeting youth and their supports will review the CLSA (or other assessments), as a team, to provide input to determine strengths and needs when developing the youth's case plan for ILS services. Education is an important topic to discuss at the Age 16 Planning Meeting with emphasis on identifying a school contact, such as the school counselor, to participate in the meetings. The meeting assisted youth to ensure the educational components are covered and identify school credits obtained and those still needed to graduate. From July 1, 2019, to May 31, 2020, 60 Age 16 Planning Meetings were completed.
- **Age 17 Planning Meeting:** The areas addressed at the Age 16 Planning Meeting, along with additional critical areas are addressed at the Age 17 Planning Meeting. From July 1, 2019, to May 31, 2020, 59 youth completed the Age 17 Planning Meetings.
- **Transitional Independent Living Plan Meeting:** Formerly referred to as, "The Exit/Transitional Meeting", the name of this meeting was updated with collaboration of the youth advocacy group. The term "exit" denotes a finality the Independent Living team was not comfortable with. This planning meeting is an opportunity, not only for additional program information, but also for the youth to share input about the system, identify unmet needs, and further assess readiness to transition into independent living. Important documents are given to the youth (such as verification letter, birth certificate, social security card, photo ID/driver's license, school records, and Medicaid card), in addition to information on the importance of having a Power of Attorney for Health Care or a Health Care Directive and sex trafficking information. This information is added to the youth's ILS organizer to assist in retention and organization. From July 1, 2019, to May 31, 2020, 58 youth completed the Transitional Independent Living Plan Meeting.

Housing Support:

Housing assistance and support for youth 18-21 can include providing up to \$200 a month for youth who are no longer under the custody of DSS but continue living in a foster home for a limited time; for youth living in their own rental unit, housing support can include their initial rent deposit and the first month's rent, 66% of the rent the second month and 33% of the rent the third month; funds for youth to participate in Independent Living Preparation Programs; individual assistance to find and maintain housing by Community Resource Person's in their areas; Independent living classes on finding appropriate housing and using community housing resources; and \$300 monthly housing assistance for full-time students who maintain a 2.0 grade point average.

Independent Living Preparation Programs (ILPP):

CPS provides financial support to youth in the three ILPP located in Sioux Falls, Rapid City, and Mitchell, South Dakota. The ILPP CPS contracts with do not receive funding under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974.

- **McCrossan Boys Ranch:**

This program is designed to prepare youth (ages 17 - 20) for independent living. This program and on-campus apartments provide an opportunity for the boys to gain employment, learn how to cook, clean and manage finances, along with many other skills needed to live on their own. The program helps residents earn a high school diploma or GED and gain skills for employment or go on to higher education. The program can serve up to 24 participants

- **Volunteers of America, Dakotas Axis 180:**

Volunteers of America, Dakotas' Axis 180 program provides young adults ages 16-21 the opportunity to transition out of unsafe environments into safe, supportive housing while they learn the skills necessary to succeed on their own. Specifically, the program assists participants with education completion, employment training and placement, financial management skills, daily living skills, and interpersonal skills. The program can serve up to 21 participants.

- **Abbott House, Bridges:**

The Bridges Independent Living Program is made up of four independent living apartments. The program is tailored to help young adults fine-tune their living skills while providing affordable house and a structured independent lifestyle. Youth in this program sign a lease, find and maintain a job, often attend college or technical school and cook for themselves. Staff members are available to help and guidance as they transition into their own apartment and learn to live independent and to establish appropriate schedules and responsibilities. The program can serve up to eight participants with future expansion planned for 2020.

Starter Kits:

The starter kit funds are earned by the youth through engaging with the independent living program and used for independent living items and needs. Youth who have left foster care due to kinship guardianship or adoption before 18 years old can use the starter kit funding they earned when living on their own. None of the starter kit funds will be used for room or board. Through collaboration with the Young Voices Advocacy group, starter kit fund amounts were updated in February 2020, to increase youth engagement. For example, graduation from high school was increased from \$100 to \$300 in starter kit funds. From July 1, 2019, to May 31, 2020, \$17,043.86 of Chafee funding was used for 68 youth who received starter kit funds.

Driver's Education:

Public transportation is not readily available across the state of South Dakota. Driver's Education is an essential program to ensuring that youth are prepared to safely operate a motor vehicle. From July 1, 2019, to May 31, 2020, \$11,079.00 of Chafee funding was provided to 36 youth for driver's education training.

Youth Organizers:

Youth ages 14 and older are provided with organizers. The organizers are utilized to help youth gather and organize the information they will need as they prepare to transition to adulthood and live on their own, An organizer includes sections for organizing and retaining medical, housing, employment, education, insurance, legal, personal, emergency, family, school, tax, paid and

unpaid bills and banking information. Organizers are provided to CPS, BIA and tribal youth. In February 2020, the organizers were updated and redesigned; youth input spearheaded this update to provide an organizer increasingly relevant and useful.

Independent Living Services Workgroup:

The Independent Living Workgroup meets at least twice a year for planning, organizing and facilitating the workshops, and teen conferences. Workgroup members evaluate the success of the conference, plan for the workshops and provide guidance to the ILS Program Specialist for planning for independent living services. The group is composed of representatives from over 20 various entities and over 30 youth. Staff and youth involved with the BIA and Tribal Child Welfare Agencies are invited to participate in the ILS Workgroup. The Independent Living Workgroup members represent CPS current and past foster care youth, the DOC, foster/adoptive parents, staff from group care centers for minors and residential treatment facilities, staff from Lutheran Social Services and the CRP's and their supervisor.

Medicaid:

The Former Foster Care Medical Assistance Program (FFCMA) provided Medicaid coverage for 300 individuals from July 1, 2019, to May 31, 2020, with a monthly average of 287 youth covered this time of period. The FFCMA information was presented at the ILS Workgroup Meeting and ILS Workshop. The information presented will assist youth in having a better understanding of the Medicaid coverage, how to utilize the program, and who to contact for assistance.

CFSP/APSR Services Goals:

Education and employment of youth were identified in the CFSP/APSR as focus areas to strengthen the Chafee program.

Goal 1: Youth will obtain a high school diploma or GED.

Objective 1: Enhance the process for monitoring youths' high school credits.

Objective 2: Promote meaningful connections with educational providers, foster parents, adoptive parents, workers in group homes, case managers, and the youth.

Intervention 1: Provide staff training, during the ILS module of Permanency and Well Being Certification training, to increase their engagement in the educational process of youth and enhance documentation of scholastic progress.

Intervention 2: Engage the Department of Education, educational providers, and FSS to enhance relationships and provide support during the transition of high school credits for youth moving to different schools.

Objective 2: Address barriers affecting youths' ability to obtain credits needed for graduation.

Intervention: Collaborate with the Group and Residential providers and Department of Education to continue assessing the barriers limiting youth's ability to obtain the credits required to graduate from high school and develop solutions to resolving the barriers.

Goal 1 Progress/Update: The ILS Workgroup met in 2019 and 2020 to discuss policy and practice changes that would enhance tracking of high school credits. Recommendations have been submitted and will be added to the FACIS system. Educational training specific to tracking credits has been added to the ILS module of the Permanency and Well Being Certification Training. In August 2019, the ILS Program Specialist and CRP's met with a representative for the Department of Education to collaborate with scholastic tracking and enhancements. Training regarding education tracking and employment opportunities were provided to McCrossan Boys

Ranch Group Care and ILPP, The AXIS 180 Program, Sacred Heart, the ILS Workgroup, and the Permanency Workgroup. In addition, Young Voices presented educational data and challenges to State Legislators and the South Dakota Youth Care Provider Association. Data collected from 2019 (calendar year) youth input and NYTD (FFY) indicates the following: 80% of youth are attending school when they transition from care, 55% of 19-year-olds have obtained their diploma or GED, 36% of 19-year-olds are still attending school, and 95% of youth report they would like to attend college.

Goal 2: Youth are employable after transitioning from foster care.

Objective 1: Increase youths' employability skills.

Intervention 1: Provide employment skills training at Regional Workshops, Teen Conference, and Young Voices meetings.

Intervention 2: Collaborate with Group and Residential providers to provide youth with more work-related experiences. If the youth is unable to leave the campus due to treatment needs, collaborate with the provider to offer skill building opportunities onsite that will enhance the youth's for future employability.

Intervention 3: Collaborate with the Department of Labor, Community Resource People, and CPS to develop strategies to improve employability opportunities for youth.

Goal 2 Progress/Update: CPS has collaborated with the Department of Labor to ensure a continuity of employment training services are offered to ILS youth. The Department of Labor has present at ILS Workshops and ILS Workgroups regarding available services. Training regarding education tracking and employment opportunities were provided to McCrossan Boys Ranch Group Care and ILPP, The AXIS 180 Program, Sacred Heart, the ILS Workgroup, and the Permanency Workgroup. The ILS Workgroup met in 2019 and 2020 to discuss policy and practice changes that would enhance tracking youth employment. Recommendations have been submitted and will be added to the FACIS system. Data collected from 2019 (calendar year) youth input and NYTD (FFY) indicates the following: 85% of youth have employment experience, 53% of youth report being employed at the time they transition from care, and 60% of 19-year-olds are currently employed.

The Administration on Children, Youth and Families determined the state is in compliance with NYTD requirements for the period ending September 30, 2019, based on a review of the 2019B data file submitted by South Dakota.

South Dakota continues to collect high quality NYTD data with the Family and Children Information System (FACIS). The FACIS system is designed to assist staff to assure a youth will not be missed if the NYTD survey needs completion. CPS continues to develop functions in the system to support federal requirements and policy changes. Staff modules and compliance reports were enhanced to assist CPS with monitoring, and tracking tasks related to youth in the NYTD baseline and follow-up populations. The Community Resource Person contractors assist in providing independent living services by having access to FACIS for cases assigned to them. The CRPs have access to the compliance report, which assists with the NYTD requirements.

During this reporting period, the National Youth in Transitional Database (NYTD) data was shared at ILS Workgroup meetings, ILS Workshops, Young Voices meetings, CPS Supervisor and

Management Team meetings, Court Improvement Program, the South Dakota Youth Care Provider Association, and State Tribal Meetings. In the spirit of positive youth development, Young Voices presents the data to families and youth; tribes, courts and other partners. Two examples of this are when South Dakota Young Voices youth present NYTD data to the Youth Care Provider Association and State Legislators. The youth highlighted two areas of focus outlined in the State's CFSP/APSR, education and employment.

The Independent Living Program has set the goal for youth to obtain a high school diploma or GED, and that youth are employable after transitioning from foster care. Consultation with youth, stakeholders, and NYTD data have solidified enhancements are needed in education and employment. NYTD surveys collect data in both education and employment which are used to determine if improved policies and practices are enhancing outcomes.

The DOC, Division of Juvenile Corrections provides their funding to assist youth needing independent living preparation and training, transitional services and start-up kit assistance as youth enter independent living. Youth who are pregnant in the custody of DOC and placed at the New Start Program would be eligible for this funding with DOC.

Through Resources and Education for Adolescents Choosing Healthy Behaviors (REACH), the Family & Youth Services Bureau (FYSB) awards the State Personal Responsibility Education Program (PREP) and Sexual Risk Avoidance Education (SRAE) grants to state agencies to educate young people on both abstinence and contraception, and how each can prevent pregnancy and sexually transmitted infections, including HIV/AIDS. This program targets youth ages 10-19 who are considered to be "at-risk." REACH projects replicate effective, evidence-based program models which have been proven to delay sexual activity amongst youth, reduce pregnancy, and reduce incidents of sexually transmitted infections. CPS collaborates with the Department of Health and Lutheran Social Services with REACH.

The ILS Program Specialist is a member of the South Dakota for the Homeless Consortium and on the Youth Committee. The Independent Living Preparation Program and CRPs will continue to educate and assist youth in registering with Public Housing in the area the youth would like to live. From July 1, 2019, to May 31, 2020, the CRPs provided information on public housing to 259 youth. Chafee funding for housing assistance from July 1, 2019, to May 31, 2020, was \$56,197.21, provided to 139 youth. To receive "room and board" youth need to complete an individual Independent Living Plan and submit a housing application for prior approval before funds can be expended. The five CRPs collaborate with the local housing programs in the different areas of the state, so youth transitioning from foster care receive low-cost housing.

CPS has partnered with Pennington County Housing Authority, South Dakota Housing Development Authority, and Lutheran Social Services to provide Foster Youth Independence (FYI) vouchers. Since the announcement of the program, 11 youth in Pennington County have been submitted for funding and \$12,153.00 has been provided to youth in need. CPS will continue to engage other local housing authorities to utilize the program in their areas.

The South Dakota Department of Labor and Regulation has 16 local offices throughout the state with several itinerant sites offering employment services to job seekers. At these local offices, individuals can visit with an Employment Specialist regarding part-time or full-time work. Employment Specialists can work one-on-one with job seekers to offer career planning, job search assistance, National Career Readiness Certification, application assistance, and resume preparation. Each local office provides Job Search Assistance Program classes to assist individuals in securing employment. This program covers an array of job search techniques from

developing job leads, interviewing techniques, and follow-up. Representatives from the Department of Labor and Regulation presented information to youth during the ILS Workshops and Young Voices Meetings. The Department of Labor and Regulation will be invited to the next Teen Conference to continue educating youth regarding available resources.

The following provides information on collaborative and coordinated efforts which have taken place during the reporting period to involve the public and private sectors in helping adolescents in foster care achieve independence.

Department of Labor and Regulation, South Dakota Youth Employment Services:

The ILS Program Specialist served on the established SDYES, as a subgroup of the South Dakota Workforce Development Council (WDC). The SDYES subgroup is an advisory entity offering perspectives from CPS and other organizations to the Department of Labor and Regulation and the WDC concerning youth policy to assist the WDC.

Department of Education – SDMyLife:

The Independent Living Program collaborated with the Department of Education regarding SDMyLife. The user-friendly interface helps users with four key career preparation activities: career matching, career exploration, post-secondary education planning, and My Portfolio development. Each of these sections can be used on its own. For instance, someone interested in exploring careers could spend days simply learning about different careers and viewing multimedia interviews with people in those careers. Each youth in South Dakota has an account. If a youth does not know his or her account information, the CRP could assist. Some of the activities the CRPs have used SDMyLife with youth are scholarship search, college search, matchmaker assessment, and completing a career inventory.

Department of Health – Resources and Education for Adolescents Choosing Healthy Behaviors (REACH):

The 3rd Annual Positive Youth Development Spring Conference was held in April 2020, hosted by LSS Resources and Education for Adolescents Choosing Healthy Behavior (www.REACH.LssSD.org). The event is an opportunity for facilitators, partner agencies, and interested parties to network and learn. This year's event planning was impacted by the COVID-19 pandemic; the live conference was converted to a virtual platform. Even with short notice, all six presenters effectively translated their materials to the new format. Over 30 attendees from across South Dakota joined remotely to hear from the featured speakers: REACH Facilitator Tips by Jill Farris (Director of Adolescent Sexual Health Training and Education at the Healthy Youth Development - Prevention Research Center at the University of Minnesota); Human Trafficking and Resilience by Gina Dvorak (Executive Director at Treasured Lives); Human Trafficking and Resilience by Kelly Patterson (CEO at Treasured Lives); Oglala Lakota Culture by Larry Swalley (Oglala Lakota Children's Justice Center); ACEs & Resilience by Staci Jonson (Senior Director, Children and Youth Services, LSS); and Tifanie Petro (Advocacy and Prevention Program Director, Children's Home Society of South Dakota)

Since October 2019, 35 youth and 23 parents completed Families Talking Together, five youth completed Reduce the Risk, 83 youth completed Making Proud Choices, and 33 youth completed Sexual Health and Adolescent Risk Prevention.

Youth Transitional Impact Program:

The Department of Social Services' Division of Behavioral Health and CPS collaborated on a program to assist youth with mental health needs. New Alternatives, located in Rapid City, provides specialized mental health services, transitional housing, and support services targeted

to assist the young adult with employment, independent living skills and development of community supports to enhance their chances for a successful transition to adulthood. Referrals to the transition program will be for those youth 18 or older who have functional impairments because of their mental illness. The program can host a maximum of 12 young adults. From June 1, 2019, to May 31, 2020, New Alternatives served 33 clients, 24 of these clients have were involved in foster care.

South Dakota Youth Care Providers Association

CPS and the Division of Juvenile Services under the DOC meet with the South Dakota Youth Care Providers Association, which is comprised of the directors of the intensive residential, residential and group care providers in South Dakota every quarter. In February 2020, Young Voices presented information to the South Dakota Youth Care Providers Association about Young Voices; discussed the NYTD data; the importance for youth to be employed; to complete high school; have connections, and to be able to attend the Young Voices Meetings and ILS Workshops.

Juvenile Detention Alternatives Initiative (JDAI):

The mission of JDAI is to support the juvenile justice system which ensures the safety of youth and the community, utilizes the assessment of risks, eliminates the unnecessary detention of youth, provides a safe environment for the youth held in detention, and promotes healthy youth development by providing due process and collaborative, evidence-based interventions for youth and families. In October 2019, Young Voices members presented information to a group of juvenile justice providers regarding Positive Youth Development.

Post-Secondary Schools:

The ILS Program collaborates with post-secondary schools when planning the teen conferences and ILS Workshops. Teen Conferences are held at a college campus, so youth have a chance to experience college life during the week of the conference by having the youth live in the dorm and be on campus. In April 2020, a group of post-secondary schools presented information virtually with the Young Voices group and held a question and answer forum.

Medicaid – Former Foster Care Medical Assistance Program

The ILS Program continues to assist the FFCMA Program to find youth over 21 years of age and to assist young adults who are eligible for the program. The CRPs continue to educate youth over 21 years of age and provide the youth with contact information, so they can register for the program. Eligibility requirements are youth must have been in foster care under the responsibility of the State on their 18th birthday. There are no income limits and no resource limits. Eligibility continues from the month the youth is no longer under the responsibility of the State until the end of the month in which the youth attains age 26, if the youth maintains residency in South Dakota. If the youth attends an out-of-state post-secondary school, the *FFCMA* Program will continue if the youth intends to return to South Dakota and there are medical providers in their area who accept South Dakota Medicaid.

Collaboration with Lutheran Social Services, USucceed Mentoring Program:

The Sioux Empire United Way provided funding to LSS for the USucceed Mentoring Program. The program is designed to enhance relationships for youth in foster care by linking youth with an adult volunteer mentor in the community. LSS hosts one event per month for youth to attend in addition to the one-on-one time spent with their mentor each week.

Education and Training Vouchers (ETV):

The funding received from the Federal ETV Program, which is used to support post-secondary education and training costs, including the cost of living and attendance, are provided to eligible youth. In accordance with the John H. Chafee Foster Care Program for Successful Transition to Adulthood (CFCPSTA), a youth may apply for assistance through the State's ETV Program. The ILS Program Specialist administers the ETV funds and is the liaison for youth eligible for the program.

Assuring the total amount of educational assistance to youth under this and any other federal assistance program does not exceed the total cost of attendance is achieved through the application process and monitored by the FACIS data system. A signed statement from the post-secondary institution regarding cost of attendance and financial aid eligibility is required with every application. The FSSs and CRPs will work with youth through their ILS plan to coordinate funding sources, to maximize the use of ETV funding and to avoid duplication. The ILS Program Specialist acts as a checkpoint to ensure all resources are utilized and benefits are not duplicated.

The ILS Program is continuing to educate youth on the importance to continue post-secondary school. The ILS website has a section called Preparing for Post-Secondary Education. This section provides high school youth with information about preparing and assisting them for future educational activities. The site is designed to assist youth in preparing early in high school, finding and applying to a post-secondary school, and being aware of the importance of continuing their education. There is information on the ILS website to help youth with challenges to be successful in post-secondary education. The website has links to the South Dakota Department of Education, Special Education and Technical Assistance by Transition Services Liaison Project. The site has information on how youth can have a successful transition to earning education post-secondary education.

The Department of Social Services collaborates with the Department of Labor and Regulation. The Labor Program Specialist is a member of the ILS Workgroup to continue to provide job opportunity information to members of this group. Part of Department of Labor and Regulation's mission statement says, "Our mission is to promote economic opportunity and financial security for individuals and businesses through quality, responsive and expert services; fair and equitable employment solutions; and safe and sound business practices." Job opportunity is especially important for the youth affiliated with the Chafee Program.

Youth in the custody of CPS, the DOC, BIA, and Tribal Child Welfare Agencies can apply for ETV funding to increase their educational attainment levels under this program. In order to expand the program, eligibility of services is being increased to allow reunified youth to access ETV funding. Youth whom are able to access the program include youth in foster care at age 18 who have transitioned from foster care in the custody of CPS, DOC, BIA and Tribal Child Welfare Agencies; youth who are in foster care and are adopted or in guardianship after age 16; and youth who leave care to reunification at or after age 14.

The ILS Program Specialist has shared information of the expansion of support for young adults encouraging participation in the ETV Program until 26 years of age to CPS staff and CRPs, ILS Workgroup, ILS Workshops, BIA and Tribal Child Welfare Agencies, Department of Corrections, and Young Voices. The ILS Program Specialist has worked with the Division of Economic Assistance, Former Foster Care Medicals Assistance Program staff to educate the young adults enrolled in this program of the change. A flyer has been developed to be included with mailings sent by the Former Foster Care Medical Assistance Program to educate young adults that were in foster care at age 18 to participate in the Education and Training Voucher Program and remain eligible until the young adult reaches age 26.

CPS will continue to educate youth and youth adults on the importance of continuing their post-secondary education through the Age 16, Age 17, ILS Transition Meeting, ILS Workshops, ILS Teen Conferences, and Young Voices. The Family Services and CRPs will continue to provide information on the ETV Program. In the next Five-Year Plan, the ILS Program will increase efforts to educate youth and young adults through the state. The ILS Program will continue to collaborate with CPS, BIA and Tribal Child Welfare Agencies, DOC, Former Foster Care Medical Assistance Program, ILS Workgroup, and foster care and adopted families.

The South Dakota Department of Social Services, Division of Child Protection Services, as the state agency responsible for administering, supervising and overseeing the ETV Program will continue to collaborate with a variety of contacts in the state such as DOC, Department of Labor and Regulation, Department of Education, South Dakota Housing, BIA and Tribal Child Welfare Agencies and others in South Dakota to assist youth. The ETV Program has been a valuable resource to assist youth in reaching their goals and successful independence.

Chafee Training:

Chafee training is incorporated into the training information discussed in the Training Plan. Training funds provided under the title IV-E foster care and adoption assistance programs are utilized to provide training, including training on youth development, to help foster parents, adoptive parents, workers in group homes, and case managers understand and address the issues confronting youth preparing for a successful transition to adulthood and making a permanent connection with a caring adult (section 477(b)(3)(D)).

VI. Consultation and Coordination Between States and Tribes

History of Collaboration:

The process of state tribal consultations has evolved over the past thirty years; the process changed dramatically with the creation of the Governor's Commission on the Indian Child Welfare Act which authorized the Commission to study the requirements of the federal Indian Child Welfare Act and completion of an ICWA Compliance Study by the Center for State Courts in 2004. The Commission developed the "Top 30 Recommendations" from the analysis with yearly follow up. The state tribal consultation took a more structured approach in response with the creation of the Collaborative Circle which was funded by Casey Family Programs until 2010.

After 2010, the consultation between the state and tribes continued, leading to the initiation of the State Tribal Child Welfare Consultation on February 27, 2014. Building on experiences learned from the Collaborative Circle, the new group expanded its membership to include not only Tribal ICWA Directors but also Tribal CPS Directors who work with the state under State/Tribal Title IV-E Agreements; two Tribal CPS program where the tribe provides CPS services in lieu of the Bureau of Indian Affairs (Yankton Sioux Tribe and Rosebud Sioux Tribe); and other tribal leaders. Involved from the state are the Division Director, Assistant Division Director, seven Regional Managers, the ICWA Program Specialist, Licensing Program Specialist, Foster/Kinship Care Program Specialist, and other invited guests. Recent additions to the group are the Permanency Program Specialist, the Parenting Education and Independent Living Services Program Specialist, and the Court Improvement Program Coordinator. Casey Family Programs committed to fund the group in 2015, and they remain a valuable partner today providing funding, expertise and technical assistance.

Current Collaboration:

As result of concerns voiced by both state and tribal partners related to effectiveness of the State Tribal Child Welfare Consultation (STCWC), Casey Family Programs presented an opportunity

for the group to work with Indigenous Collaboration Inc, to revitalize the State Tribal Child Welfare Consultation workgroup. These outside consultants participated in the meetings held in June 2019 and October 2019 to collaborate and create a new strategic plan entitled, Strategic Plan for Unified Advocacy and Action, please see below.

The following tribal representatives contributed to the development of the Strategic Plan:

- Arlyn Eastman – Oglala Sioux Tribe
- Diane Garreau – Cheyenne River Sioux Tribe
- Elizabeth Little Elk – Rosebud Sioux Tribe
- Jessica Morson – Flandreau Santee Sioux Tribe
- Kathy Black Bear – Rosebud Sioux Tribe
- Melissa Sanchez – Yankton Sioux Tribe
- Deborah Divine – Sisseton Wahpeton Oyate
- Tess Enstad – Flandreau Santee Sioux Tribe
- Kristi Bietz – Flandreau Santee Sioux Tribe
- Lila Kills In Sight – Rosebud Sioux Tribe
- Dakota High Hawk – Oglala Sioux Tribe
- Darlene Medicine Crow – Crow Creek Sioux Tribe
- Marlow Medicine Crow, Jr. – Crow Creek Sioux Tribe
- Christine Madsen-Olson – Lower Brule Sioux Tribe
- Shirley Bad Wound – Rosebud Sioux Tribe

There are five sections to the Strategic Plan:

1. **Organizational History:** Looking back at Indian Child Welfare over a 30-year timespan from both the state and tribal perspectives and on the current environment.
2. **Practical Vision:** This ties into the accomplishment of the agreed upon target goal which wasn't completed but this is where the group's consensus and motivating image of the future is stated.
3. **Underlying Contradictions Workshop:** Group's analysis of issues and obstacles blocking progress toward the Vision to ensure development strategies are grounded in reality.
4. **Strategic Directions Workshop:** Looking at 5-year target goals to provide the group with clear statements of priorities driving decision-making.
5. **Implementation Calendar-Next Steps:** Looking at practical 3-year target goals and detailed efforts targeting achievements in the next 12 months.

The Strategic Plan identified five "Strategies for 2019-2024" which serve as the touchstones to help the group stay on track toward the six "Consensus Vision Statements" the group has for Indian Child Welfare in South Dakota.

Strategies for 2019-2024:

1. Developing and simplifying processes to locate, engage, and inspire kinship care.
2. Expanding and enhancing child welfare practices to prevent removal.
3. Connecting courts and buy-in to this work.
4. Renewing commitment to mobilize state and tribal collaborations.
5. Being consistent in educating our communities, parents and stakeholders.

Consensus Vision Statements stating what the group would like to see in place in the year 2030:

1. A supportive resource system which has ample resources for children to stay within their community and maintain their culture.

2. Accessible, progressive funding systems to provide families with quality child welfare systems.
3. Multitude of responsive and supportive resources, policies and protocols to proactively prevent native child entry to the system and promote reunification.
4. Compatible, networked, user friendly technology in place to ensure the capture and sharing of uniform data to support timely, accurate practices and placements of children.
5. Collaborative training plan and partnership to provide a consistent and mutual understanding of state and tribal agency values and operations.
6. Court systems are family law and culturally informed and engaged; all courts have consistent practice standards and parents of children have quality representation across tribes and the state.

The STCWC Strategic Plan is a mechanism to further collaborate with the tribes on an ongoing basis and implement action steps related to these topics. In looking at the Strategic Plan, the targeted goal is analyzing root causes for the disproportional entry rates of Native American children into state's custody and determine what prevention efforts are needed.

All nine tribes were invited to collaborate with the DSS-CPS regarding state compliance with ICWA, the arrangements for providing services in relation to permanency planning for tribal children, and the provision of independent living services under the Chafee program. Initially, the plan was for representatives from DSS-CPS to travel to all nine tribes to gain individual feedback for the APSR. Before any visits could occur, COVID-19 impacted travel within the STCWC group. After that change, it was decided that DSS-CPS would invite each of the nine tribes to participate in individual consultations to gather input on the aforementioned topics. Four of the nine tribes accepted the invitation and were available to participate in individual video conferences over Zoom.

In attendance was the respective tribe, the ICWA Program Specialist, the Permanency Program Specialist, and the Independent Living Specialist. Representatives from the four tribes included:

- Jessica Morson (ICWA/Social Services Director) from the Flandreau Santee Sioux Tribe
- Rebecca Grey Bull (ICWA Director) and Chelsea Taken Alive (Acting SRST-CPP Director) from the Standing Rock Sioux Tribe
- Jolene Montileaux-Abourezk (ICWA/CPP Director), Maria Provost (OST-CPP Supervisor), and Sharla Salway (Finance Manager) from the Oglala Sioux Tribe
- Deborah Divine (SWO-CPP Director) from the Sisseton Wahpeton Oyate

Trends emerged from the discussions with the four tribes. Staff development for tribal and DSS-CPS staff was discussed. Some of the tribes indicated a need for tribal staff to receive more training related to IVE compliance. Development for CPS staff related to understanding cultural and socio-economic diversity was recommended by one of the tribes. DSS-CPS and tribes acknowledged the need to enhance communication regarding available resources for children and families and how to utilize them. There is a need to develop additional ICWA placement resources to include kinship, foster and adoptive families. While communication between DSS-CPS and the tribes related to permanency planning for children is critical, it can also be challenging due to high caseloads and travel to attend in-person meetings. Tribes were engaged in discussion related to Chafee services and funding available for tribal youth.

In response to the discussions with these four tribes, the following action steps will be implemented. ICWA Program Specialist will provide IVE training, as needed, to the tribes who need and request training support. DSS-CPS will explore opportunities to enhance training

provided to new and existing staff related to cultural and socio-economic diversity. Tribes will be engaged to participate as stakeholders to on various workgroups within the child welfare system. The ILS Program Specialist will offer to present to tribal staff regarding available ILS services for tribal youth. Cultural component in training will be enhanced. South Dakota Native Foster Care workgroup will resume meetings in 2020 to plan regional and state-wide ICWA placement recruitment and retention activities. Videoconferencing will be utilized to enhance communication between DSS-CPS and the tribes related to permanency planning for children and other child welfare initiatives.

South Dakota CPS and the tribes collaborate in several different ways. These collaborations include;

- Jessica Morson, FSST ICWA/Social Services Director and representatives from Casey Family Programs meet the first Monday of each month to discuss the strategic plan and other topics relevant to state tribal consultations. The outcomes of these meetings were to keep the leaders of both tribal and state groups up to date with Casey Family Programs discussions and also Casey is updated with what is going on in South Dakota on a regular basis.
- The ICWA Program Specialist is invited to a weekly ZOOM meeting Casey hosts with leaders from child welfare across the country on how different child welfare agencies are responding to COVID-19.
- Jessica Morson with the Flandreau Santee Sioux Tribe and Patty Eagle Bull, Vice President Community Health Services with Great Plains Tribal Chairmen's Health Board both committed to attend the 2020 Practice and Policy Academy: Developing a Comprehensive Approach to Serving Infants with Prenatal Substance Exposure and their Families. The purpose of the academy is to enhance the capacity to meet the needs of infants who are affected by prenatal exposure of substances use and to receive technical assistance in mobilizing a comprehensive team in developing Plans of Safe Care.
- A Permanency Workgroup was formed in April 2019 comprised of stakeholders involved in the child welfare system in South Dakota. Four members of the South Dakota ICWA Coalition are among the membership of this workgroup. The purpose for the workgroup is to consult, inform, and develop plans for permanency practice in South Dakota. Prior to COVID-19 restrictions, the workgroup was meeting on a quarterly basis, and will resume once it has been recommended safe to do so.
- When tribal children are placed in the custody of the state, CPS collaborates with the child's tribe related to permanency planning. Tribes are consulted about relatives, tribal members, and other ICWA preference placement options for the child's placement. When a relative is assessed for placement, the tribe receives a copy of the kinship home study and recommendations. When the child's tribe has intervened, the tribe is provided notice of permanency reviews and permanency hearings to provide input related to services and permanency plan. Tribes are invited to participate in permanency planning meetings as well as adoption committee meetings to staff adoptive families and select an adoptive resource.
- The tribes expressed an interest in the South Dakota Native Foster Care, which works on planning strategies to recruit ICWA placement resources. This workgroup was in the process of being revitalized when COVID-19 restrictions impacted travel. Casey Family Programs is willing to host Zoom meetings and considering the barrier of travel and workload, this may prove a more practical method to meet the group's objectives.
- The tribes are notified when a Present Danger Plan (PDP) is developed with tribal members so they could assist with services to those families. The PDP form was changed to allow a parent with the choice to have their Tribal ICWA Program notified or not. The

ICWA Program Specialist monitors notifications. CPS intended to discuss with the tribes how useful this data is to them at the next in person meeting, however since the meeting was postponed due to COVID-19 this did not occur. CPS will continue to provide this data to the tribe and discuss usefulness on an ongoing basis. Please reference Goal 2, Objective B in Section III for details of the data associated with the Present Danger Plans.

- South Dakota has an ICWA Program Specialist, who is a liaison between the tribes and state to provide technical assistance, examples include;
 - Provides facilitation and education to tribes and states on how their agencies can best work together to serve families and children.
 - Receives feedback from tribes and incorporates it when possible to enhance services and collaboration.
 - Consults the tribes in the development of the CFSP and APSR, which both documents are provided to the tribes once completed
 - Consults on case specific questions and provides guidance to the tribe or states when needed.
 - Monitors foster care licensing compliance on an ongoing basis with renewals and any newly licensed foster homes to keep tribally licensed homes in compliance with Title IV-E.
 - Reviews tribal children who are Title IV-E eligible to ensure data entry of required AFCARS elements are completed, which are outlined in the State-Tribal Agreements. If data is missing, the ICWA Program Specialist notifies the tribal case manager and supervisor of the missing data, requests it be entered or will enter it himself, if needed.
 - Assists tribal case managers for tribal children under a State-Tribal Agreement tribe, are adopted or enter into a guardianship, to ensure the Adoption Assistance Program or the Guardianship Assistance Program guidelines are followed.
 - The ICWA Program Specialist conducts two separate quarterly reviews (total of 8 yearly) for DSS-CPS's compliance with ICWA using the monthly ICWA Director's Report. The ICWA compliance data points are compiled into summaries which are shared with the tribes. The tribes are invited to participate in the review, however at this time none have done so.
 - Manages Qualified Experts Witness.

Tribal Collaboration with Independent Living Services for Native American Youth:

The Independent Living Program Specialist collaborates with the ICWA Program Specialist to communicate and to share information relating to the ILS program with the tribes. The ICWA Program Specialist provides this information to the appropriate contacts within the tribal areas, so youth in foster care are aware of the independent living services.

CPS will continue to inform the nine tribes about Education and Training Vouchers and the Chafee Foster Care Program available to eligible youth on the reservation. Special emphasis has been placed on meeting the needs of Native American youth. The Independent Living Program Specialist and ICWA Program Specialist have made each tribe aware of available services and opportunities available to Native American Youth who are or were formerly in foster care under Tribal jurisdiction. Also, financial assistance for post-secondary education and training is available to eligible tribal youth through the Educational Training Vouchers. (See Section C6 for further explanation of the state's consultation with tribes that has occurred during this reporting period.)

Native American youth in foster care with tribal child welfare agencies between the ages of 14 to 21 are invited to be involved in the Chafee Foster Care Program in the following ways (see section

John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program), for additional service provision explanations) :

- Attending ILS Workshops
- Attending ILS Teen Conferences
- Attending the ILS Workgroup Meetings
- Medicaid eligibility for youth up to age 26 who exited foster care at 18 and was funded with IV-E funds through a state/tribal agreement.
- Financial assistance for post-secondary education and training is available to eligible tribal youth.
- CRPs support of current and former foster youth under BIA or tribal custody.
- Services provided by the Department of Labor and Regulation (job mentors, job skills, writing resumes and pre-employment education).
- Attending South Dakota Youth Advocacy – Young Voices
- Housing Support
 - Independent Living Preparation Programs
 - FYI Vouchers
- Driver's Education Support
- Youth Organizers
- ETV funds

The ICWA Program Specialist disseminated information to the BIA and Tribal Child Welfare Agencies from the ILS Program Specialist related to Independent Living Services such as the teen conference, ETV Scholarship funding, ILS Workshops, and ILS Workgroup Meetings. The ILS Program Specialist has been added to the State/Tribal Welfare Consultation Meeting to share Independent Living Services and NYTD information.

South Dakota collaborates with each of the nine tribes in the state, so they are aware of the ETV registration period. An email from the Indian Child Welfare Act (ICWA) Program Specialist concerning the ETV funds was shared with the BIA and Tribal Child Welfare Agencies in the Fall of 2019, Spring of 2020, and Summer of 2020. The CRP contacts the BIA and Tribal Child Welfare Agencies to provide information on the ILS services and how youth can apply for the ETV funds. The CRPs assist the youth with the ETV registration and the application for the post-secondary school. The CRPs will continue to be in contact with the BIA and Tribal Child Welfare Agencies about the ETV funds and ask if there are youth that would be eligible, so the CRP can contact eligible youth.

CPS will continue to provide consultation to the tribes to remind the tribes with an approved IV-E plan or a title IV-E tribal and state agreement they have the option to receive directly from ACF a portion of the state's CFCPSTA and /or ETV allotment to provide services to eligible tribal youth (section 477(j) of the ACT). At this time, the tribes have not pursued an agreement.

CPS maintains a contract with Lutheran Social Services to provide the CRPs. The CRPs provides assistance and services to the youth in CPS custody, as well as youth with BIA and Tribal Child Welfare Agencies. The CRPs will continue to provide support to youth until the age of 21 years old.

The ICWA Program Specialist has created a contact list for each of the tribes. This information has been shared with the CRPs. The CRPs use this information to make connections with the tribes regarding the Independent Living Program for services such as CLSA, ETV funds, Youth Voices, ILS Workgroup and ILS Workshop, and ILS Teen Conference. The CRPs will continue

to be responsible for identifying resource and network with BIA and Tribal Child Welfare Agencies on the reservations in their area.

Native American youth are and will continue to be involved in all aspects of the program. Special attention will be given to ensuring the Independent Living resources and CRP services are available to youth living on the reservations. The CRPs have made efforts to schedule meetings with the BIA and Tribal Child Welfare Agencies and make services available to assist the tribal youth in foster care.

No tribes in South Dakota have requested to develop an agreement to administer, supervise, or oversee the Chafee or an ETV program with respect to eligible Indian children.

Barriers towards collaboration:

ICWA Programs are small offices and ICWA Directors are often managing other programs, therefore, their workload prevents them from having time to devote towards attending collaborative meetings due to the travel distance.

- Utilizing video conferencing helps save time for ICWA Directors to come to in person meeting. The travel time is taken away and they are able to devote time to video conferences. Since the COVID-19 pandemic, there has been an increase of tribal representatives at meetings held via video conference. Although the decision has not been made to make this a permanent format for future meetings, it will be considered depending on travel restrictions.

Child Welfare Services for Native American Children:

Since the submission of the 2020-2024 CFSP, it remains constant four of the nine tribes have a State-Tribal Agreement with one tribe in the process of having a direct Title IV-E relationship with the federal government. One tribe has entered into a Memorandum of Understanding (MOU) for the purposes of licensing of foster homes only. The tribes who have State-Tribal Agreements have access to the Comprehensive Child Welfare Information System (CCWIS) statewide information system which South Dakota has renamed Family and Children Information System (FACIS). Ongoing training is provided to the State-Tribal Agreement tribes on FACIS to help tribal staff with utilizing this program. Listed are the tribes who have entered into a State-Tribal Agreement:

- **Sisseton Wahpeton Oyate (SWO)** - Since 1978, SWO has provided the full array of child protective service programs from intake to adoption and licensing of tribal foster homes. This includes the pass through of Title IV-E funds for Title IV-E eligible children for placement costs and Title IV-E administrative costs. Sisseton Wahpeton Oyate has not made use of Title IV-E administrative costs due to how their protocol was set up in 1978. South Dakota Child Protection Services is having ongoing conversations with SWO-CPP to discuss how they would like to start claiming those costs, the last discussion about this was on March 26, 2020.
- **Standing Rock Sioux Tribe (SRST)** - Since 1993, SRST has had an agreement with SD to provide Title IV-E funding for children under the custody of Tribal Court. This includes the pass through of Title IV-E funds to Title IV-E eligible children for placement in Title IV-E compliant tribally licensed foster homes costs and Title IV-E administrative costs.
- **Flandreau Santee Sioux Tribe (FSST)** - Since 2000, FSST has had an agreement with SD to provide Title IV-E funding for children under the custody of Tribal Court. This includes the pass through of Title IV-E funds to Title IV-E eligible children for placement

costs in Title IV-E complaint tribally licensed foster homes and Title IV-E administrative costs.

- **Oglala Sioux Tribe (OST)** - Since 2008, OST has provided the full array of child protective service programs from intake to adoption and licensing of tribal foster homes. This includes the pass through of Title IV-E funds to Title IV-E eligible children for placement costs and Title IV-E administrative costs.
- **Rosebud Sioux Tribe (RST)** - RST under Sicangu Child and Family Services (SCFS) applied for a planning grant in 2013 under the Fostering Connections to Success and Increasing Adoptions Act of 2008. Their application for a Title IV-E planning grant was approved on September 30, 2013 and they are in the final stages of assuming all Child Protection Services on the RST.
- **Crow Creek Sioux Tribe (CCST)** - A Memorandum of Understanding (MOU) between the CCST and CPS was signed November 5, 2019 giving the tribe the authority to license their own foster homes. There is no Title IV-E funding attached to this MOU, so it is strictly for licensing purposes. An addendum was signed on March 23, 2020 at the request of the tribe giving them the authority to license non-Indian's who fall into the "on or near" definition of the original MOU. ICWA Program Specialist provided technical assistance on the licensing process to meet Title IV-E guidelines.

The Department of Social Services, Division of CPS directly provides child protection services for five of the nine South Dakota tribes. The tribes directly served by CPS are Cheyenne River Sioux Tribe, Crow Creek Sioux Tribe, Lower Brule Sioux Tribe, Rosebud Sioux Tribe, and the Yankton Sioux Tribe. CPS works with tribal services, tribal law enforcement and tribal courts to carry out its responsibilities. CPS works with tribal courts for emergency custody, child custody, continued custody proceedings and the courts grant care and placement responsibility to CPS. Approximately 30% of the Native American children who are in the custody of the state are placed under tribal court jurisdiction and authority.

Safety, Permanency, Well-Being (SPWB) reviews are completed on cases involving children and families under tribal court jurisdiction with services provided by state CPS, in the tribal areas mentioned above. SPWB reviews are a process by which in home and placement cases are randomly chosen by the state's random sampling method. Reviewers read the case file and conduct interviews with key individuals; parents, children, foster parents, safety plan providers, tribal representatives, caseworkers and others involved in the case. SPWB reviews capture the state's performance in the following areas; responsiveness to reports of maltreatment, prevention or re-entry into foster care, risk and safety assessment, placement stability, identify and achieving permanency goals, placement with siblings, visitation with parents and siblings in foster care, connections, timely notice to the tribe in ICWA cases, ICWA placement preference, relative placement, parent and child relationships, assessment of child's needs and services, assessment of parents needs and services, assessment of foster/kinship parents needs and services, parent and child involvement in case planning, caseworker visits with children, caseworker visits with parents and educational, medical, mental health/behavioral needs and services for children. The results of the SPWB reviews are shared with the Regional Manager and stakeholders in the community in the form of a CQI meeting, which is described more in the collaboration section of the CFSP and subsequent APSRs. CPS informed tribal partners of the opportunity to participate as a reviewer in SPWB reviews.

Section D: CAPTA State Plan Requirements and Updates

CAPTA

The State Liaison for CAPTA is:

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2021 Progress Update

There were no changes in South Dakota's laws or regulations which affect the State's eligibility for the CAPTA State grant. South Dakota has provisions in place for the public disclosure of child abuse and neglect fatalities or near fatalities as required by 106(b)(2)(B)(x) of CAPTA.

On January 7, 2019, the President signed the Victims of Child Abuse Act Reauthorization Act of 2018, which included an amendment to CAPTA. The amendment expands the scope related to the legal immunity for good faith reports of child abuse and neglect. South Dakota Codified Law (SDCL) 26-8A-14 is already in place and covers the amendment. This law states "Any person or party participating in good faith in the making of a report or the submitting of copies of medical examination, treatment, or hospitalization records pursuant to SDCL 26-8A-3 to 26-8A-8, inclusive, or pursuant to any other provisions of this chapter, is immune from any liability, civil or criminal, that might otherwise be incurred or imposed, and has the same immunity for participation in any judicial proceeding resulting from the report. Immunity also extends in the same manner to persons requesting the taking of photographs and X-rays pursuant to SDCL 26-8A-16, to persons taking the photographs and X-rays, to child protection teams established by the secretary of social services, to public officials or employees involved in the investigation and treatment of child abuse or neglect or making a temporary placement of the child pursuant to this chapter, or to any person who in good faith cooperates with a child protection team or the Department of Social Services in investigation, placement, or a treatment plan. The provisions of this section or any other section granting or allowing the grant of immunity do not extend to any person alleged to have committed an act or acts of child abuse or neglect."

CPS continues to use CAPTA funds to support the objectives described in the FFY 2012 CAPTA State Plan, including maintenance of and enhancements to the CPS system and processes for receipt of reports of child abuse and neglect, response to reports of child abuse and neglect, and intervention when there are threats to child safety.

CAPTA funds were used to purchase services from interpreters to assist in Initial Family Assessments (IFA) and Protective Capacity Assessments (PCA) when working with non-English speaking families or for parents with other needs.

CAPTA funds were used to pay for substance and alcohol assessments and for monitoring of parents' substance and alcohol use to assess parental capacity and assure safe reunification. CAPTA funds were used to pay for drug testing during IFAs and Ongoing services. CAPTA funds were used to purchase equipment for office interview and visitation rooms.

CPS continues to train new staff through the Certification Training program, which provides

comprehensive knowledge and skill training to CPS staff. CPS provides ongoing and advanced training on safety, permanency, and wellbeing to all staff. (See the APSR section on Training) CAPTA funds were used to purchase training resources to help support some of these training activities.

CAPTA funds were used to contract with an attorney to assist in child abuse and neglect court cases in a tribal court to expedite the permanency process, whether it is reunification or some other permanent plan.

CAPTA funds were used for printing CPS brochures for educating and informing the public about Child Protection Services and child abuse and neglect.

CAPTA funds were used for case management services including: mental health assessments, counseling, anger manager assessment, and domestic violence counseling.

Intake Restructure

The Intake Assessment is the first and one of the most important determinations in the Division of Child Protection Services Safety Intervention Model (CSI). State law requires reports of abuse and neglect to be made either to the county State's Attorney, law enforcement or CPS. The County State's Attorney and law enforcement are then required to inform CPS about reports they receive. The new intake process was implemented on January 12, 2015. Previously, South Dakota had a regionally based Intake system where calls from within the Region were handled by the Intake Specialists within the respective Region. The structure did not allow for equal distribution of intake reports and created concerns for consistency. The new system allows all the calls to be distributed among all the Intake Specialists through a single 1-800 number, regardless of where the call originates.

The Protective Services Program Specialist continues to monitor the intake process through reports within the centralized phone system. The reports assist with ensuring equal distribution of workload, as well as the number of incoming calls, the length of calls, the number of abandoned calls, call volumes, and the timeliness of answering calls.

In reviewing data from Federal Fiscal Year 2020, the distribution of the calls remains steady in comparison to the prior year. Following the COVID-19 pandemic, calls slightly decreased for the month of April; however, have since returned to normal. Within the intake unit, there is some variance regarding skill level amongst the staff; however, the average number of calls each month per staff is 104. The centralized telephone system received a total of 17,598 calls. Of these calls, 2108 (12%) were abandoned, meaning the caller hung up prior to the call being answered. The average speed for a call to be answered is 2 minutes, 1 second, and the average delay before a call is abandoned is 3 minutes, 56 seconds.

Each year a mandatory Intake Specialist meeting is held to update the Intake Specialists and the Intake Specialist Screeners on policies and procedures and to discuss practice. Prior to the Intake meeting, questionnaires are sent out to the Family Services Specialists and Supervisors on topics they would like to discuss and review. This gives the Intake Family Services Specialists, Screeners, and Supervisors input on the agenda items at the annual training. The 2019 meeting occurred on June 18-19, 2019. The intake specialist participated in activities regarding sufficient information gathering, identifying danger threats, peer reviews, and team building activities.

To continue to advance the centralized process, CPS is currently centralizing the screening process. This centralized process will reduce the number of Supervisors and Family Services

Specialist that are responsible for screening referrals. The new process includes four centralized Screeners who will solely be responsible for decision-making of referrals statewide, regardless of the location of the family. This new structure was initially piloted in South Dakota's two largest offices, Rapid City and Sioux Falls. Over the course of the year, additional offices were added. Full statewide implementation was achieved on June 1, 2020.

Drug Affected Infants

South Dakota has provisions in state law which include prenatal exposure to abusive use of drugs and alcohol as part of the definition of child abuse and neglect. In addition, South Dakota Codified Law 26-8A-3 addresses requirements of health care providers, and other professionals, to report child abuse or neglect. This law lists out several professional mandated to report child abuse and/or neglect and a failure to do so, could result in a misdemeanor charge. South Dakota Codified Law 26-8A-6 is further specific to hospital personnel in that "any person who has contact with a child through the performance of services as a member of the staff of a hospital or similar institutions shall immediately notify the person in charge of the institution or his designee of suspected abuse or neglect..."

The South Dakota Health Department has guidelines defined in South Dakota Administrative Rule 44:65:02:01 and 44:65:02:02 that require reports by physicians or hospitals to the Health Department situations where a diagnosing physician attends to a person suspected of having FAS or a hospital is aware of a person who is suspected of having FAS was served by the hospital. The rules also state that reporting under these provisions does not relieve the physician or hospital from the obligation to report FAS as child abuse or neglect.

In 2018, Senate Bill 105 was introduced and passed by the legislature which authorizes health care practitioners to administer a toxicology test to an infant during the first 28 days of life under certain circumstances with or without parental consent. If a health care practitioner has reason to believe, based on a medical assessment of a mother or a newborn infant, that the mother used a controlled substance for a nonmedical purpose during the pregnancy, the practitioner may administer, with or without the consent of the newborn infant's parent or guardian, a toxicology test. The test is to determine whether there is evidence of prenatal exposure of a controlled substance. If the test results are positive, the practitioner shall report the results according to South Dakota's mandatory reporting law, which is SDCL 26-8A-8.

Child Protection Services' safety focused model includes services for those infants affected by abuse of drugs or alcohol. When a child who is born drug affected or suspected of suffering from FASD is ready for discharge from a hospital and cannot be placed safely in their home through a safety plan, Child Protection Services seeks the assistance of relatives and/or foster homes which can address the child's needs and provide a safe environment for the child, which includes a safe care plan. The caregiver and the Child Protection Service Family Specialist work closely with the physician to ensure the continuity of care. If a child is ready for discharge and can safely remain in their home and the danger threats are able to be managed, Child Protection Services opens the case for in-home services, providing additional support to the family with a safe care plan. The Child Protection Services Family Services Specialist continues to monitor the child's safety while arranging for additional services, based on the parent's needs and assuring the child's needs are being met in the home.

The increase in the State's CAPTA funds will assist in continued efforts to support and address the needs of infants born and identified as being affected by substance use or withdrawal symptoms resulting from prenatal drug exposure. Funding will be utilized to assist parents with drug assessments and subsequent treatment if recommended, and/or ongoing monitoring in the

form of substance use testing. Safe care plans developed for the infants to avoid the child being placed in custody may include additional case management services and costs for the alternative providers. These services may include but are not limited to temporary daycare for the child or training related to providing care for the infant's medical needs.

On October 31, 2017, South Dakota implemented new fields in the FACIS (SACWIS) system to track alcohol affected infants, drug affected infants, safe care plans, and referral to Comprehensive Addiction and Recovery Act (CARA) related services.

South Dakota applied for and was selected as one of nine states to attend the 2020 Practice and Policy Academy: Developing a Comprehensive Approach to Serving Infants with Prenatal Substance Exposure and their Families. South Dakota will be taking eleven individuals to the academy, which was initially planned for May 2020 in Newport Beach, California. Due to the COVID-19 pandemic, this has been moved to August 25-27, 2020 and will be held virtually.

The purpose of the academy is to enhance the capacity to meet the needs of infants who are affected by prenatal exposure of substance use and to receive technical assistance in mobilizing a comprehensive team in developing Plans of Safe Care. Currently, the State of South Dakota's data and information collection is specific and limited to children who meet criteria for investigation through Child Protection Services. South Dakota desires to collaborate and bring together cross-agency partners to develop, implement, and monitor Plans of Safe Care for all infants affected by substance use, not just those infants who meet criteria for child welfare intervention. South Dakota has three large health care facilities (Monument Health, Sanford Health, and Avera Health), who are all represented on the team. The team also has representatives from the Division of Child Protection Services, Division of Behavioral Health, Division of Family and Community Health, South Dakota Indian Child Welfare Act Coalition, University of South Dakota School of Medicine, Great Plains Tribal Chairmen's Health Board, and the Unified Judicial System.

CAPTA Amendments-Sex Trafficking

Intake Specialists have been provided with information regarding responding to report of sex trafficking and potential victims of sex-trafficking. The Intake Specialist must identify and document in the FACIS system children who Child Protection Services has a reasonable cause to believe are sex trafficking victims or are at risk of being sex-trafficking victims. On October 31, 2017, South Dakota added a new maltreatment type to the FACIS (SACWIS) system to track the number of children known or suspected to be victims of sex trafficking.

There are instances in which a referral is received by the Department; however, the allegations do not involve a parent, guardian, or custodian. In these situations, in accordance with SDCL (South Dakota Codified Law) 26-8A-2, the referral is forwarded to the appropriate law enforcement agency to investigate. Along with the Department, law enforcement is the other agency mandated by state law to investigate reports of child abuse and neglect. The investigation can be completed by either agency or jointly. The Department does not have the legal authority to investigate any cases of child maltreatment or sex offenses which do not meet the definitions within SDCL 26-8A-2. In these situations, the safety of the child is paramount, and it is important to assure the parent, guardian, or custodian responsible for the child is able and willing to protect the child. If the report indicates the parent, guardian or custodian, or another person responsible is not protecting the child or the child is otherwise unsafe through fault or no fault of the parent, the report is further assessed for assignment and for additional services by Child Protection Services. Child Protection Services also coordinates with other agencies and service providers needed to assure the child's safety and to implement services which provide for the physical and emotional needs of the child. The Department does consider requests by law enforcement and

child protection agencies from other states for a Family Services Specialist to conduct a courtesy interview and assist with ensuring the safety of the child.

CITIZEN REVIEW PANEL REPORT- FISCAL YEAR 2020

The Justice for Children's Committee (JCC), which is a joint committee of the Citizen Review Panel and Children's Justice Task Force, held meetings and conference calls over the last year to continue progress on the approved three-year recommendations set forth in 2018. The meetings and conference calls included other topics; however, the focus of the meetings was the three-year assessment recommendations. Various members of the JCC provided presentations to the JCC about current projects and issues relevant to the assessment. Those presentations included the work of the Court Improvement Program Committee, law enforcement's experience with the rise in methamphetamine cases, recent legislation related to family violence, and discussion about a task force created to study policy, and practice and laws related to child sexual abuse in South Dakota.

What follows are the recommendations and action steps agreed upon by the JCC. Action steps for some of the recommendations are still being developed. The JCC will continue to further develop action steps as needed over the next three years related to the recommendations.

2020 Progress Regarding Three Year Recommendations

Recommendation #I: Mandatory Conference Attendance

The JCC members support attendance at the annual Children's Justice Act conference.

Action Steps:

- A. JCC Member(s) attends the annual CJA grantee meeting in Washington DC.
- B. Attendance contingent on approved funding.

2020 Update:

Representatives from South Dakota attended the annual grantee meeting in Washington DC held March 11-13, 2020.

Recommendation #II: Safety Response to Domestic Violence

Review the current processes and practices used to assess child abuse and neglect, and child safety in domestic violence cases. Develop recommendations regarding any areas where enhancements can be made.

Action Steps:

- A. The JCC obtain information and input from South Dakota Network Against Family Violence and Sexual Assault regarding statistics and best practice.
- B. Research and increase system understanding of trauma as it relates to children's exposure to domestic violence.
- C. Research availability of resources for families and children affected by domestic violence and increase awareness of responders regarding those resources.

2020 Update:

The South Dakota Network Against Family Violence and Sexual Assault continues to offer training throughout the year for law enforcement, prosecutors, advocates, Child Protection Services staff, medical personnel, school personnel, and other community members regarding domestic violence. The training includes the dynamics of domestic violence, arrest decisions, updated laws, protection orders, investigation and victim's services. Statewide conferences are included as well.

Recommendation #III: Enough Abuse Campaign.

The JCC will support and assist in launching “Enough Abuse” campaign regarding child sexual abuse.

Action Steps:

- A. Collaborate with the South Dakota Center for the Prevention of Child Maltreatment regarding the train the trainers’ program.
- B. Train 40 individuals across the state from varying professions.
- C. Support additional training for staff and stakeholders statewide.

2020 Update:

The Enough Abuse Campaign from MassKids was launched in 2019. A train the trainer program was launched by training 30 individuals from across the state in the specific Enough Abuse curriculum. There are six programs within this model, focusing on the community, youth serving organizations, schools, and problematic sexualized behaviors. Through this program over 1200 individuals have been educated on recognizing and responding to childhood sexual abuse in the first year of the training program.

Recommendation #IV: Defer to Jolene’s Task Force Study.

The JCC will defer to Jolene’s Law Task Force regarding any further review of issues related to child sexual abuse.

Action Steps:

- A. The JCC will stay informed about the work and developments of Jolene’s Law Task Force.
- B. The JCC will consider the recommendations of Jolene’s Law Task Force in relation to any further work needed by the JCC.

2020 Update:

The JCC continues to be updated regarding the recommendations of Jolene’s Law Task Force. The recommendation of the Enough Abuse Campaign was a result of the task force and was approved by the JCC as a needed project.

Recommendation #V: Sexual Abuse Video

Research and begin development of an online training video regarding the assessment and investigation of child sexual abuse and exploitation.

Action Steps:

- A. Explore the options of development and cost of the video.
- B. Explore other states’ use of training regarding responding to sexual abuse.
- C. Explore curriculum to be used for the video in conjunction with Enough Abuse campaign.

2020 Update:

The research and development of an online training video regarding child sexual abuse and exploitation will follow the work of the Enough Abuse campaign. As data and further developments regarding the Enough Abuse training begin, work on this project will then follow. Data continues to be gathered and shared between Child Protection Services and the Child Advocacy Centers.

Recommendation #VI: Improve Public Relations and Education

Enhance public education relating to the Child Protection Services processes, specific to investigation, assessment, and judicial handling of child abuse and neglect, and other related areas affecting children’s safety to increase the public’s knowledge of the services Child Protection Services provides.

Action Steps:

- A. Explore ways to more effectively make information available to the public regarding issues impacting children and families. Some examples include use of tools similar to social media and development of brochures.

2020 Update:

The JCC Task Force continues to discuss this topic and ideas for moving forward. Much of the work on this task has been tabled in lieu of the Enough Abuse campaign. The work related to sex trafficking will likely impact this recommendation.

Section E: Updates to Targeted Plans within the 2020-2024 CFSP/APSR

The following plans are attachments to the APSR:

- Foster and Adoptive Parent Diligent Recruitment Plan
- Health Care Oversight and Coordination Plan
- Disaster Plan
- Training Plan

Section F: Statistical and Supporting Information

Information on Child Protection Service Workforce:

The State of South Dakota personnel qualifications for individuals to apply for CPS positions is based on knowledge, skills, and abilities. CPS hires staff with relevant degrees and experience for all positions. There are minimal circumstances when an individual was hired without a college degree. Those usually occur in areas of the state where filling positions is problematic. The training for new Family Services Specialists and ongoing training are described in the Staff Training Section of the APSR.

Based on demographics of a rural state, turnover, staffing and the number of small offices, it was determined by management that caseload standards would be difficult to establish and maintain.

Child Protection Services Turnover Rate

State Fiscal Year	2019	2020*
Turnover Rate	18.1%	15.4%

	FY19	FY20 (preliminary)*
Family Services Specialist	21.8%	20.9%
Family Services Specialist Supervisor	6.25%	0%

*Preliminary calendar year turnover rates; data current as of 6/5/2020 to include 22 pay periods.

STAFF DEMOGRAPHICS

Type of Staff	Number of Staff	Race	Degree	Average Number of Years
Supervisor	37	American Indian or Alaska Native: 2 Asian: 1 Black or African American: 0 Native Hawaiian or Other Pacific Islander: 0 White: 34	Master's Degree: 7 Bachelor of Arts: 9 Bachelor of Science: 15 Bachelor of Social Work: 4 Associate Degree: 0 High School Diploma: 2	14 Years
Family Services Specialists	166	American Indian or Alaska Native: 9 Asian: 0 Black or African American: 1 Native Hawaiian or Other Pacific Islander: 0 White: 156	Master's Degree: 6 Bachelor of Arts: 42 Bachelor of Science: 87 Bachelor of Social Work: 21 Associate Degree: 6 High School Diploma: 4	5.5 Years

Juvenile Justice Transfers:

There was one juvenile who transferred from CPS custody to the Department of Corrections in FY2020. The youth included in this population are those who were in the custody of CPS, custody through CPS was terminated, and the youth were committed to the Department of Corrections. This information is gathered through the South Dakota CCWIS System.

Education and Training Vouchers:

The amount of SFY 19 allocated ETV funds expended from July 1, 2018, to June 30, 2019 was \$77,399.44 totaling 37 claims for 24 unduplicated youth. The amount of SFY 20 allocated ETV funds expended from July 1, 2019, to May 31, 2020 was \$58,250 totaling 28 claims for 14 unduplicated youth. Please see Attachment D.

Inter-County Adoptions:

Child Protection Services has one youth in state custody that was adopted internationally. The Department became involved with this family after the adoptive parent admitted the youth to a psychiatric hospital. This child is currently placed at an intensive residential treatment center with the plan of reunification with the adoptive family.