



**South Dakota
Annual
Progress and Services
Report
2023**



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Commonly Used Acronyms

A/N:	Abuse/Neglect
ACE:	Adverse Child Experiences
ACF:	Administration for Children and Families
AFCARS:	Adoption and Foster Care Analysis and Reporting System
APDU:	Advance Planning Document Update
APPLA:	Another Permanent Planned Living Arrangement
APSR:	Annual Progress and Services Report
ASFA:	Adoption and Safe Families Act
BATA:	Brookings Area Transit Authority
BHAC:	Behavioral Health Advisory Council
BIA:	Bureau of Indian Affairs
BIT:	Bureau of Information and Telecommunications
CAPTA:	Child Abuse, Prevention and Treatment Act
CARA:	Comprehensive Addiction and Recovery Act
CARES:	Coordination, Advocacy, Resources, Education and Support
CBCAP:	Community Based Child Abuse Prevention
CCST:	Crow Creek Sioux Tribe
CCWIS:	Comprehensive Child Welfare Information System
CFCPSTA:	John H. Chafee Foster Care Program for Successful Transition to Adulthood
CFSP:	Child and Family Services Plan
CFSR:	Child and Family Services Review
CIP:	Court Improvement Program
CJA:	Children's Justice Act
CLSA:	Casey Life Skills Assessment
COOP:	Continuity of Operations Plan
CPS:	Child Protection Services
CQI:	Continuous Quality Improvement
CRP:	Community Resource Persons
CSI:	Comprehensive Safety Intervention
CSP:	Common Sense Parenting
CWCA:	Child Welfare Contributing Agency
DCI:	Division of Criminal Investigation
DOC:	Department of Corrections
DOH:	Department of Health
DSS:	Department of Social Services
EMDR:	Eye Movement Desensitization and Reprocessing Therapy
ETV:	Education and Training Vouchers
EWYL:	Earn While You Learn
FACIS:	Family and Child Information System
FASD:	Fetal Alcohol Spectrum Disorders
FBI:	Federal Bureau of Investigation
FEMA:	Federal Emergency Management Agency
FFCMA:	Former Foster Care Medical Assistance Program
FFPSA:	Family First Prevention Services Act
FFY:	Federal Fiscal Year
FSST:	Flandreau Santee Sioux Tribe

FVC:	Family Visitation Center
FYI:	Foster Youth to Independence
FYSB:	Family & Youth Services Bureau
ICAP:	Inter-Lakes Community Action Partnership
ICC:	Interagency Coordinating Council
ICPC:	Interstate Compact on the Placement of Children
ICWA:	Indian Child Welfare Act
ICWAPS:	ICWA Program Specialist
IDEA:	Individuals with Disabilities Education Act
IFA:	Initial Family Assessment
IHS:	Indian Health Service
ILS:	Independent Living Services
JCC:	Justice for Children Committee
JDAI:	Juvenile Detention Alternatives Initiative
LBST:	Lower Brule Sioux Tribe
LSS:	Lutheran Social Services
LTC:	Lakota Tiwahe Center
MASC:	Measurement and Sampling Committee
MI:	Motivational Interviewing
MOPS:	Mothers of Preschoolers
MOU:	Memorandum of Understanding
NAS:	Neonatal Abstinence Syndrome
NCANDS:	National Child Abuse and Neglect Data System
NDRU:	NYTD Data Review Utility
NEICE:	National Electronic Interstate Compact Enterprise
NICWA:	National Indian Child Welfare Association
NOWS:	Neonatal Opioid Withdrawal Syndrome
NRP:	Non-Resident Parent
NTI:	National Training Initiative
NYTD:	National Youth in Transition Database
OLA:	Office of Licensing and Accreditation
OMS:	Online Monitoring System
OSRII:	Onsite Review Instrument Instructions
OST:	Oglala Sioux Tribe
PCA:	Protective Capacity Assessment
PCP:	Person-Centered Planning
PIC:	Poverty-Informed Care
PIP:	Program Improvement Plan
PPRT:	Permanency Planning Review Team
PREP:	Personal Responsibility Education Program
PRO:	Peer Review Organization
PRT:	Permanency Roundtables
QEW:	Qualified Expert Witnesses
RCFC:	River City Family Connections
REACH:	Resources and Education for Adolescents Choosing Healthy Behaviors
REACH:	Respond, Educate, Advocate, Counsel, Heal
RFK:	Robert F Kennedy
RFP:	Request for Proposal

RFS:	Request for Services
ROC:	Recovery-Oriented Care
RPG:	Regional Partnership Grant
RST:	Rosebud Sioux Tribe
SACWIS:	Statewide Automated Child Welfare Information System
SAG:	Supervisory Advisory Group
SCOPE:	Supporting Children of the OPIoid Epidemic
SD-VDRS:	South Dakota Violent Death Reporting System
SDCL:	South Dakota Codified Law
SDNFC:	South Dakota Native Foster Care
SDYES:	South Dakota Youth Employment Services
SFY:	State Fiscal Year
SLA:	State Lead Agency
SPD:	Safety Plan Determination
SPDAT:	Service Prioritization Decision Assistance Tool
SPWB:	Safety, Permanency and Well-Being
SRAE:	Sexual Risk Avoidance Education
SRST:	Standing Rock Sioux Tribe
SRT:	State Review Team
STCWC:	State Tribal Child Welfare Consultation
SWO:	Sisseton Wahpeton Oyate
TIC:	Trauma-Informed Care
TPR:	Termination of Parental Rights
UJS:	Unified Judicial System
USD:	University of South Dakota
VOA:	Volunteers of America
VOAD:	Volunteers of America, Dakotas
VVS:	Visionary Visitation Services, LLC
WDC:	Workforce Development Council
WWK:	Wendy's Wonderful Kids
YFS:	Youth and Family Services
YST:	Yankton Sioux Tribe

Section A: The Children’s Bureau Focus on Primary Prevention to Strengthen Families and Reduce the Likelihood of Child Maltreatment While Securing Permanency for All Children and Youth

The Administration for Children and Families’ Program Instruction document can be found at [ACYF-CB-PI-20-13 \(hhs.gov\)](https://www.hhs.gov/ACYF-CB-PI-20-13). Section A outlines the Children’s Bureau Focus on Primary Prevention to Strengthen Families and Reduce the Likelihood of Child Maltreatment While Securing Permanency for All Children and Youth.

Section A is not a requirement of a State’s 2023 APSR; therefore, it is not included in South Dakota’s APSR.

Section B: Overview of the Child and Family Services Plan (CFSP)/ Annual Progress and Services Report (APSR) and the Child and Family Services Review (CFSR)

The Administration for Children and Families' Program Instruction document can be found at [ACYF-CB-PI-20-13 \(hhs.gov\)](https://www.hhs.gov/ACYF-CB-PI-20-13). Section B provides an Overview of the Child and Family Services Plan (CFSP)/ Annual Progress and Services Report (APSR) and the Child and Family Services Review (CFSR).

Section B is not a requirement of a State's 2023 APSR; therefore, it is not included in South Dakota's APSR.

Section C: Requirements for the 2023 APSR

I. Collaboration and Vision

State Agency Administering the Programs

Organizational Structure Overview

The South Dakota 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 Prevent Program. The Department of Social Services is led by the Department Cabinet Secretary. Under the Department of Social Services, the Division of Children and Family Services was created, in which CPS is now under. There is a Chief of Children and Family Services who oversees the Director of CPS. CPS 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 CPS 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 Services Aides that provide services in the program areas.

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

- Intake – receipt of child abuse and neglect reports Request for Services (RFS’) 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 was moved to the Office of Licensing and Accreditation January 2021. CPS provided these services prior to the creation of the Office of Licensing and Accreditation.
- Title IV-E Prevention Plan – development and implementation of the Prevention Plan and requirements as outlined in the Family First Prevention and Services Act.
- Administration of the Parenting Education Partners network.

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 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 protocols of the courts and law enforcement for 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 abuse/neglect (A/N) actions through the court with the court being able to give custody, care, and placement responsibility to CPS. The Federal Bureau of Investigation (FBI) and U.S. Attorney's Office also have jurisdiction to investigate and prosecute criminal child abuse on 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 <https://dss.sd.gov/>.

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

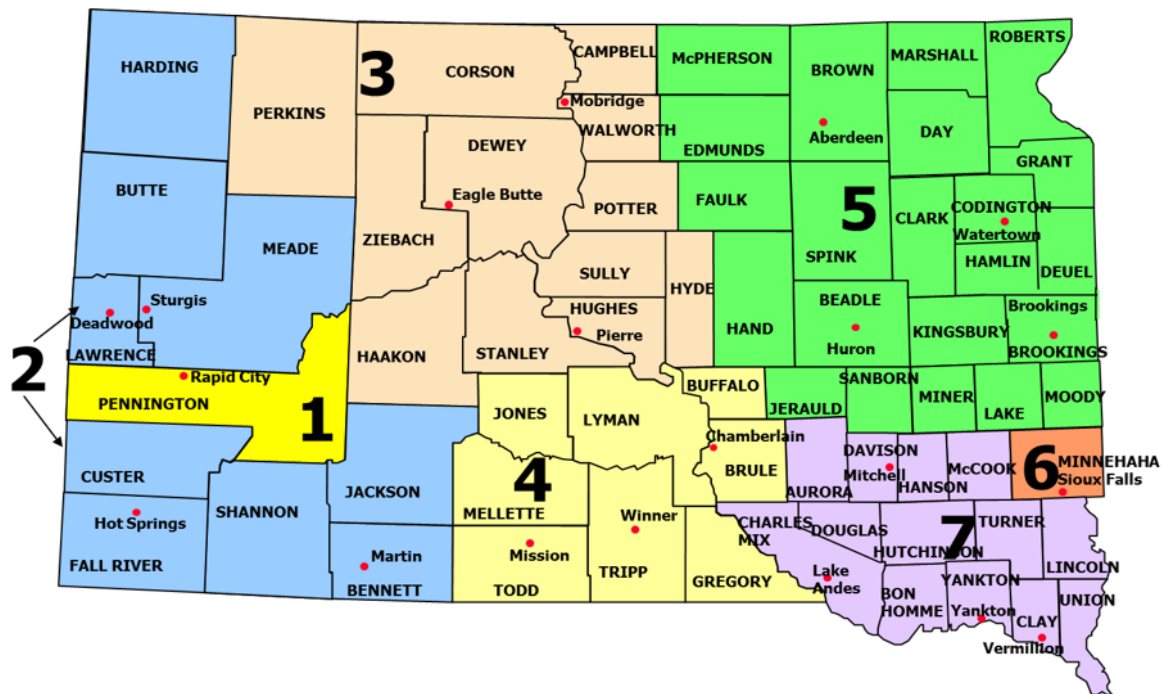
Public Access to the Child and Family Services Plan (CFSP) and Annual Progress and Services Report (APSR)

The Child and Family Services Plan (CFSP) and Annual Progress and Services Report (APSR) is on the State's website on the CPS page at <https://dss.sd.gov/childprotection/>.

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

Pamela Bennett
Division Director
Department of Social Services / Child Protection Services
700 Governors Drive
Pierre, SD 57501
Phone: 605-773-3227
E-mail: Pamela.Bennett@state.sd.us

Child Protection Services Regional Breakdown



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 the Administration for Children and Families (ACF).

Disaster Plan

The South Dakota Department of Social Services Disaster Plan is in the revision stage; the current version applies.

Executive orders by South Dakota Governor Kristi Noem expired in 2020; however, with the ongoing pandemic CPS developed and addressed enhancements to COVID-19 protocols and guidance for all CPS staff. The COVID-19 protocols and guidance provide direction and guidance for CPS 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. The protocols and guidance were stand-alone division-specific documents and were not added to the overall Department of Social Services (DSS) Disaster Plan due to the ever-evolving nature of pandemic response. The policy updates were issued to all CPS offices throughout the state each time an update occurred. The Disaster Plan is currently in a process of review and will be updated when finalized. The steps for updating the Disaster Plan will likely involve reviewing division-specific pandemic response protocols for incorporation.

During the pandemic the State of South Dakota never issued executive state closure orders. CPS developed an evolving protocol to help ensure safety and health, which included the personal protective equipment as staff continued to respond to Request for Services, visits, and hearings. In the past year in-person visits were largely resumed while virtual visits through various platforms

were implemented for children and families as an option when children or families were diagnosed with COVID-19 or exhibiting symptoms aligned with COVID-19. Local and state CPS offices had been closed to the public, except via appointment only; however, forms and publications were available through drop boxes and online. Within this past year all offices were reopened in phases. Payments to foster families continued, staff were supported, planning and organizational meetings continued virtually, and there were no major delays in any practices. More information regarding virtual training appears in the Training section of this document.

South Dakota received \$82,341.00 in title IV-B CARES Act funding to assist with the effects of the pandemic. Technology, training for staff, enhancements to policy and procedure to strengthen the child welfare workforce, and direct payments for families were utilized.

The \$84,440.00 in title IV-B Disaster Relief funding South Dakota received was utilized for the development of Trauma Training Curriculum for CPS, mental health supports, and travel expenses for affected families. This award applies to all related Major Disaster Declarations for South Dakota in 2019 including DR-4440-SD declared June 7, 2019, and DR-4463-SD declared September 23, 2019.

Severe weather including straight-line winds, tornadoes, and severe dust and debris affected eastern South Dakota May 12, 2022. The storm was classified as a derecho, a widespread, long-lasting windstorm associated with a band of rapidly moving moisture and thunderstorms. This event caused two fatalities in the state, evacuations of long-term care facilities for elderly patients, destruction of a high school, lengthy power outages, and expansive property destruction. Governor Kristi Noem requested a Presidential Disaster Declaration and signed Executive Order 2022-06 to help South Dakota local governments recover from public infrastructure damage sustained as a result of tornadoes, severe storms, straight-line winds, and flooding that occurred on May 12 in the eastern part of the state. Federal Emergency Management Agency (FEMA) assistance is requested to help with repairs for damage done to public infrastructure. A preliminary damage assessment indicates more than \$6.7 million in damage was done to public infrastructure in 20 counties and on two reservations. Public infrastructure damage assistance is being requested for the counties of: Aurora, Beadle, Bon Homme, Brookings, Clay, Codington, Day, Deuel, Grant, Hamlin, Hanson, Hutchinson, Kingsbury, Lake, McCook, Minnehaha, Moody, Roberts, and Turner as well as the Flandreau Indian and Lake Traverse Reservations. At this time, the storm has not been declared as a disaster by (FEMA).

South Dakota DSS enacted the Department's Disaster Plan, or Continuity of Operations Plan (COOP). The response was a Minor Disaster in time-phased implementation in the COOP due to storm severity and local/area response being capable of addressing the majority of needs. The South Dakota Department of Public Safety's Office of Emergency Management opened an Emergency Operations Center to coordinate the response with local government authorities. CPS contacted all families and resources in the affected areas with open CPS cases to discuss safety and needs related to the severe weather. Local resource information was shared with families, direct funds were provided to a family to evacuate to a safer area, and another family was assisted in obtaining information about their medications and advisement on healthcare needs. Inter-division collaboration was exercised to obtain guidance regarding the medications and healthcare assistance from the DSS Division of Medical Services. Power was restored over 24 hours after storms affected the areas, damages were cleaned up and repaired, and no long-lasting severe impacts were experienced by families involved with CPS.

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.

Internal Collaboration

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 seven-member Executive Team consists of the Department Cabinet Secretary, Deputy Secretary, Chief Financial Officer, Chief of Children and Family Services, Chief of Legal Services, Chief of Behavioral Health, Division Director for Medical Services, and the Administrator of Communications. The Executive Team was created by the Cabinet 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 Cabinet Secretary, Deputy Secretary, Chief Financial Officer, Chief of Children and Family Services, Director of Legal Services, Chief of Behavioral Health, Division Directors for CPS, Child Care Services, Medical Services, Economic Assistance, Child Support, Behavioral Health, Human Services Center Administrator, and the Human Resources Manager. The DSS Management 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 CPS Management Team met every quarter face to face until March 2020 when the COVID-19 pandemic began. The team has continued to meet weekly since March 2020 via Microsoft Teams meetings. Agenda items include the status of each region and program area as standing agenda items; ongoing progress evaluation of current initiatives; and discussion, selection, and planning of new initiatives accepted by the team.
4. The CPS Program Specialist Team meets every month during their CQI Core Team meetings. 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 CPS Program Specialist Team also tracks the progress of the agency's Program Improvement Plan (PIP), CFSP, and APSR.
5. Regional Managers and Program Specialists meet to discuss gaps in policy and practice that are causing less optimal outcomes following their respective Region review. The Program Specialist and Regional Managers meet weekly via Zoom and bi-annually in person where these gaps can be discussed. This might include adjusting a current policy or practice, developing new practice guidelines or policy, providing additional training, making additions or changes to the Family and Child Information System (FACIS), or

collaborating with another agency in the community to improve outcomes. Regional Managers have also started monthly meetings via 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. This team consists of the Division Director, Assistant Division Director, Program Specialists, Regional Managers, and all Supervisors. The CPS Supervisory 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 2021-2025 was presented to all staff via electronic correspondence in January of 2022. The plan development included staff from across the state from every division and at various levels of the agency. The strategic plan places value on staff input and the customer experience. Every step in the development of the plan looked very deliberately at what it would mean for employees and South Dakota customers. South Dakota's DSS Strategic Plan will be the basis for progress and the measure of success will be the work completed to meet the goals. The Strategic Plan goals center around creating a culture that includes recognition, innovation, and opportunities for growth.
8. The CPS Comprehensive Safety Intervention (CSI) Workgroup meetings consist of the Assistant Division Director, Program Specialists, Regional Managers, Supervisors and Family Services Specialists. The CSI Team focuses on the State's safety model by the review of policies and trends to make recommendations to the CPS Management Team. This team includes 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 who 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 Regional Reviews, 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 CPS Program Specialists, Regional Managers, Supervisors, and Family Services Specialists. There are several stakeholders that 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, an Indian Child Welfare Act (ICWA) representative, foster parent, youth, and parent. The focus of the Permanency and Well-Being Workgroup is assessing current permanency and well-being outcomes and determining enhancements in policy and practice to 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 Specialist meeting, questionnaires are sent 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 Continuous Quality Improvement (CQI) Core Team.

Multi-Disciplinary Teams Collaboration

The following describes the collaborative efforts of CPS through the facilitation and support of multiple multi-disciplinary teams. Each of these collaborations are utilized in all aspects of the CFSP/APSR, including, but not limited to, development, assessment of agency strengths and areas of improvement, review and modification of goals, objectives, and interventions and monitoring of progress.

1. Representatives from the Divisions of CPS, 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 for Medical Care, formerly known as PRO (Peer Review Organization). The Foundation for Medical Care utilizes child psychiatrists and psychiatric nurses to determine medical necessity for psychiatric level of care and if the case meets criteria, the Foundation for Medical Care 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 Foundation for Medical Care.
2. CPS asked partners of 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. Information is 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 are the most sufficient resources in their community to prevent child abuse and neglect, what is the least sufficient resource 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 is implemented statewide on a yearly basis in conjunction with an office's CQI meeting with community partners.
3. The CQI Core Team administers a parent survey to help assess parental engagement in case planning for both the parent and the child. The purpose of the surveys is to gather information to help improve the CPS provision of services. Parents have the opportunity to voice what their expectations were in working with CPS and to share if those expectations were achieved. This allows CPS to determine quality of services and areas where quality can be enhanced. The survey will capture parents who are receiving in home services, parents who did not have a maltreatment allegation at the time their child entered protective custody, and parents who did not achieve reunification. This will provide CPS with information to support making any identified changes towards serving parents and enhancing services to increase the number of children who can be reunified with their parents.
4. 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 Regional 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. Stakeholder CQI meetings were scheduled to start Fall 2020; however, in starting the CQI process with the CQI Core Team and individual regions, it was evident there needed to be more education and skill development regarding CQI. The Outcomes Management and Family First Program Specialist (CQI Leads) and a FACIS Program Specialist are developing an updated training plan for all CPS staff to include CQI Training into the current certification curriculum. New staff will receive training and there will be refresher trainings offered to existing staff. South Dakota is currently completing an internal capacity assessment by ACTION for Child Protection Services, in which CQI will be discussed and recommendations from the assessment regarding CQI will also be considered.

5. CPS has implemented stakeholder participation in Regional Reviews to promote transparency amongst the child welfare system. Stakeholders began Regional 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 that have completed a Regional Review are Lutheran Social Services, Unified Judicial System (UJS), Minnehaha County State's Attorney, Center for the Prevention of Child Maltreatment, East Central Court Appointed Special Advocates (CASA), the Yankton School District, an ICWA Representative, Safe Harbor Domestic Abuse Shelter, Black Hills Special Services Cooperative, and Human Services Center. A training is provided to stakeholders surrounding the Regional Review process, the Onsite Review Instrument Instructions (OSRII), completing interviews, and navigating the Online Monitoring System. Stakeholders partner with staff from CPS who are experienced with completing Regional Reviews.
6. 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. Membership includes those required by the grant: law enforcement, Criminal Court Judge, Civil Court Judge, prosecuting attorney, defense attorney, attorney for children, CASA representative, health professional, mental health professional, Child Protection 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 Child Abuse, Prevention and Treatment Act (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 to child abuse and neglect, including sex trafficking of children.
7. CPS surveys youth in accordance with the National Youth in Transition Database (NYTD) regulations at age 17 for children in foster care & and follow-up surveys at age 19 and 21. Additionally, CPS surveys all 17-year-old youth in foster care each year, not just in Federal NYTD Baseline years. CPS reviews the survey results and uses the information in planning. For example, the surveys and youth collaboration have indicated homelessness

is a concern CPS will focus on in the CFSP and subsequent APSRs.

8. The Independent Living Services (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 independent living services.
9. 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 independent living 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 youth will continue to be used to measure progress and make any needed adjustments in independent living services.
10. Independent Living Surveys are completed by youth who 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 independent living services.
11. The Office of Licensing and Accreditation, under the Department of Social Services, prepares for the annual relicensing onsite 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.
12. The Parenting Education Partners is a statewide network of parenting educators that provide parenting classes. The Community-Based Child Abuse Prevention 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.

13. The State and Private Adoption Agency Collaboration is a new group with participants from licensed private adoption agencies and CPS program staff. The group's first meeting was held on June 3, 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, Committees and Groups Collaboration

CPS team members participate in the following teams, committees, and groups 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. Department of Social Services conducts an online survey of foster families every three years. The last survey was completed May 2021 with 403 out of 821 (49%) of licensed foster families completing the survey. Survey questions were related to training, communication/support, working with birth parents, and court hearings. Some notable outcomes were 83% 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. Outcomes of the survey are utilized to improve services to foster families and are incorporated into the continued efforts for recruitment and retention of foster families.
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. The group created its second strategic plan entitled, "Strategic Plan for Unified Advocacy and Action" which has two targets for the group's collective work: "Disproportional Entry Rates of Native American Children into Custody" and "Determine What Prevention Efforts Are Needed." 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 nine tribes in South Dakota and DSS staff from each Region. When possible, recruitment is held 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. This page is hosted by the South Dakota ICWA Coalition with input from both the Tribes and the State.
4. The South Dakota Youth Care Providers Association meets quarterly. Representatives from the Department of Social Services (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 South Dakota Department of Labor and Regulation to help improve youth employment. Information obtained through the group will be used to measure progress and make any needed adjustments in the independent living 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 independent living 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 for 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. The Department of Health is in the early stages of developing a South Dakota Preventable Death Review 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. The Preventable Death Review 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 on the Review Team.
9. The Protective 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 Women, Infants, and Children (WIC) program that provides supplemental nutrition for women, infants, and children; and For Baby's Sake that provides information and resources to help women have healthy pregnancies and healthy babies, and access to oral health. The 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 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, so 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 Protective Services Program Specialist is an appointed member of the South Dakota 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 Every Student Succeeds Act. Procedures for staff in CPS and local school districts were developed, as well as an MOU between the Departments of Social Services and Education 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 a 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. The 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 the 10-year plan will increase the State’s capacity to address all forms of child maltreatment. The six goals of the plan include: Statistics and Benchmarking; Public, Private and Tribal Health; Mandatory Reporting; Criminal Justice and CPS Response; Infrastructure; and Public Awareness. The Center has an advisory board with multi-disciplinary 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 (CIP) Committee. The CIP Committee focuses on areas that relate to the CF SR permanency outcomes, the case reviews system, and the CFSP/APSR.
16. CPS is involved in the Juvenile Detention Alternatives Initiative (JDAI), 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 including Catholic Family Services (Sioux Falls), Catholic Social Services (Rapid City), Bethany Christian Services, Children’s Home Society, Lutheran Social Services and the Foster One program of the South Dakota Department of Social Services. This task force 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 greatest. 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.
18. The Protective Services Program Specialist is a member of the steering committee for Project SCOPE (Supporting Children of the Opioid Epidemic). Project SCOPE is a national training initiative intended to build nationwide provider capacity and confidence in applying evidence-based practices in screening, monitoring, and interdisciplinary support for children and families diagnosed with Neonatal Abstinence Syndrome (NAS), Neonatal Opioid Withdrawal Syndrome (NOWS), or who are suspected of being impacted by opioid use, trauma, or related exposure. The purpose of this national initiative is to train interdisciplinary teams on emerging knowledge and evidence-based practices in screening, monitoring and interdisciplinary care for children impacted NAS, trauma, or related exposure. Core curriculum will include current research on brain development, developmental outcomes of prenatal exposure to opioid and other substances, trauma informed care, provider secondary trauma stress, and strategies to support caregivers. This initiative is intended to improve outcomes by linking research to practical application in local communities, providing opportunities to share knowledge and findings with national networks and federal agencies, and providing recommendations for future interventions. The Center for Disabilities at the University of South Dakota Sanford School of Medicine is partnering with the University of Wyoming Institute for Disabilities and the Nisonger Center at the Ohio State University and the University of Cincinnati Center for Excellence in Developmental Disabilities for this project. This initiative will build upon the effective ECHO virtual training model and is a pilot supported by the U.S. Department of Health and Human Services Administration on Intellectual and Developmental Disabilities. This initiative will also support Plans of Safe Care.
19. The Ongoing Program Specialist is working in collaboration with Call to Freedom, an advocacy center for Human Trafficking to deliver training to Child Protection Family Services Specialists on identification and risk factors for youth who come to the attention of CPS.
20. The Race Equity Improvement Collaborative is a national initiative sponsored by Casey Family Programs that works with members of DSS-CPS Management Team, Pennington County State’s Attorney Office, South Dakota ICWA Coalition, Oglala Sioux Tribe Child Protection Program, and the Great Plains Tribal Chairmen’s Health Board. The ultimate vision for this work is to create “a child and family well-being system that is free of structural racism and that benefits all children, families, and communities equitably and where outcomes for vulnerable children and families can no longer be predicted by race or place.”
21. CPS and the University of South Dakota are partnering together on an Adverse Child Experiences (ACE) study. With early intervention and prevention efforts, the impacts of ACEs can be mitigated. Child Protection is partnering with the University of South Dakota

(USD) to recognize ACEs as part of a family's environment to better understand behavior and provide appropriate supports. The data collected will identify populations and regions that are experiencing child adversity and therefore are at risk for poor health and well-being. This information can be used to identify existing supports and areas of need to promote resiliency in these communities. It can also be used to inform policy that supports protective factors (safe school environment, positive adult and peer relationships, and high cognitive skills). Specifically, this data will support service providing agencies to train their staff to address ACEs and promote resiliency within the families and children they serve.

22. 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. Volunteers of America, Dakotas (VOAD) serves pregnant, parenting and postpartum women whose children have been removed or are at-risk of being removed from their custody due to substance use. VOAD's New Start Residential Program and its primary partner, 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 located in Sioux Falls, SD but serves families from across the entire state. Mothers may have their children with them from ages 0-8 years old and a total of two children. The Regional Manager from Region 6 is the primary child welfare partner for the Regional Partnership Grant (RPG). Currently VOAD New Start has the capacity to serve a total of 30 women in their residential program.
23. The ReNew Program through Bethany Social Services starts at prenatal care and continues to age five. This program provides a case manager to assist the family with resources to overcome any barriers they may be facing, though they specialize in past and present substance abuse. This program began in Region 1 and Region 6. The Regional Manager in Region 6 participates on the advisory group.
24. Multiple CPS staff are involved in the South Dakota Unified Judicial System's Dual Status Youth Initiative. The term "dual status youth" refers to juveniles who come into contact with both the child welfare and juvenile justice systems and occupies various statuses in terms of their relationship to the two systems. A growing body of research has consistently confirmed that, in comparison to juveniles without such cross-system involvement, dual status youth present a range of important challenges. The challenges and costs associated with dual status youth strongly suggest the need to devise and implement innovative ways to manage these difficult cases. The Robert F Kennedy (RFK) National Resource Center will use its four-phase framework to provide technical assistance and consultation in partnership with the South Dakota Unified Judicial System to positively impact outcomes for youth involved in both the juvenile justice and child welfare systems. Enhancements and improvements in policy and routine practice realized through this project will focus on strengthening practices, programs, and services for various systems of care on behalf of the South Dakota Unified Judicial System for their identified target.
25. In 2020, the CPS Division Director was appointed to serve on the Behavioral Health Advisory Council (BHAC). The Council advises the Division of Behavioral Health with the planning, coordination, and implementation of the State's behavioral health services plan. BHAC members assist with the establishment of goals for the State Plan while also monitoring and reviewing fiscal and programmatic information to evaluate the adequacy

of services for individuals with behavioral health needs. The BHAC also provides input toward potential services and/or funding expansion.

26. CPS, Behavioral Health, Yankton School District, and Lewis and Clark Behavioral Health in Yankton, SD are partnering to implement a school-based child abuse prevention program. This program will benefit families who require intervention; however, do not meet the criteria for CPS intervention. The goal is to reach families and provide services prior to a family experiencing a crisis which prevents them from safely caring for their child. In researching evidence-based models and considering the resources already in the Yankton community, Systems of Care was selected as the model for this program. Additional steps included data collection, education around mandated reporting, screening criteria of the school, and Lewis and Clark Behavioral Health educating CPS on services offered through the school and community. Collaboration continues around development around criteria and the screening protocols. All agencies partnered through the implementation phase which ended May 2022. The team has started discussions about data collection and meeting to measure outcomes set the first implementation year.
27. CPS in South Dakota has sought out technical assistance from the Capacity Building Center for State's and the Children's Bureau regarding a CQI training and skill development workshop. Three Program Specialists from South Dakota are included on a workgroup with the Children's Bureau and Capacity Building Center for states to collaborate on the development and implementation of the workshop. The Outcomes Management Program Specialist co-presented with the Capacity Building Center for State's for all three workshop sessions. The workshops occurred on August 19, August 26, and September 9. All three workshops focus on the Plan-Do-Study-Act Cycle of CQI and used Fatherhood Project to apply the CQI process when practicing how to apply the skills of each phase throughout the workshops. The workshops will include members of the CPS Management Team, which includes the entire CQI Core Team.
28. 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 the criteria for child welfare intervention. South Dakota's Team is comprised of representatives from the Division of Child Protection Services, Division of Behavioral Health, Division of Family and Community Health, University of South Dakota Sanford School of Medicine Center for Disabilities, South Dakota Indian Child Welfare Act Coalition, Avera Health, Monument Health, Sanford Health, Great Plains Tribal Chairmen's Health Board, Unified Judicial System, Bethany Christian Services of Western South Dakota, and the National Center on Substance Abuse and Child Welfare.
29. Codington County is looking to adopt a level of court for Abuse and Neglect hearings, referred to as Momentum Court, with the purpose of focusing on timely referral of services to parents and less time for children in out of home care. This group consists of the Abuse and Neglect Judge, State's Attorney, CIP coordinator, Birth to Three, Interlake's Community Action Partnership, parent's attorney, child's attorney, CPS, CASA, Human Service Agency, and The Center for Children and Family Futures. The group has attempted to get a tribal representative; however, this has not been achieved. The Outcomes Management spoke to the group about CPS' vision to collaborate on local projects to help enhance outcomes for children and families while adhering to the continuous quality improvement (CQI) process when collaborating and identifying measurable outcomes. A high-level overview of CQI was provided to the group. Local county and/or office data was presented around Present Danger Plans, Present Danger

Threats, Impending Danger Threats, children served in the home versus children served in foster care, children discharged from foster care, percentage of children with less than three episodes in care, Native American children served, and the number of ICWA cases. The Outcomes Management Program Specialist also presented South Dakota's observed data indicators for safety and permanency and how Codington County compared to the state. The data presented helped inform the group's measurable outcomes and metrics.

30. Lutheran Social Services received a family stabilization grant and is implementing the CARES model in Watertown and Sioux Falls. This evidence-based model is geared towards prevention of families in the child welfare or juvenile justice system by identifying families early and providing a case manager and family advocate to walk alongside them through their at-risk situation. This program started receiving referrals from the Watertown and Sioux Falls school district in January 2022. Lutheran Social Services has collaborated with CPS throughout the process of securing the grant through implementation. There have been preliminary discussions regarding data sharing and metrics to help measure outcomes for the program. There is a data sharing agreement pending that will allow CPS, Lutheran Social Services, and each local school district to collaborate further on this project.
31. The REACH (Respond, Educate, Advocate, Counsel, Heal) team, established in 2017, is headquartered in Watertown and serves 13 surrounding counties. This multidisciplinary team is designed to help victims and their families navigate the criminal justice system. The REACH team consists of local law enforcement, Division of Criminal Investigation (DCI), medical providers, forensic interviewers, child protection, mental health providers, victim advocates and prosecutors. Once child abuse is alleged, the victim comes to the center, where they meet with the team, allowing the family to receive next step information from all specialties on the team. The team approach allows the child and family to get all information from one place, so the team can create a plan of action together.
32. QIC-WD Child Welfare Workforce Analytics Institute 2.0: The Child Protection Services Division Director, Deputy Director, and Outcomes Management Program Specialist along with the Department of Social Services Human Resource Manager have been working on identifying current data and data needing to be collected regarding child welfare workforce in South Dakota.

Vision Statement

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

II. Assessment of Current Performance in Improving Outcomes

Seven Child and Family Case Review Outcomes

The assessment of current performance of improving outcomes resulted in seven Child and Family Outcomes including: 1) Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect; 2) Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate; 3) Permanency Outcome 1: Children have permanency and stability in their living situations; 4) Permanency Outcome 2: The continuity of family relationships and connections is preserved for children; 5) Well-Being Outcome 1: Families have enhanced capacity to provide for their children’s needs; 6) Well-Being Outcome 2: Children receive appropriate services to meet their educational needs; and 7) Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

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

Safety Outcome 1			
Item 1: Timeliness of Initial Contact			
2016 CFSR	2019 Baseline Data	2020 PIP Year 1 Data	2021 PIP Year 2 Data
87%	81%	81%	85%

CPS developed initiatives for improving timeliness of initial contact with alleged child victims. These initiatives include:

- Implementation of centralized screening
- Fidelity reviews of centralized screening
- Fidelity reviews of the intake process

This safety outcome was achieved by meeting the improvement goal of 85% in August 2021 and was removed from the Program Improvement Plan. South Dakota received their last data profile February 2022 and remains statistically no different than the national performance for recurrence of maltreatment and maltreatment in foster care.

CPS refocused intake and screening into one unit overseen by the Protective Services Program Specialist. On February 9, 2020, CPS hired an Intake Supervisor 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.

From State Fiscal Year 2016 to State Fiscal Year 2021, the number of calls increased by 18.8%. In State Fiscal Year 2016, there were 17,541 calls to the centralized intake system and in State Fiscal Year 2021, there were 20,839.

In State Fiscal Year 2016, the abandon call rate was 7.90% and has gradually increased to 21.60% in State Fiscal Year 2021, which is a 13.7% increase. This abandoned call rate is

attributed to the increase in call volume, which is consistent with the increase in complaints received from law enforcement, mandatory reporters, and stakeholders regarding call holding times. CPS will continue to explore alternatives to better support the Centralized Screening and Intake Program.

In November 2020, CPS contracted with ACTION for Child Protection for a case review regarding reports received related to substance-impacted infants.

The case review was a part of a fidelity review following 2018 Senate Bill 105 that was introduced by Senator Deb Soholt 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, South Dakota Codified Law (SDCL) 26-8A-8.

This bill became SDCL 26-8A-35 and went into effect on July 1, 2018. The purpose of the case review is to collect demographic information on families referred to CPS; consider the application of the state statute pertaining to substance-affected infants when making a report to CPS; evaluate report information and intake assessment decision-making based on state statute and practice standards; and to evaluate screened in and assigned reports to determine if the Initial Family Assessment decision is reasonable based on the results of the information collected.

A total of 513 reports were selected for the case review based on reported allegations of prenatal use of controlled substances. These reports were made during State Fiscal Year (SFY) 2020. Of the 513 reports initially selected, 466 reports were evaluated; and 47 reports were excluded from the evaluation due to being a duplicative report on the same family. Of the 466 reports evaluated, 83 reports (17.81%) were screened in and assigned for an Initial Family Assessment. For purposes of comparison, the screen in rate for SFY 2020 for all reports of abuse/neglect was 15.68%.

Of the 466 reports, 332 reports were screened by the Centralized Intake Screening team. The other 134 reports were screened by a Supervisor or their designee. CPS fully implemented centralized screening in June 2020. This centralized process reduced the number of Supervisors; Family Services Specialists are responsible for screening referrals. The centralized process includes four centralized screeners who are solely responsible for decision-making of referrals statewide, regardless of the location of the family.

Of the 83 reports that were screened in, 100% of these reports were screened correctly. Of the 383 reports that were screened out, 11.78% were assessed to be incorrectly screened out based on the intake information. The reviewers determined there was compelling information in the report regarding negative family conditions that if confirmed to be accurate based on a full assessment of the family, the newborn could be considered unsafe. The information regarding these reports has been reviewed by the centralized screening team for purposes of development and further training.

In 45 of 47 families opened for ongoing services, at the conclusion of the Initial Family

Assessment, the decision-making was determined to be reasonably justified.

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

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	2020 PIP Year 1 Data	2021 PIP Year 2 Data
82%	92%	92%	96%
Item 3: Risk assessment and safety management			
2016 CFSR	2019 Baseline Data	2020 PIP Year 1 Data	2021 PIP Year 2 Data
40%	73%	66%	76%

possible and appropriate.

CPS 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.

Item 3: Risk assessment and safety was achieved by meeting the improvement goal of 78% in April 2022 with a strength performance of 82% and has been removed from the Program Improvement Plan.

Program Improvement Plan

Goal 1: Improve safety assessment, safety plan determination, safety planning, and safety monitoring practices so that children are safe and do not enter or re-enter foster care when safety can be managed in the home.

Strategy 1: Implement a regional assessment, consultation, and coaching process to evaluate the safety practice and supervision.

Consultation, coaching, and skill development continues with Regional Managers on the Comprehensive Safety Intervention model. The Regional Managers all completed the same instrument to determine the accuracy of the decisions and the sufficiency of information collected to complete the process of the Protective Capacity Assessment. The results showed the Regional Managers were consistent in their evaluation of the fidelity and decision-making of the Protective Capacity Assessment. Starting in March 2022 the focus shifted to Present Danger decisions. The

Ongoing and Protective Services Program Specialists conduct conference calls with the Regional Managers to provide consultation around present danger decisions. The consultations are completed every other month with the expectation during the months in between, the Regional Managers complete the same process with their supervisory team, then the Supervisor will complete the same process with their field staff, similar to what was completed during the Protective Capacity Assessment reviews.

At the September 2022 statewide Supervisor and Management Team meeting an educational component on Present Danger will be a topic on the agenda. Following the education component, small groups will be provided a case and will be asked to answer questions regarding if present danger exists and justify their answer.

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. 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 at least four times per year to conduct ongoing fidelity review of the CSI model. This will help achieve consistent practice across the state as well as make the CSI workgroup the experts on the model. A component of the fidelity reviews is reviewing Safety Plan Determination and Conditions for Return.

The Comprehensive Safety Intervention Workgroup has not met in SFY 2022. Child Protection Services has contracted with ACTION for Child Protection Services to revise policy for the Comprehensive Safety Intervention Model and completed a statewide assessment of Child Protection Services in South Dakota; therefore, the workgroup has been put on hold.

The sub workgroup that was formed to develop the Out of Home Safety Plan without custody policy and procedure meet quarterly. This subgroup developed the framework and worked through the logistics of what services could be provided to this population. The subgroup completed a statewide review of all Out of Home Safety Plans without custody cases. There were 32 cases reviewed with 56 children involved in the cases reviewed. Eleven children (19%) entered custody.

The review showed overall Child Protection Services sufficiently assessed the Safety Plan Provider during the Present Danger Plan, if they remained the Safety Plan Provider through the out of home Safety Plan without custody. In most of the cases the father was notified of Child Protection Services involvement; however, the father could not care for the children due to his/her circumstances.

Twenty-four children (30 cases) remained with the Present Danger Plan Provider throughout the Out of Home Safety Plan without custody. Half of the cases (16) ended in a guardianship, and half ended in reunification. Thirteen cases were closed at 12 months or less and six cases were closed anywhere from 12-17 months. In two cases Child Protection Services asked for custody; however, the States Attorney would not file an Abuse and Neglect Petition as it was their determination the children were safe in their environment. Next steps are to have the Court Improvement Program Committee explore the discrepancy between the State and the Court determination of child safety. There were two cases in which the Judge recognized the Out of Home Safety Plan without custody as reasonable efforts.

Child Protection Services is contracting with ACTION for Child Protection to finalize the policy and procedures for the Out of Home Safety Plan without custody. Through the case review it was determined the policy and procedure needs enhanced regarding the documentation on the assessment of the Present Danger Plan Provider and Safety Plan Provider, specifically when the Safety Plan Provider was not the Present Danger Plan Provider. Also, policy needs clarified of when to change the Safety Plan to custody or guardianship due to the parent’s lack of progress or when they cannot be located.

The Comprehensive Safety Intervention workgroup will resume when ACTION’s organizational assessment recommendations are reviewed by the Child Protection Management team and released. When the new policy is implemented statewide the Comprehensive Safety Intervention Workgroup will resume to determine what fidelity reviews will be needed to ensure new policy and recommendations from the statewide assessment are being followed.

Safety, Permanency and Well-Being (SPWB) Reviews

Regional Reviews on safety, permanency and well-being performance outcomes on the child welfare system are held seven times per year. The results of the reviews are shared with the Regional Mangers and Program Specialists. Discussion occurs regarding the results, trends, if any policy revisions are needed, necessary skill development, and if the current strategy is impacting outcomes. The Core CQI Team did an analysis on South Dakota’s performance outcomes relating to parent safety assessment from the data submitted from July 2019 - September 2020 reviews. It was revealed that the assessment on fathers is a weakness for South Dakota. The data reviewed was for the period of the end of 2018 through beginning of 2020. In July 2019 the Fatherhood Initiative was formed to improve engagement with fathers. The Fatherhood Initiative is captured on the APSR and all parental engagement will continue to be monitored and measured on the APSR. South Dakota achieved their improvement goal for the item relating to parent safety assessment April 2021 with an 82% strength performance. Further analysis to determine how the Fatherhood Initiative impacted the increase in performance is scheduled for SFY 2023.

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	2020 PIP Year 1 Data	2021 PIP Year 2 Data
70%	67%	74%	77%
Item 5: Permanency Goal for Child			
2016 CFSR	2019 Baseline Data	2020 PIP Year 1 Data	2021 PIP Year 2 Data
60%	65%	76%	74%
Item 6: Achieving Reunification, Guardianship, Adoption, or Another Permanent Planned Living Arrangement (APPLA)			
2016 CFSR	2019 Baseline Data	2020 PIP Year 1 Data	2021 PIP Year 2 Data
29%	50%	53%	64%

CPS developed initiatives to improve children's stability in their living situations and improve 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

Item 4: Stability of Foster Care Placement was achieved by meeting the improvement goal of 73% in February 2021 with a strength performance of 74% and removed from the Program Improvement Plan.

Item 5: Permanency Goal for Child was achieved by meeting the improvement goal of 71% in October 2020 with a strength performance of 72% and was removed from the Program Improvement Plan.

Item 6: Achieving Reunification, Guardianship, Adoption, or Another Permanent Planned Living Arrangement (APPLA) was achieved by meeting the improvement goal of 56% in October 2020 with a strength performance of 58% and was removed from the Program Improvement Plan.

South Dakota received their last data profile February 2022 and remains statistically no different than the national performance for permanency in 12 months (12-23 months) and reentry to foster care. South Dakota is statistically worse than national performance in permanency in 12 months (entries), permanency in 12 months (24+ months), and placement stability. South Dakota is currently researching options for a permanency practice model to assist in policy, curriculum, and implementation support in the areas of permanency. The permanency in 12 months (entries) data is last reported on the CFSR Data Profile from FFY2019, since that time South Dakota has analyzed permanency areas and restructured CPS leadership to have two Permanency Program Specialist oversee all permanency program areas in CPS. This assists in ensuring permanency policy and practice are consistent across the state. Since FFY2019, permanency in 12 months (12-23 months) has increased from 38.9% in FFY2019 to 46.6% in FFY2021, with the shift upward starting the last half of FFY2020 and the beginning of FFY2021. South Dakota will continue to explore the decrease in performance in permanency in 12 months (24+ months), one factor known through Onsite Case Review is tribal court does influence South Dakota's performance in achieving timely permanency, specifically cases where the children have been in foster care 24 months or more. South Dakota is working with the Court Improvement Program (CIP) and Action for Child Protection on a court hearing observation project to assist in identifying barriers in achieving timely permanency. Refer to Permanency Hearings under the Case Review Systems for details regarding details of the court hearing observation project. South Dakota's placement stability performance data indicator has been statistically worse since FFY2019; however, South Dakota's Onsite Case Review performance has been increasing since 2019, going from 67% in 2019 to 77% in 2021. The Onsite Case Review's allow states to consider if a placement move is to meet the child's need or permanency goal. The Outcomes Management Program Specialist analyzed the placement stability data on the Online Monitoring System (OMS), looking at percentage of the strength performance where the child had a placement move justified as meeting their need or permanency goal. When looking at performance, it's important to South Dakota to look at both quantitative and qualitative data when determining strength performance and areas needing to be enhanced. The case review data revealed the following:

- In calendar year 2021, there were 47 cases where placement stability (item 4) applied.
- 36 cases (77%) received a strength performance.
 - 26 cases (72%) there were no placement moves for the child.
 - 10 cases (28%) there was at least one placement move that was justified to meet the child's needs or permanency goal. This 28% would have negatively impacted the placement stability data indicator.
 - 3 cases the child moved to their pre-adoptive home
 - 2 cases the child moved to a kinship placement
 - 2 cases the child had a step-up in placement due to their needs but returned to their original placement after completing their treatment program.
 - 2 cases the child had a step-up in placement due to their needs and remained in that placement at the time of the review.
 - 1 case the kinship provider received medical treatment, but the child returned back to their care after treatment was completed.

Permanency Roundtables

The process to implement Permanency Roundtables (PRT) statewide in South Dakota continues. There are six out of seven Regions that have implemented this process. It is anticipated that Region 1 will hold their first PRT by Summer 2022. PRT training is being incorporated into certification training starting in July 2022. This will allow all new staff to complete the training.

COVID 19 has presented barriers to conducting PRT meetings in-person; therefore, meetings have been held virtually through Microsoft Teams and/or Zoom since March 2020. Virtual PRT's have provided an opportunity to expand cross-region participation and have been found to be equally as effective as in-person meetings. As a result, virtual PRT meetings will continue post-COVID 19.

A PRT fidelity review was completed with Regions 2, 4, 5, and 7 in Fall 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.

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 a 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 that can be applied to their work with additional children and families.

Permanency Round Table outcomes are being studied on a monthly basis for each specific region. The outcomes of PRTs are included in the Regional Manager monthly reports. These are reviewed and studied by the Permanency Program Specialist. A new PRT fidelity review will be

completed after all seven regions have implemented PRT meetings. A fidelity review will occur at least once every three years in order to continue to measure the effectiveness of PRTs in South Dakota.

Program Improvement Plan

Goal 2: Improve processes, systems, and permanency planning practices so children and families achieve timely and appropriate permanency. (Safety 2, Well-Being 1, Permanency 1, and Case Review System.)

Strategy 3: Enhance the quality and ensure timeliness of permanency hearings.

Refer to Permanency Hearings under the Case Review System for the status of progress towards Goal 2, Strategy of the Program Improvement Plan.

Permanency Outcome 2			
Item 7: Placement with Siblings			
2016 CFSR	2019 Baseline Data	2020 PIP Year 1 Data	2021 PIP Year 2 Data
69%	88%	72%	85%
Item 8: Visiting with Parents and Siblings in Foster Care			
2016 CFSR	2019 Baseline Data	2020 PIP Year 1 Data	2021 PIP Year 2 Data
58%	78%	77%	75%
Item 9: Preserving Connections			
2016 CFSR	2019 Baseline Data	2020 PIP Year 1 Data	2021 PIP Year 2 Data
61%	77%	72%	85%
Item 10: Relative Placement			
2016 CFSR	2019 Baseline Data	2020 PIP Year 1 Data	2021 PIP Year 2 Data
67%	69%	73%	78%
Item 11: Relationship with Child in Care with Parents			
2016 CFSR	2019 Baseline Data	2020 PIP Year 1 Data	2021 PIP Year 2 Data
58%	85%	76%	86%

IV-E Funds for Fair Representation

CPS and UJS are 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 IV-E funds for fair representation.

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

CPS 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
- Enhancing the relative searching process and outcomes

Family Time Policy

In response to the Children’s Bureau’s recommendations regarding “Family Time and Visitation” CPS researched guidelines other states have incorporated and developed a draft policy. The draft policy has been revised multiple times and will be implemented by July 1, 2022.

The SAG and the Child Protection Management Team reviewed the draft policy and made multiple recommendations for revisions. A steering committee meeting held on December 2, 2020, determined further safety guidelines need to be incorporated along with a user friendly “guide tool” for caseworkers to use in decision-making, to include case examples for clarification. The safety guidelines are designed to work in synchrony with South Dakota’s Comprehensive Safety Intervention (CSI) model.

Four “Stages of Supervision” have been established with detailed definitions, criteria, real life examples and safety guidelines for each stage. The stages are as follows: Unsupervised, Low, Medium, and High. Special emphasis is focused on opportunities to facilitate visitation in the most natural environment with regards to location, activities, and the supervising entity.

The seven contracted visitation centers in the state have been apprised of this shift in the visitation model and have agreed to collaborate in making the necessary changes once policy has been established.

Further, it was identified that adjustments are needed in the caseworker documentation system (FACIS) to create an automated way to track and document progress of Family Time and Visitation for each individual family.

An overview of Family Time was presented to Regional Managers and Supervisors on May 4, 2022. The policy will be implemented statewide by July 1, 2022. The Permanency Program Specialist will be completing specific training on Family Time Policy to the Regions in June 2022, prior to implementation. The Family Time Policy will be incorporated into Certification Training starting July 2022.

Foster/Birth Parent Mentoring Model

Permanency Workgroup members including the Deputy Division Director, Permanency Program Specialist and two Family Services Supervisors from Region 7, formed a team to develop and implement a Foster Parent/Birth Parent Mentorship model to be piloted in Region 7. Team meetings were held on December 4, 2020, February 18, 2021, April 9, 2021, April 30, 2021, and May 26, 2021, each with identified next steps to move the model forward. Input was gathered from birth families, foster families, and a youth in connection with developing guidelines for the model.

A draft policy “practice model” has been completed to drive the vision of the model to include intended outcomes, values, criteria for each party, practice guides, and strategies. A Foster Parent/Birth Parent Collaboration Guide has also been established to clarify ground rules and statements of understanding for each party in this partnership.

Four foster families have been identified and two have initially agreed to participate in the pilot from Region 7. The intent is for these two foster homes to be reserved for children/parents that fit the criteria and are willing to participate in the program. A proposed foster care rate increase has been drafted to support the foster parents for the extra time and effort required to participate.

Extra efforts by the foster parents will include increased involvement and communication with birth parents, facilitating more visitation and other forms of contact, coaching during visitation, partnering with birth parents to attend activities outside of visitation (school events, doctor appointments etc.), participating in case planning around needs of the children, and a Safety Plan when children are reunified. Foster parents will also be required to receive specialized training on the birth-parent perspective and support, trauma and behavior (child and adult), communication with birth parents (including Motivational Interviewing), family time, and visit coaching.

Cases that participate in this model will undergo more frequent evaluation periods and team meetings. Suggested evaluation timeframes to occur at two months, four months, six months, nine months, and 12 months in an effort to move case goals forward as quickly as possible.

The intended outcomes of the model are specific to Safety, Permanency and Well-being:

- Safety: Children and parents have an increased opportunity for safe face to face interaction and increased Safety Plan options
- Permanency: To decrease time from initial placement to trial reunification by 25% as compared to the State average and to increase parent/child relationships
- Well-being: Parent protective capacities are enhanced into reunification and children are cared for in a collaborative parenting relationship between their birth parents and foster parents to meet their needs

Next steps in implementation are to receive approval for the increased foster care rate, develop an evaluation tool, and complete training with identified foster parents and Region 7 staff who will be involved in the pilot. A barrier at this time is keeping those foster homes active long enough to identify a family that fits the model.

The estimated date for implementation of the Foster/Birth Parenting Model is Fall 2022. A meeting was held on May 2, 2022, to make a plan to finalize the practice model and reassess timeframes. The workgroup will be presenting the practice model to the Office of Licensing and Accreditation (OLA) in May 2022. OLA will be invited to the workgroup to discuss further implementation.

Relative Searching Fidelity Review

A Kinship Workgroup was created in December 2021 to develop a statewide CQI plan to enhance the areas of improvement regarding relative searching. This workgroup aims to enhance engagement with children and families regarding relative searching statewide. The first workgroup meeting was held on December 2, 2021, and there have been monthly follow up meetings since that time. The workgroup is comprised of the Permanency Program Specialist, the Outcomes Management Program Specialist, and two other Program Specialists. The group includes participants who are Regional Managers, Supervisors, Kinship Specialists, an Ongoing Family Services Specialist, kinship providers, tribal leaders, parents, and youth. Using the CQI process, the Workgroup identified two overall goals:

1. Streamlining and having a consistent statewide kinship practice; and
2. Establishing criteria regarding the assessment of kinship providers.

Two subgroups were formed to work further on the identified goals. The subgroups identified necessary data that needs to be obtained in order to make a plan for each goal. The Kinship Workgroup is currently collecting data and studying kinship trends from June 2022 to December 2022, prior to creating strategies to achieve these goals.

The Relative Search screen was updated in February 2022 with new options for placement resource categories. These additional categories were added to enhance the Family Services Specialists ability to document different stages in the kinship searching process. The additional categories and other enhancements were developed through at least two workgroups and via survey of Family Services Specialists and Supervisors. In addition, the enhancements will allow for better monitoring and oversight to ensure quality efforts regarding children’s placement or connections with relatives. The following are new categories:

- Yes: An approved home study has been received or an expedited placement has occurred.
- No: Background checks have ruled the relative out, they were notified and did not respond; relative has stated they are not willing to be a placement option ever; placement is denied based on home study diminished capacities/safety threats.
- Assessment in Progress: An application has been made for a home study; relative has verbalized interest for placement; home study requires issues which need to be addressed prior to approval.
- Not Yet Located: Unable to locate/contact relative.
- Continue to Evaluate: Unresponsive; temporary barriers (housing, child care, health, etc.); relative is indecisive; awaiting response or has not made effort yet.

The FACIS system was also updated to allow Family Services Specialists to search for existing relatives in the system. This feature was added to alleviate duplicate data entry when individuals are relatives to more than one child/youth in the system. Changes were also made to the Case Compliance Report to improve oversight of relative searching. The relative search rows in the caseworker compliance screen in FACIS have been updated to capture cases where a Family Services Specialist is the secondary assigned worker to allow the secondary worker to monitor relative search activities on an ongoing basis.

Training to Family Services Specialists, Supervisors, and Regional Managers regarding the new relative search screens is being scheduled statewide. The new relative search screens will be implemented into certification training by July 2022. The Kinship Policy is in the process of being modified to include the above changes.

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	2020 PIP Year 1 Data	2021 PIP Year 2 Data
36%	60%	52%	64%
Item 13: Child and Family Involvement in Case Planning			
2016 CFSR	2019 Baseline Data	2020 PIP Year 1 Data	2021 PIP Year 2 Data
51%	67%	59%	84%
Item 14: Caseworker Visits with Child			
2016	2019 Baseline Data	2020 PIP Year 1 Data	2021 PIP Year 2 Data

CFSR			
84%	86%	88%	93%
Item 15: Caseworker Visits with Parents			
2016 CFSR	2019 Baseline Data	2020 PIP Year 1 Data	2021 PIP Year 2 Data
34%	62%	60%	76%

CPS developed initiatives on improving needs and services for children and parents. These initiatives include:

- Yearly fidelity reviews of the Non-Maltreating Caregiver, previously referred to as Non-Resident Parent (NRP) case plans 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 and 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

Item 12: Needs and Services of Child, Parent, and Foster Parent was achieved by meeting the improvement goal of 64% in February 2022 with a strength performance of 64% and was removed from the Program Improvement Plan.

Item 13: Child and Family Involvement in Case Planning was achieved by meeting the improvement goal of 72% in February 2022 with a strength performance of 84% and was removed from the Program Improvement Plan.

Item 14: Caseworker Visits with Child was achieved by meeting the improvement goal of 89% in October 2020 with a strength performance of 91% and was removed from the Program Improvement Plan.

Item 15: Caseworker Visits with Parents was achieved by meeting the improvement goal of 67% in February 2022 with a strength performance of 76% and was removed from the Program Improvement *Plan*.

Connection Case Plan

The Ongoing Program Specialist conducted a fidelity review for Connection Case Plans for the timeframe of January 1, 2021, through October 31, 2021. The FACIS Report captures all Connection Case Plan's and evaluations. There are two purposes of the review; first, to look at the fidelity of the initial Connection Case Plan, and second; to look at how many caregivers who were not in the home at the time of Child Protection Services intervention were engaged.

There was a total of 49 Connections Case Plan eligible to review between January 1, 2021 – October 31, 2021. Out of the 49 eligible Connections Case Plan, 16 (32%) were reviewed for the purpose of the fidelity review. The review confirms parents are identified, located, and engaged;

however, the case plan document is not completed timely with 11 (68%) out of compliance. South Dakota Policy allows 60 days after identifying, locating, and engaging a parent to complete the necessary case plan. The fidelity review of the Connections Case Plan comprised of reviewing narrative showing collaboration working with the parent on the case plan, appropriate goal identification, and the Family Services Specialist engagement with the parent regarding the child's needs. The fidelity review also assessed if the Connections Case Plan was the appropriate plan or if there was impending danger; therefore, Protective Capacity Assessment should have been completed instead. The review determined staff are knowledgeable of the procedure of the Connections Case Plans and Evaluation and completes them according to policy and procedure.

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. Refer to Child's Written Case Plan under the Case Review Systems for details regarding analysis of the fidelity reviews and next steps.

Motivational Interviewing (MI)

Supervisor's lack of confidence to train their staff, even after completing MI Level I and MI Level II, was identified as an area of development and continues to be monitored and measured. An MI trainer completes a Zoom training once a month, lasting approximately 20 minutes. There are specific MI adherent exercises and coaching offered for Supervisors statewide which they then repeat with their staff. Since implementation of the monthly activities, Supervisors have reported an appreciation for the guidance and focus. The first training occurred January 6, 2020, and ongoing trainings have subsequently occurred on the first Monday of each month in 2020. Towards the end of 2020 the training day and time was reevaluated and as a result, the MI trainings were moved to the first Wednesday of each month starting February 2021. This change was made due to other recurring meetings scheduled on Monday's. Supervisors found value in having monthly trainings as they appreciated the structure and organization of the monthly meetings. Each monthly activity is stored in One Note and is dedicated towards the MI monthly training for the Supervisors who were not able to attend the Zoom training. Supervisors found the activities were easy to follow if they were not able to attend the meeting and relied on One Note for the information. In January 2022, the MI monthly meetings were discontinued as the Supervisors felt more confident in their ability to train and enhance staff's understanding of motivational interviewing. MI training activities are held in-person, twice a year during the Management/Supervisor meetings.

Parent/Child Caseworker Visit Fidelity Review

The parent and child casework visit narratives were reviewed in conjunction with the 2022 Child Case Plan Evaluation fidelity review as those narratives are utilized to develop the Child Case Plan.

The 2022 fidelity review found that 71% of cases had parent narratives completed or made diligent efforts to engage the parent. Out of the parent caseworker narratives that were completed, 62% were regarding the mother and 34% were regarding the father. Those cases had 32% that contained sufficient information regarding diminished protective capacities, protective capacities, services, and barriers. The cases had 35% sufficiency regarding the frequency and quality of parent/child visits. The majority of the narratives did not discuss the quality of family time together

or documentation to show the promotion of parent/child relationships. Seventy percent (70%) of cases failed to discuss the Safety Plan sufficiently. This included a lack of conversations regarding what needed to occur prior to the Safety Plan being implemented or conversations about who could be a Safety Plan Provider. The Child Case Plan/connections narrative tab showed quality conversations did not occur with the parent to discuss the child’s needs in 82% of cases. There was also a lack of quality discussion regarding the child’s primary permanency goal in 80% of cases and only 23% of cases had quality discussions regarding the concurrent goals or relatives.

The 2022 fidelity review found that 98% of cases had the child visit narrative completed. Regarding safety, 54% of narratives contained sufficient information to support a quality assessment of safety for the child. The placement narrative tab had sufficient information regarding quality conversations with the resource providers regarding needs of the child in 47% of the cases. The medical tab overall lacked sufficient information regarding the child in 66% of cases and the education tab only had sufficient conversations in 43% of cases. The mental health tab had 33% of cases that contained sufficient information to support quality conversations about the child’s mental health. The majority of the social tab captured social skills and peer interactions, with some narratives giving day care information. The connection tab was not sufficiently completed in 71% of cases. Documentation was missing from conversations with the child and provider in these narratives. It was also found that in 82% of cases, the caseworker did not have quality conversations with the child regarding their permanency plan.

The results of the 2022 Parent and Child Casework Visit Narrative fidelity review show further coaching and training are necessary to increase the sufficiency of the parent or child narrative. The Permanency Program Specialist and Outcomes Program Specialist will report data to the SAG in June 2022 regarding the outcomes of the 2022 fidelity review. Outcomes from the past three years will also be shared. The group will study the trends and use the Continuous Quality Improvement (CQI) process to structure and cultivate a plan to increase sufficiency of parent and child narratives. A plan will be created by the SAG group to enhance outcomes in all regions.

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	2020 PIP Year 1 Data	2021 PIP Year 2 Data
89%	97%	97%	98%

CPS 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 on an ongoing basis.
- 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.

As a result of the ILS Workgroup, changes to enhance tracking of high school credits were added to the FACIS system. The youth's high school credits are now listed on the main screen when accessing the child's profile. In addition, the ILS screens were updated to enhance information gathering specific to education and employment. Data collected from this reporting period indicates the following:

- 67% of youth are attending school when they transition from care.
- 37% of youth surveyed had completed the 11th grade.
- 27% had completed high school.
- 83% of those youth who have not graduated stated it was a goal of theirs to graduate.
- 88% of youth stated it was a goal to continue their education after high school.

CPS has collaborated with the Department of Labor and Regulation to ensure continuity of employment training services are offered to ILS youth. The Department of Labor and Regulation presented at the 2020 Teen Conference regarding available services. Data collected for this reporting period indicates the following:

- 85% of youth had employment experience when transitioning from care.
- 52% of those youth reported being currently employed; and of those employed, 75% indicated it was part-time employment.

Ongoing fidelity reviews of the credit tracking management process are completed by the Independent Living Program Specialist and Group and Residential Program Specialist twice a year. Since the client's main screen now shows the highest grade completed and number of credits achieved, it is easier to get a snapshot of the youth's educational status. The review conducted during this reporting period identified the need to continue training with staff to ensure this screen does not get overlooked. A sample from three cohorts of youth were pulled - those turning 18, those turning 17, and those turning 16. The results indicated a need to continue focusing on this area.

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	2020 PIP Year 1 Data	2021 PIP Year 2 Data
75%	94%	92%	83%
Item 18: Mental/Behavioral Health of the Child			
2016 CFSR	2019 Baseline Data	2020 PIP Year 1 Data	2021 PIP Year 2 Data
65%	67%	70%	86%

CPS' plan regarding physical and behavioral/mental health performance is outlined in the [Health Care Oversight and Coordination Plan](#); reference it for more details.

Seven Systemic Factors

There are seven systemic factors to consider including: 1) Information System; 2) Case Review System; 3) Quality Assurance System; 4) Staff Training; 5) Service Array; 6) Agency Responsiveness to the Community; and 7) Foster and Adoptive Parent Licensing, Recruitment,

and Retention.

Information System

Child Protection Services' Comprehensive Child Welfare Information System (CCWIS) is called FACIS (Family and Child Information System). Quality data collection, both qualitative and quantitative, is a strength for CPS as evidenced by the information available through reports that 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 CPS information system was rated as a strength and found in substantial conformity. CPS submits the required Adoption and Foster Care Analysis and Reporting System (AFCARS), NYTD and National Child Abuse and Neglect Data System (NCANDS) reports on time and with minimal errors noted. CPS utilizes the FACIS data reports to submit each year's budget request for funding CPS.

CPS will continue development and implementation of improvements and modifications to FACIS to support Federal and State reporting and support the State's policy and practice. CPS will continue to develop functions in the system for any updates to federal requirements such as AFCARS, NYTD, IV-E 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 CPS for best practices 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.

The CPS FACIS system includes compliance reports that 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.

Staff receive initial training in the FACIS system that includes explanations of data fields pertinent to AFCARS submissions and the importance of timely and accurate data entry. This training is completed at the local office level during onboarding of new employees. FACIS for clerical staff, tribal, and private agency staff is offered as needed for training staff. 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 ability to ask questions. Staff report finding the trainings informative and are interested in more topics. Ongoing training is now being provided by the FACIS Team via Microsoft Teams. Since September 2020, FACIS Team has provided 48 sessions with 348 staff in attendance. FACIS Team will continue to provide these virtual trainings in the future. Topics vary dependent on requests from staff, trends identified, or enhancements to screens or processes. Training on FACIS data reports is provided to various levels of the Management Team on an as needed basis.

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 Adoption and Foster Care Analysis and Reporting System (AFCARS) Data Quality, Compliance & Frequency Reports, National Youth in Transition Database (NYTD), NYTD Data Review Utility (NDRU) & National

Child Abuse and Neglect Data System (NCANDS) portal programs to review data prior to submission. Any data errors found are addressed and corrected wherever possible.

CCWIS Requirements

CPS 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 annual Advance Planning Document Update (APDU) submitted July 31, 2018. CPS held informational meetings and conversations to inform these agencies about CCWIS requirements and what data may be duplicated. South Dakota has completed the assessment of the private agencies that 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. CPS will pursue the feasibility and costs associated with implementing an interface between the private agency database and FACIS.

CPS 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 2022 APDU due on August 1, 2021.

On 02/03/2022, all states received notice from the Director of Division of State Systems of the following change:

- A CCWIS automated function is duplicated within the CCWIS if more than one automated function within the CCWIS itself supports the same child welfare business practice. If automated functions supporting child welfare business processes in the CCWIS are duplicated in a child welfare contributing agency (CWCA), we no longer consider that to conflict with the regulatory requirement for non-duplication. This is because, our initial interpretation is unduly narrow and may be a disincentive for Title IV-E agencies to continue to innovate and update the CCWIS and contract with CWCAs for services as needed. Duplication exists only if an automated function for the same child welfare business practice within the CCWIS itself is duplicated, and not across the CCWIS and CWCAs. For example, it is no longer considered a duplicated function if the CCWIS supports foster care placement activities and a CWCA system duplicates that support. Therefore, CCWIS automated functions that are duplicated by automated functions in a CWCA may qualify for CCWIS cost allocation.

In light of this change, CPS will no longer pursue a very costly interface with the single CWCA. This information will be updated in the next APDU which is due in August 2022. CPS will also evaluate any changes needed to the State's cost allocation and claiming in accordance with this new information.

AFCARS Requirements

CPS will be focusing significant technology resources to developing ways to capture the new additional AFCARS requirements. CPS intends to focus first on adding data fields to capture sibling placements and multiple Tribal affiliations for children in foster care. Screens were updated to capture multiple Tribal affiliations in August 2020. 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

CPS 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.

CPS has begun the process to incorporate documentation of the danger threats present at the time of intake, danger threats identified during the initial family assessment and during the protective capacity assessment process into FACIS. The project to add these fields is approximately 70% complete. The additional protective capacity assessment fields were implemented in May 2020. The fields to capture danger threats associated with Intake and Initial Family Assessment were implemented in June 2020. Data reports began incorporating the information in time to report information as of July 1, 2020. Data fields and screens for Initial Family Assessment were implemented July 2020. Fields and screens for Protective Capacity Case Plans and Evaluations were implemented January 2021. Data collection and reports began August 2020 and February 2021 respectively.

Court Data

CPS is collaborating with the Court Improvement Project Coordinator to refine and develop improved analytic data reporting to provide to the court system. See the Power BI section for more details on this initiative. CPS is also coordinating review of court docket numbers to ensure accurate information is being stored in both data systems.

Fictive Kinship Placements

CPS 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. Report updates were completed to capture new information.

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, and teamwork between Department staff and the Bureau of Information and Telecommunications (BIT) staff. The stated goal is to create a more comprehensive, user-friendly way for stakeholders to access needs and services.

Power BI

CPS 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 CPS 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 the time of this publication, the use of this system is still in development as quality assurance checks are being conducted 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, a quality assurance task is to ensure the accuracy of court docket numbers.

A series of charts and graphs were developed that 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 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. CPS is developing these additional data sets. Data reports were finalized in September 2020. The CPS Division Director and CIP Coordinator presented reports and information to presiding Judges during a September 22, 2020, meeting. Updated reports were provided to presiding Judges in January 2021 and will continue to be provided on an ongoing basis quarterly.

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.

CPS 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 the time of this publication, an ad hoc committee has been formed and tasked with identifying the most requested data points. First data profile was published in January 2021. The CPS FACIS team released the second round of data in July 2021.

Case Review System

Child's Written Case Plan

South Dakota CPS 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 comprised 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 IV-E requirements. The workgroup sought input from foster parents throughout the state and Young Voices for what they would find meaningful in a Child Case Plan. The workgroup met February 1, 2019, to finalize the updates to the Child Case Plan. At the meeting, two youth who were in foster care at the time, provided 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 Case Plan is reviewed every 6 months from the date the child or placement resource signs 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 documenting 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 was 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 completed 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 was implemented the coaching and consultation continued in the identified offices where support is needed.

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

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

The Family Services Specialist meets with all parties involved in the development of the Child Case Plan. A Supervisor consult is required before the Plan is signed by the parties involved.

The latest Child Case Plan fidelity review was completed April 9, 2022. The target pull was Child Case Plan's completed between June 1, 2021, and December 31, 2021. The pull only included

Child Case Plan Evaluations, or plans completed after the child's initial case plan was completed. The review included Child Case Plan Evaluations from six of the seven regions. One region did not have any Child Case Plan evaluations completed during this timeframe.

The 2022 fidelity review revealed the strengths section of the Child Case Plan Evaluation is sufficient 52% of the time. This is a decrease in sufficiency from the fidelity review in 2021 which was 62% sufficient. Out of all the Child Case Plan Evaluations reviewed, 76% had some strengths identified but not all strengths addressed. If the Child Case Plan Evaluation had needs identified, 40% were sufficiently stated in the Case Plan. The majority of Child Case Plan's had an insufficient needs statement due to having activities listed instead of a description of needs, having needs not child specific, having needs identified but not all needs stated, and/or having routine health exams identified in the needs section.

The 2022 fidelity review also assessed the Independent Living Section (ILS) and whether there was sufficient information regarding the child's ILS strengths and needs. In 67% of the Child Case Plan Evaluations there was a sufficient ILS strengths statement and 56% had a sufficient ILS needs statement. The majority of Case Plans having an insufficient ILS needs statements listed activities instead of a description of needs and/or had a description of needs not child specific. The fidelity review also showed a poor outcome regarding a sufficient description of the child's transition plan if the child was 17 years old.

Connections and the child's permanency goal were also assessed in this fidelity review. When looking at sibling connections, 65% of Case Plans either had a sufficient plan to support all sibling connections or had no siblings identified. This is a decrease from the 2021 fidelity review as well. The Child Case Plan Evaluations pulled also lacked a support for lifelong connections, with only 39% of case plans showing a clear and sufficient plan. The majority of the case plans had a concurrent plan identified for the child and 69% had resource options for the concurrent plan or had made sufficient efforts towards identifying options. The majority of the Child Case Plan Evaluations had placement stability correctly captured and information to support the placement being the least restrictive and in close proximity documented well.

This 2022 Child Case Plan fidelity review intersects with South Dakota's Data Quality Plan to ensure Child Case Plans are correctly entered in FACIS (CCWIS). The results showed that 93% of the Child Case Plans reviewed had the correct date entered into FACIS. The cases that make up the 7% incorrectly entered are shared with the office to correct the date to make sure it's accurate. The results of the review were shared with Management Team with a reminder of what the policy states is the correct date. This information was then shared by the Regional Managers with their Supervisors.

The results of the 2022 fidelity review show that further coaching and training is necessary to increase the sufficiency of the Child Case Plan. The Permanency Program Specialist and Outcomes Program Specialist will report data to the SAG in June 2022 regarding the outcomes of the 2022 fidelity review. Outcomes from the past three years will also be shared. The group will study the trends and use the Continuous Quality Improvement (CQI) process to structure and cultivate a plan to increase sufficiency in the Child Case Plans and Child Case Plan Evaluations. A plan will be created by the SAG group to enhance case plans.

Periodic Reviews

South Dakota CPS 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 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 has 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](#), 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 (PPRT) 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 Family Services Specialist, 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 the 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 that 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. The initial PPRT or review hearing is due six months after a child is 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 to allow time to schedule the review hearing or PPRT.

Permanency Hearings

South Dakota CPS 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. CPS has contracted with a private attorney to assist with achieving permanency in Lower Brule and Crow Creek Tribal Courts. CPS will evaluate the effectiveness of contracting with a private attorney towards achieving permanency to determine next steps with other Tribal Courts jurisdiction in South Dakota. However, tribes are sovereign and have different beliefs/definitions timeframes regarding achieving permanency. CPS is open to partnering with the Children's Bureau and tribes to develop strategies on how to achieve timely permanency for children in Tribal Court.

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 Brown County. The court and the agency will work on improving hearing quality and timeliness of the 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 for 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 observation 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.

On October 19, 2020, CPS attended the quarterly Program Improvement Plan (PIP) Implementation/Progress Report call with the Children's Bureau. At that time, Enhancing the Quality and Ensure Timeliness of Permanency Hearing was discussed regarding court observations and data analysis of court observations. South Dakota did not meet the timeframe of February 2021 for completion of court room observations due to the COVID-19 pandemic impacting court operating procedures. CPS and the Unified Judicial System (UJS) remain committed to partnering and completing court observations. However, these agencies must ensure the process is done effectively and in support of dual long-term goals.

The overall goal of the court hearing observation is to get a baseline of how the child welfare system is operating and to better understand the strengths and opportunities to improve the system's handling of child welfare cases. This is not a sole assessment on the Judge or the UJS, the observation is of the child welfare system as a whole. The counties selected for the observation are Brown, Codington, Minnehaha and Pennington. These counties were selected as a reasonable representation of rural and urban areas and have an adequate number of cases to observe. An independent agency, Action for Child Protection, will conduct the observations, compile the reports, and submit a final report to the Chief Justice, DSS, Court Improvement Program (CIP) and Presiding Judges. The project timeline is to start the observations early Summer 2022 and complete the observations by early Fall 2022 and to have a final report by the end of the year.

SDCL [26-8A-22](#) (Final decree of disposition—Permitted disposition when parental rights not terminated—Annual permanency hearing for child in foster care) and SDCL [26-8A-26](#)

(Termination of parental rights—Return of child to parents or continued placement—Annual permanency hearing for child in foster care) state that in no case may a child remain in foster care for a period of 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 the Department of Social Services. 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 CPS 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 filing termination of parental rights (TPR) petitions. CPS provided data showing that timely filings of TPR petitions did not occur in several cases. Stakeholders said termination proceedings do not occur timely for Native American children.

Not filing timely TPR petitions was captured in the South Dakota Program Improvement Plan under Goal 2, Strategy 4, 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 State’s Attorneys establish notice of intent to initiate termination of parental rights during court hearings, or by notice prior to a dispositional hearing with the intent to initiate TPR, most of the jurisdictions do not file a petition that specifically addresses the State’s intention to pursue TPR. CPS worked with a Deputy State’s Attorney from Pennington County to develop a petition template to use for filing of TPR. The template was introduced to State’s Attorneys and Tribal Prosecutors and State and Tribal Judges prior to implementation.

The TPR petition was developed and then sent out by the Executive Director of the State’s Attorneys Association on March 1, 2019. The TPR petition was presented to the Regional Managers and Supervisors at the Spring Supervisor/Regional Manager meeting. On July 16, 2019, Regional Managers were asked to follow up with their coverage area State’s Attorneys to ensure they received and are using the TPR petition. The Regional Managers have been asked to track cases where a termination of parental rights hearing is requested to ensure the petition is being completed. CPS must be proactive instead of waiting for Safety, Permanency, Well-Being Reviews to reflect less favorable outcomes in this area. This allows the Regional Manager and/or Supervisor to address the lack of TPR petition being filed immediately. CPS has met the improvement goal for Timeliness and Appropriateness of Permanency Goals (Item 5), where the Termination of Parental Rights Petition is captured. State’s Attorneys and in all seven regions and Tribal Prosecutors are filing the TPR petition when needed.

CPS 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 State’s Attorney and Tribal Prosecutor file the petition. The exceptions to the provisions are as follows:

- 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 interest of the child.
- 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 a child with the parent for certain circumstances including those felonies specified in Adoption and Safe Families Act (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 CPS 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 parents, pre-adoptive parents, and/or relative caregivers receive notice of hearings. CPS policy requires the Family Services Specialists 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 to ensure all participants are notified by letter. Placement Resource providers can be reimbursed for travel for attendance at PPRTs.

Quality Assurance System

South Dakota CPS 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, CPS provided enough information to show the quality assurance system is functioning in the jurisdiction where the services included in the CFSP and APSR are provided. CPS conducts quality assurance reviews and uses reports from CCWIS to evaluate the process. Reports are accessible to all staff and uses the reports and case review results to implement improvements and monitor progress. The CFSR was completed on September 30, 2016, and the CFSR Final Report was issued on February 1, 2017. CPS began to analyze items where the State underperformed. CPS submitted an initial PIP to the Children's Bureau on May 22, 2017. CPS and the Children's Bureau had several discussions, negotiations, and revisions to the PIP. CPS 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. In February 2021, South Dakota completed all required PIP goals and necessary strategies related to the CFSR outcomes and system factors found to be in non-conformity at the time of the CFSR. South Dakota met all their PIP performance measurement improvement goals April 2022.

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 five of 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. CPS staff 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 each 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 Plan 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, CPS established a new baseline for the Program Improvement Plan (PIP). The best interest of CPS was taken into consideration when deciding to start the Regional Review and establishing a new baseline. If CPS were to continue to use the Child and Family Services Review (CFSR) while under the PIP Measurement, reviews would have to be completed for each consecutive six-month period. South Dakota is a rural state and does not have its own review team, therefore existing staff complete the reviews. It is not feasible for CPS to complete the reviews in consecutive six-month periods.

The South Dakota CPS Program Improvement Plan was approved March 6, 2019, and the Program Improvement 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. South Dakota's PIP Measurement Year 1 started January 2020 and ended December 2020. Refer to the Case Review Outcomes section for data from the 2019 Child and Family Services Review and 2019 Baseline Year and PIP Measurement Year 1 and Year 2

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 CPS 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-Maltreating Caregiver Case Plan, Conditions for Return, and Protective Capacity Assessment. The Outcomes Management Program Specialist detailed areas where CPS underperformed in the CFSR. It stated how the policies currently in place, and the ones being implemented, (when followed), will 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 the period under review.

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. 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 CPS policy and Federal standards.

During the 2016 Child and Family Services Review (Round 3), CPS chose to have a State-conducted CFSR. South Dakota does not have a Quality Assurance/Continuous Quality Improvement (QA/CQI) State Review Team. CPS will be requesting to do a State-conducted CFSR in Round 4 as well.

Continuous Quality Improvement

The CQI Core Team has been operational for ten years. CQI Core Team meetings are scheduled monthly, and updates are provided at the Management Team/Supervisor meetings. SAG continues to meet monthly and address topics as presented to them by the field, or by the CQI Core Team.

CQI was instrumental in identifying trends and implementing solutions to increase performance outcomes while South Dakota CPS was under a Program Improvement Plan. CQI Core Team gathers data on outcomes, analyze data to determine next steps, and initiate any policy change needed. CQI is completed at the regional levels, with both the staff and stakeholders in the community, to improve outcomes 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. CPS will also present the most recent data from the Regional 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 were scheduled to start in Fall 2020; however, in starting the CQI process with the CQI core team and individual regions, it was evident there needed to be more education and skill development regarding CQI. The Outcomes Management Program Specialist collaborated with the Capacity Building Center for States and Children's Bureau regarding CQI training and support. A data workshop was completed in September 2021, which included three separate sessions that focused on the Plan-Do-Study-Act Cycle. This workshop included members of the CPS

Management Team, which included the entire CQI Core Team.

Review of the CPS Continuous Quality Improvement (CQI) Program

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

Foundational Administrative Structure

Following 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 CPS leadership and the Department, the CQI Plan was adopted. This support was based in part on understanding the CQI concept, supporting the Department's mission and vision, as well as CPS' core values. The Department has also included Quality Improvement Models in its Strategic Plan, which includes a goal for all Divisions to have an ongoing Quality Improvement 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. 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 staff in the local offices. Since the completion of round three in 2016, CPS began including stakeholders in each local office as a part of the CQI team.

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 staff are expected to adhere to application of the philosophy. An identified need for South Dakota's CQI system is ongoing training and capacity building for staff at all levels on the CQI System and to understand how the CQI philosophy is integrated into South Dakota's policy and practices. South Dakota completed an internal capacity assessment by ACTION for Child Protection, in which CQI will be discussed and a recommendation from the assessment regarding CQI will also be considered.

The Outcomes Management Program Specialist is taking over oversight of SAG starting May 2022. Currently, the group is looking at ways to revitalize SAG to ensure they are functioning at their full potential and applying the CQI philosophy to projects. The first step in revitalizing SAG is to get a baseline on how the group functions and how they are utilizing CQI for their individual projects. Goals and strategies will be developed and formalized with the group as a result of what is learned from their baseline.

In addition to revitalizing the SAG tier of the CQI System, the Outcomes Management Program Specialist has been working to build capacity in the CQI Core Team. There are several new members of the CQI Core Team within the last year and others who need more guidance in maintaining the philosophy of CQI within their program areas. The Outcomes Management Program Specialist created a Team under Microsoft Teams to keep open communication with the team and stored a CQI Tool Kit for the group. The CQI Core Team started meeting again consistently in February 2022. At that meeting the team established the vision of CQI for CPS. This vision includes building capacity in all tiers in the CQI System to confidently apply the philosophy of CQI. Below are examples of how the Outcomes Management Program Specialist has started to build capacity. The goal is to build the CQI Tool Kit each month so the Core Team can learn, apply, and retain the resources in a way that is sustainable.

- The CQI Team was educated on utilizing a sample size calculator and applying a confidence level and interval to support reliability that their sample size is representative to the population. Between the February and March meetings several CQI Core Team members reported on utilizing the sample size calculator and felt confident they were getting accurate results with having methodology applied to their random sampling pull.
- The CQI Core Team was provided with information on designing surveys, information taken from the Wisconsin Child Welfare Professional Development System, and Child Welfare Capacity Building Collaborative. The CQI Core Team debriefed the information and discussed take-a-ways. The group found the information useful and expressed the need to draft surveys and to apply what they learn from the survey information.
- The Core Team has been tasked with exploring the Child Welfare Gateway Library. They will research material in their program areas to explore what is being done across the country in program areas similar to theirs. This was debriefed at the April 2022 meeting.

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

[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.

CPS case record review process (which is more fully discussed in the Case Record Review Data and Process section) is referred to as Regional Reviews. Prior to Regional Reviews, reviewers receive training on the 2016 CF SR Instrument and Instructions to promote consistency across reviewers. The Program Specialists who oversee the reviews provide further consistency in that they attend all reviews and have the final decision on ratings. All cases are reviewed by at least one Program Specialist 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 is used to input, collect & extract quality data for the State's child welfare system. The FACIS Team and BIT 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.

CPS 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' Management Team members review CPS Data Outcomes Reports when those are released and compare the information to 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' 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 Regional Reviews, input is sought from Supervisors, Family Services 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 and 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 portal 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. This training is completed at the local office level during onboarding of new employees. Ongoing training is now being provided by the FACIS Team via Microsoft Teams. Since September 2020, the FACIS Team has provided 48 sessions with 348 staff in attendance. The FACIS Team will continue to provide ongoing virtual trainings in the future. Topics vary dependent on requests from staff, trends identified, or enhancements to screens or processes. During case reviews, data quality issues are addressed with the appropriate staff. The FACIS system has numerous edit checks in the system to help ensure 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.

[Case Record Review Data and Process](#)

The Regional Review, previously known as SPWB review, process began in April 2009. The 2016 CFPSR 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 Regional Review 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 Regional 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. 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 Specialists, 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. To ensure there is not a conflict of interest, reviewers are not assigned to review cases from any office within their home region. 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 State Office staff, a Regional Manager, Supervisor, or experienced Family Services Specialist.

In addition to the CQI philosophy, another important component in the review process 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 Provider, 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 - 8:30 AM to 3:00 PM review case files.
- Monday - 3:00 PM until 12:00 PM Wednesday complete interviews.
- Wednesday - Noon until Thursday noon complete case write ups on the Online Monitoring System.
- Thursday - Noon until Friday 5:00 PM complete first and second level QA.

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 ensure inter-rater reliability.

A survey is sent to stakeholders in the Region in conjunction with the onsite review and are completed within two weeks of the date the survey is sent. The survey gathers information relating to service array, permanency, and staff/foster parent training. CPS started administering 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. Surveys have been sent to the following individuals: State Court Judges, Tribal Judges, State's 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 made was regarding developing a more formal training for reviewers to promote consistency. In response to the suggestion, a more comprehensive 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 was 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 of the information. The participants are first trained on the review process, the definition of all the items and how to rate them on the Online Monitoring System. There is also discussion 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. Reviewers are provided examples of previous case write up of de-identified cases to promote consistent language in the case review write ups.

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 not found during the onsite review. The office must make sure the case meets the criteria for a strength as outlined in the OSRI. The rebuttals are reviewed by the Review 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 will be 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. Refer to the section above 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, CPS 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, CPS 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 One, in which 72 cases were pulled that year as well as PIP Measurement Year Two and Three.

In addition to the Regional Reviews, 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, Another Permanent Planned Living Arrangement (APPLA), placement stability, safety management, non-maltreating 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 completes compliance reviews of ICWA cases and provides the results to the individual offices and the Management Team, starting in April 2022, these compliance reviews will be completed quarterly.

[Analysis and Dissemination of Quality Data](#)

There are several levels of data analysis occurring throughout CPS. Data, both qualitative and quantitative, are analyzed at the local level as offices review the results of the Regional 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 Regional 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 Regional 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.

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 within 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 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' 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 meetings across the state to share results with stakeholders to involving stakeholders in the offices CQI process and efforts towards change.

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 that will be used at CQI meetings with the stakeholders is data from the Regional Reviews, results of a survey sent to them during the onsite review, and any pertinent data from FACIS.

Starting in SFY 2023, the Outcomes Management Program Specialist will release Regional Assessments. Originally, this was to start in SFY 2022; however, it was determined to enhance capacity in CQI within all tiers of CPS' CQI System prior to releasing Regional Assessments. The template to the assessment has been developed and tentatively assessments will be released in Fall SFY 2023. Regional Assessments capture the performance outcomes of the latest Regional Review as well as results of fidelity review, stakeholder survey results, parent survey, and staff survey results. This gives a comprehensive view of how the Region operates and what areas to focus CQI plans on. Fidelity reviews completed include Child Case Plan, Parent/Child Caseworker Visit documentation, Present Danger Planning, Initial Family Assessment, Protection Capacity Assessment, Safety Plan Determination/Conditions for Return, Relative Searching, Psychotropic Medication, Sibling Connections/Placement, ICWA Compliance, and Intake/Screening. South Dakota utilizes the Online Monitoring System (OMS) Reports to identify performance outcomes and trends associated with the Regional Reviews. CQI plans are monitored by the Outcomes Management Program Specialist. The Regional Assessments will be provided to stakeholders and included in the office's CQI meeting with stakeholders.

When the Kinship Workgroup, subgroup of the Permanency Workgroup, reconvened in SFY 2022, CPS invited parents and youth representatives to participate. Young Voices is also active in South Dakota and meets monthly. 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.

The Court Improvement Program and CPS actively collaborate on enhancing practice to achieve better permanency outcomes. The Outcomes Management Program Specialist presented to the CIP committee in October 2021 and March 2022 about Safety, Permanency, and Well-Being performance outcomes from South Dakota's CFSR Data Profile as well as performance outcomes from the onsite reviews. CIP members invited CPS to present data during their meetings on an ongoing basis to remain well-informed on where South Dakota is performing and to identify any

areas they can provide support or insight to assist in improvement outcomes for children and families.

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 Regional Reviews 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 2023 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 185 hours of training. The training rotations will be as follows:

- Foundation (28 hours)
- Mandatory Reporter Training (1 hour)
- Initial Family Assessment/Safety Evaluation/Planning/Interviewing (28 hours)
- Ongoing Services/Case Planning and Safety Management (28 hours)
- Permanency/Well-Being (30.5 hours)
- Trauma Informed Practice (12 hours)
- Motivational Interviewing Level One (12 hours)
- Motivational Interviewing Level One (8 hours)
- Foster/Adoptive Parent Training Program (30 hours)
- Common-Sense Parenting Classes (4 hours)
- Human Trafficking Training (3 hours)
- Office of Licensing and Accreditation-Foster Care Licensing (3 hours)

The Certification faculty includes 39 trainers from CPS and a physician who trains on medical indicators of child abuse and neglect. The Certification faculty also includes a licensed therapist who trains on Trauma Informed Practice, an advocate from Call to Freedom who trains on Human Trafficking, and a staff member from the Office of Licensing and Accreditation to train on foster care Licensing for the State of South Dakota. 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 field staff.

Ongoing Training

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

Consultation, coaching, and skill development continues with Regional Managers on the

Comprehensive Safety Intervention model. The Regional Managers all completed the same instrument to determine the accuracy of the decisions and the sufficiency of information collected to complete the process of the Protective Capacity Assessment. The results showed the Regional Managers were consistent in their evaluation of the fidelity and decision-making of the Protective Capacity Assessment. Starting in March of 2022 the focus shifted to Present Danger decisions. The Ongoing and Protective Services Program Specialists conduct conference calls with the Regional Managers to provide consultation around present danger decisions. The consultations are completed every other month with the expectation during the months in between, the Regional Managers complete the same process with their supervisory team, then the Supervisor will complete the same process with their field staff, similar to what was completed during the Protective Capacity Assessment reviews.

In January of 2020 a survey was initiated to collect feedback from staff who completed Motivational Interviewing Training Level I and II to determine if they were using the skills learned at the Motivational Interviewing Training and if they were continuing to develop skills. Surveys continue to be administered 3 months and 6 months after staff complete Level II of Motivational Interviewing. 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 created a monthly learning session on different Motivational Interviewing techniques and exercises which is completed through Zoom. Refer to the Case Review section, Well-Being One, for more information on efforts to evaluate the effectiveness of Motivational Interviewing.

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.

Service Array

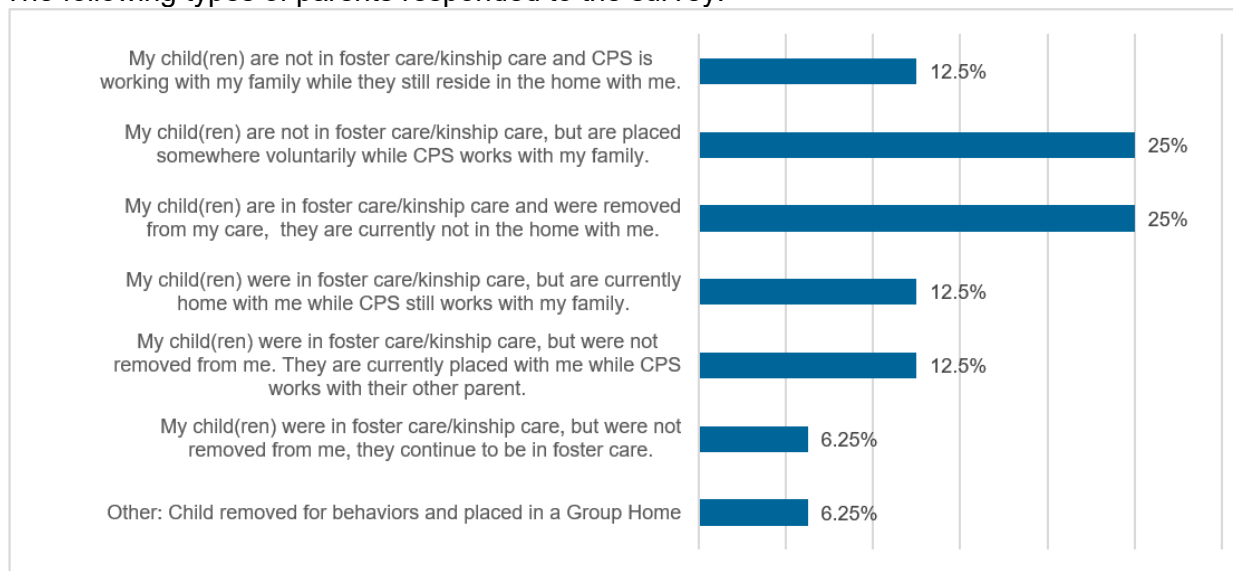
Service Array was found to be in substantial conformity in the 2016 Child and Family Services Review. CPS continues to provide access to a wide array of services to assist families and children. CPS identifies a family's needs through the Initial Family Assessment (IFA) process. At the conclusion of 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 Family Services Specialist 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 referrals.

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.

In 2021 it was determined to be beneficial in serving parents to update the survey to capture a wider range of parents. In the past, the survey was administered to parents whose children were home on a trial reunification and/or achieved reunification.

A survey was administered to parents who had their case closed between April 1, 2022, and May 31, 2022. The parents who were sampled included parents the child was removed from and the parent the child was not residing with at the time of removal as well as parents served in the home. Case outcomes included, successful reunification, parents who had their parental rights terminated or no further reasonable efforts ordered, parents served with their children remaining in the home, and parents served in the home while the child is in an out of home safety plan without custody. One-hundred parents were randomly selected to receive the survey, the first phase of the process was to send a letter to the parent explaining the intent of the survey. A survey and return envelope were included asking the parents to complete the survey and mail it back. The second phase included phone calls with the parents who did not return the survey via mail. Two parents returned their surveys via mail; therefore 98 parents were called to complete the survey via phone. The initial round of phone calls found 54 disconnected or incorrect phone numbers; therefore, 26 more parents were added to the case sample for additional calls. There were three phone call attempts to engage each parent. Fourteen parents were reached but refused to participate in the survey. Sixty-five parents had phone numbers that were incorrect, the wrong number, disconnected, or blocked. Twenty-five voicemails were left for parents who did not return them, and seven parents did not have a phone number on file. Sixteen parents participated in the survey.

The following types of parents responded to the survey:

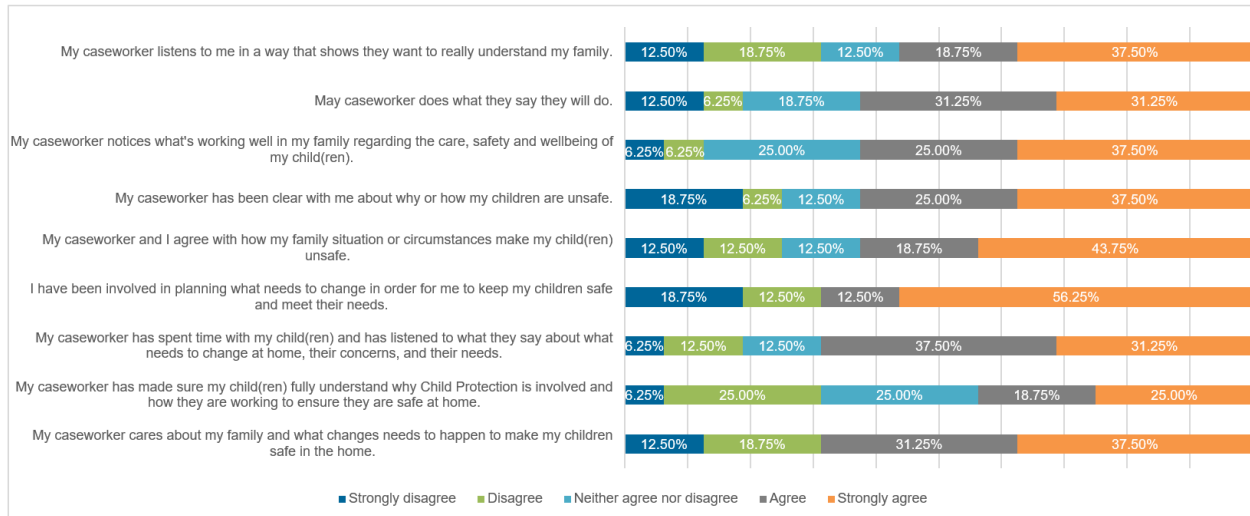


Parents were asked to rate their relationship with their Family Services Specialist regarding certain topics of engagement. Eight of the nine topics received a rating of over 50% of agree/strongly agree with the statement, out of those eight, there were seven engagement topics over 60%. The highest areas of agreement at 68.75% were the following:

- “I have been involved in planning what needs to change in order for me to keep my children safe and meet their needs.”
- “My caseworker has spent time with my child(ren) and has listened to what they say about what needs to change at home, their concerns, and their needs.”

- “My caseworker cares about my family and what changes needed to happen to make my children safe in the home.”

The area of engagement that received the lowest rating of 43.75% was “My caseworker has made sure my child(ren) fully understand why Child Protection is involved and how they are working to ensure they are safe at home.” Below is the full rating for each topic area of engagement.



Parents were provided an opportunity to express how their CPS worker worked with them through an open-ended question.

- 44% of parents had positive comments
 - A theme with the parents who expressed satisfaction with their worker was around the worker being easy to talk to, understanding, nice, non-judgmental, and taking the time to really talk to them about issues.
- 37% of parents expressed concern with their worker
 - A theme with the parent who expressed dissatisfaction with their worker was around communication from the worker and feeling the worker did not listen to them.
- 3% of parents did not want to provide a response.

Parents were asked, from their experience, if they had any insight as to what can be done in the community to help families in crisis. Over half the parents could not provide a response to this question, the ones that did expressed needing more free services, such as parenting classes and counseling and more community awareness of what resources are available in the community.

Areas of opportunity will be explored to enhance engagement with parents. Due to the low response rate from parents, there is a need for further analysis on strengths and areas of opportunity around engagement with parents. In addition, there will be further exploration on how to better engage parents in the survey.

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 to several successful initiatives. During this reporting period, the ILS screen in the FACIS system has been updated in collaboration with youth from Young Voices. Input from Young Voices has been a key component of navigating through the COVID-19 pandemic and administering

emergency funds to youth. Young Voices have been instrumental in discussing how to locate additional youth and how to support those in need. Further information regarding Young Voices can be found in the John H. Chafee Foster Care Program for Successful Transition to Adulthood section.

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
- 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 in preparing for independence and the transition to adulthood, which are detailed in the ILS section of the CFSP and subsequent APSRs
- Policy is currently being revised to include family time services

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.

CPS is committed to collaborating with community partners to prevent child abuse and neglect. The Governor of South Dakota signed an Executive Order recognizing April as Child Abuse Prevention Month. A media campaign was developed to share the proclamation statewide. CPS 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 Section 5, Community

Based Child Abuse Prevention (CBCAP) section under Child and Family Service Continuum for further information about convening community partners to prevent child abuse and neglect.

Surveys are completed with community stakeholders, parents and children, and CPS staff when Quality Assurance reviews are completed to obtain input on CPS service delivery. The results of the surveys are provided to the Regional Managers and Supervisors for each office reviewed in the form of a written assessment to help in determining systemic strengths and needs and responding to the needs either locally or programmatically. The information gained from the surveys is used to assess outcomes and the CPS service system and will be provided to stakeholders and included in the office's CQI meeting with stakeholders.

CPS invites parents and youth to participate on the Permanency Workgroup. When workgroups reconvened in SFY 2022, the parents, youth and kinship providers with lived experiences were invited on the Kinship Workgroup. The youth and kinship providers have attended workgroup meetings. Foster parents and other community partners are active members on the Region 1 and Region 3 Foster Parent Recruitment workgroup. The CQI process is completed during workgroup meetings with internal CPS staff, community partners, and members with lived experiences. This is further detailed in Section 2, Quality Assurance System. Young Voices is also active in South Dakota and meets monthly. 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. CPS publishes data relating to safety, permanency and well-being on the Department of Social Services website for anyone to access.

CPS asked partners within the child welfare system to participate in a survey to learn more about awareness and use of community supports and resources to help parents care for their children. This is further detailed in Section 1, Collaboration section.

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.

The Department of Social Services, Office of Licensing and Accreditation has consistently licensed more families than families who discontinue providing care.

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 that 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 2019. A team comprised of CPS, Unified 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 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. Refer to Section 1, 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 with 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.

Goals

1. Goal 1: The child welfare system is robust, engaged, and working towards a shared vision.
2. 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.
3. Goal 3: Interventions are utilized by the child welfare system to achieve timely and suitable permanency outcomes for children.

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 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.

Rationale: The Regional 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 from June 2020 to September 2020 due to COVID-19, falling in the 2022 Progress Report timeframe. South Dakota would have had 5.9% of stakeholders in the Review Teams if Region 1 had remained as scheduled.

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

- Benchmark - End of Year Two: Non-CPS reviewers comprised 9.7% of the reviewers from July 1, 2020 - June 20, 2021, just under the 10% goal for Year Two. In SFY 2021 the following types of stakeholders participated in the reviews: two members from the Minnehaha County State's Attorney Office, an ICWA representative, Lutheran Social Services, Center for the Prevention of Child Maltreatment, DSS Office of Licensing and Accreditation, and CASA. A survey is administered to stakeholders following a review. All stakeholders reported finding the experience positive, having a better understanding of how CPS serves families, and having adequate training to complete the Regional Reviews.

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

- Benchmark - End of Year Three: Non-CPS reviewers comprised 5.4% of the reviewers from July 1, 2021 – March 31, 2022. In SFY 2022 the following types of stakeholders participated in the reviews: Center for the Prevention of Child Maltreatment; CASA; Psychiatric Social Worker; School Counselor; and Birth to Five Learning Specialist. A survey is administered to stakeholders following a review. Stakeholders described the process as intensive, especially when they do not know the day-to-day work of Child Protection Services; however, reviewers expressed having a better understanding of the expectations of Child Protection Services after the review. The reviewers in SFY 2022 would more than likely not do another review due to how intensive they are; however, would recommend others to experience the process. The Outcomes Management Program Specialist educates stakeholders on the review process and invites them to participate during speaking engagements. A director of a domestic abuse shelter completed the Region 6 review in April 2022. There are two different law enforcement

agencies that are interested in participating in a review in 2023 and a parent attorney who requested more information about the process. Stakeholders that completed a review in year one have expressed interest in completing another review in 2023. CPS will continue to invite and encourage stakeholders to participate in the Regional Safety, Permanency and Well-Being Reviews.

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 to prepare for the Regional 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 Regional Reviews. The Outcomes Management Program Specialist is available during onsite reviews to provide 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, i.e., 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 of children discharged from CPS custody; number of children adopted; number of children free for adoption; number of resource homes, both foster and kinship; and a list of tribes with IV-E agreements.

Rationale: 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 2020 with SFY 2020 data.

- Benchmark - End of Year One: The CPS 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 2021 with SFY 2021 data.

- Benchmark - End of Year Two: First data profile published January 2021. The CPS FACIS team is prepared to release the second round of data July 2021. There are no current barriers preventing the information to be published at this time.

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

- Benchmark – End of Year Three: Reports for third round of data will be run on July 1, 2022. The CPS FACIS Team is on target to publish the dashboard by October 2022.

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

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

Training and Technical Assistance

The dashboard will be created in consultation with the DSS Communications Administrator.

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 Regional 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.

Rationale: 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 the 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.

- Benchmark - End of Year Two: In starting the CQI process with the CQI Core Team and individual Regions, it was evident there needed to be more education and skill development regarding CQI. The Outcomes Management and Family First Program Specialist (CQI Leads) as well as a FACIS Program Specialist researched CQI training curriculum through the Capacity Building Center for States and reached out to the liaison through the Capacity Building Center for States regarding CQI training and support. There is a data workshop scheduled for August 19, 2021, with the option for more data workshops as needed with the Capacity Center for States and Children's Bureau. CQI fundamentals will be reviewed and South Dakota will provide present and impending danger data and will walk through the CQI process. This workshop will include members of the CPS Management Team which includes the entire CQI Core Team. The Outcomes Management and Family First Program Specialist (CQI Leads) as well as a FACIS Program Specialist are developing an updated training plan for all CPS staff to include CQI Training into the current certification curriculum so new staff will receive training. There will be refresher trainings offered to existing staff. CPS is currently completing an

internal capacity assessment by ACTION for Child Protection, in which CQI will be discussed and recommendations from the assessment regarding CQI will also be considered.

Starting with Spring 2021 reviews, the Outcomes Management Program Specialist is developing Regional Assessments to capture performance outcomes of the latest Regional Review as well as results of fidelity review, stakeholder survey results, parent survey and staff survey results. This will give a comprehensive view of how each Region operates and what areas to focus CQI Plans on. Fidelity reviews completed include Child Case Plan, Parent/Child Caseworker Visit documentation, Present Danger Planning, Initial Family Assessment, Protection Capacity Assessment, Safety Plan Determination/Conditions for Return, Relative Searching, Psychotropic Medication, Sibling Connections/Placement, ICWA Compliance, and Intake/Screening. When stakeholder CQI meetings begin, these assessments will be presented at the meetings as well to obtain stakeholder input on CQI plans.

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

- Benchmark - End of Year Three: At the beginning of Year Three the Outcomes Management Program Specialist was collaborating with the Capacity Building Center for States and the Children’s Bureau on a data workshop, focusing on the Plan-Do-Study-Act Cycle of change. This collaboration started in preparation for individual Regions starting Continuous Quality Improvement (CQI) efforts at the local level. Child Protection Services’ goal is to enhance all staff skills in the CQI process. Data workshop planning started in January 2021 and ended in August 2021. The planning team included two FACIS Program Specialists, the Outcomes Management Program Specialist, the Capacity Building Center for States, and the Children’s Bureau. Three data workshops occurred on August 19, August 26, and September 9. All three workshops focused on the Plan-Do-Study-Act Cycle of CQI. The August 19 sessions focused on the “Plan” phase of the cycle, which consists of problem exploration and developing priorities for system improvement. This cycle works on setting improvement goals, predicting what will happen, planning the cycle, and deciding what data to gather. The August 26 workshop focused on the “Do” part of the cycle for carrying out the plan, documenting any problems and observations, gathering data, and preparing a means to detect and measure change. The September 9 session focused on the “Study” and “Act” parts of the cycle. The “Study” focused on analyzing data from intervention, comparing data to predictions, and compiling discoveries. The “Act” focused on what changes needed to be made, implementing the improvement, scaling up whatever is needed, combining interventions, sustainability, and long-term monitoring. All three workshops used the Fatherhood Project to apply the CQI process when practicing how to apply the skills of each phase throughout the workshops. The workshops included members of the CPS Management Team, which includes the entire CQI Core Team.

Meetings have been held in Region 1, Region 3, Region 5, Region 6, and Region 7 to enhance community feedback and collaboration around identifying areas of improvement in child welfare outcomes at the local level.

- Regions 1 and 3 have developed community groups to help enhance foster care recruitment and retention. There are representatives from Child Protection Services, Office of Licensing and Accreditation, Foster Parents, South Dakota Kids Belong.
 - Region 3 has identified the Cheyenne River Sioux Reservation as a target

area for recruitment due to their ratio of disproportioned numbers for children in foster care to foster families available. The group has determined it would be beneficial to create two different groups - one to focus on the reservation and one to focus off the reservation, due to the different demographics and cultural components needing to be considered. The group also discussed recruiting tribal members to assist with the root cause analysis and identifying solutions to meet the cultural needs of Native American families who reside on the reservation.

- Education on what CQI is, what the CPS CQI system is comprised of, and data to help identify the problem and target population has been shared with the recruitment teams in Regions 1 and 3. Each team is in the process of meeting to discuss what additional data is needed as they work through their root cause analyses. The Foster and Adoptive Home Recruitment Program Specialist leads the recruitment meetings, and the Outcomes Management Program Specialist provides technical assistance on the CQI process.
- Region 4 is in the process of developing a recruitment team where the same process will be adhered to on following the CQI process.
- Region 5, specifically Codington County, is looking to adopt a level of court for Abuse and Neglect hearings, referred to as Momentum Court, with the purpose of focusing on timely referral of services to parents and less time for children in out of home care. This group consists of the Abuse and Neglect Judge, State's Attorney, CIP coordinator, Birth to Three, Interlake's Community Action Partnership, parent's attorney, child's attorney, CPS, CASA, Human Service Agency, and The Center for Children and Family Futures. The group has attempted to get a tribal representative; however, this has not been achieved. The Outcomes Management spoke to the group about CPS' vision to collaborate on local projects to help enhance outcomes for children and families while adhering to the CQI process when collaborating and identifying measurable outcomes. A high-level overview of CQI was provided to the group. Local county and/or office data was presented around Present Danger Plans, present danger threats, impending danger threats, children served in the home versus children served in foster care, children discharged from foster care, percentage of children with less than three episodes in care, Native American children served, and the number of ICWA cases. The Outcomes Management Program Specialist also presented South Dakota's observed data indicators for safety and permanency and how Codington County compared to the state. The data presented helped inform the group's outcomes and metrics.
- Region 7, specifically the Yankton community, has been collaborating on establishing a prevention program through their school district. CPS, the Yankton School District, Lewis and Clark Behavioral Services, and the Division of Behavioral Health have been collaborating on a prevention program since January 2021. System of Care was expanded to include a System of Care Child Protection Services position. Through data collections and analysis, it was determined the target population for families at high risk of abuse or neglect to be families who are new to the community and do not have a support system, and families who have emerging risky behaviors within the family unit. Criteria outlining the emerging behaviors within the family unit to help inform who high risk families are was developed. Program goals, metrics and deliverables were developed and agreed upon by all members of the team. The program was implemented August 2021

when the 2021-2022 school year began in Yankton. The group meets monthly to discuss program progress, with a small group of leads from each agency meeting more frequently as needed. After the 2021-2022 school year concludes, the group will reconvene Summer 2022 to collect and analyze data and discuss any modifications needed to the program.

- Lutheran Social Services received a family stabilization grant and is implementing the CARES model in Region 5 (specifically Watertown) and Region 6. This evidence-based model is geared towards prevention of families in the child welfare or juvenile justice system by identifying families early providing a case manager and family advocate to walk alongside them through their at-risk situation. This program started receiving referrals from the Watertown and Sioux Falls school district in January 2022 and as of mid-February had six family referrals from each location they are attempting to engage in the service. Lutheran Social Services has collaborated with CPS throughout the process of securing the grant and implementation. There have been preliminary discussions regarding data sharing and metrics to help measure outcomes for the program. There is a data sharing agreement pending that will allow CPS, Lutheran Social Services, and each local school district to collaborate further on this project.

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 or Program Specialist 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 CQI meeting for additional support. South Dakota has sought out technical assistance from the Capacity Building Center for States and the Children's Bureau regarding CQI training and skill development. South Dakota utilizes the Online Monitoring System (OMS) Reports to identify performance outcomes and trends associated with the Regional Reviews. The Outcomes Management Program Specialist continues to utilize the Capacity Center for States, CapLEARN for CQI resources.

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, State Representative, State Senator, State's Attorney, parent's attorney, child's attorney, prevention partner, Center for the Prevention of Child Maltreatment, and others.

Rationale: 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: CPS 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.

- Benchmark - End of Year Two: CPS has a signed contract with ACTION for Child Protection to complete the internal capacity assessment. CPS will consider recommendations from the assessment prior to moving forward with an advisory council.

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.

- Benchmark - End of Year Three: The CPS organization assessment is still pending. CPS will consider recommendations from the assessment prior to moving forward with an advisory council.

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

A technical assistance request will be submitted to the 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. A 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 to prevent children from entering the foster care system. The utilization and support of the Present Danger Plan 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 is prevention efforts to avoid any unnecessary placement of children into foster care.

Rationale: 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, through May 31, 2020, Sioux Falls developed 161 Present Danger Plans, a 23% increase from the previous year. Rapid City developed 77 Present Danger Plans, 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 and 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 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. 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 - ensuring the right kids are in the right beds and decreasing the number of children in care, particularly kids that are in short term foster care.

On November 1, 2019, CPS 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, meeting 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 for families and their children in crisis. (Capacity is needed)

Sioux Falls was to hold their first meeting with community agencies in person on March 24, 2020; however, due to the COVID-19 pandemic the meeting was held virtually.

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

- Benchmark - End of Year Two: CPS contracted with Sage Project Consultants and started the Candidates for Care Teams in early 2019 as 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. The Candidates for Care teams provided a venue for all to share in a common goal to boost the vision statement of supporting and recognizing the value and resiliency of families.

Through this collaboration the team maintained a specific focus on prevention efforts to avoid unnecessary placement of children into foster care. Topics included the availability of trainings to the organizations through CPS, Present Danger Plans, Kinship Care, and regionally based resources and resource gaps. The following three objectives were completed:

- Objective 1: Educate key stakeholders of CPS process roles and how Present Danger Plans are developed and executed. Our teams connected CPS training to members of the Candidates for Care teams and other community entities. Continued training and communication will help strengthen understanding between CPS and key stakeholders. In Rapid City the Judges were educated on and implemented Present Danger Plans. Family Services Specialists provide the answers to four questions when custody is being requested. The four areas that must be assessed prior to the Judge granting custody are:
 - The Department made the following active efforts to remove the danger instead of the child.
 - The Department assessed the following individuals to move into the child's home/environment to ensure the child is safe.
 - The Department made the following active efforts to assess whether the child and caregiver could go live with a safe relative or fictive kinship provider.
 - The Department made the following active efforts to assess whether the child could go live with a safe relative or fictive kinship provider.
- Objective 2: Provide support for families from community resources to increase the caregiver's capacity to keep children safe and thriving. Teams created resource lists for the Sioux Falls and Rapid City areas. These resource lists included information on

immediate services, along with current gaps in services and where team members and other community stakeholders could fill in those gaps. Discussion was also held regarding how key stakeholders can provide resources to kinship families before they go into CPS' care.

- Objective 3: Provide immediate access to resources of families and their children in crisis. The resource lists include resources that provide immediate access for families and their children in crisis. The team brainstormed ways to close gaps in immediate need services. It was decided to discontinue the Candidates for Care team as the objectives the group had developed had been met. The communities have several other multi-disciplinary teams that were overlapping with the objectives from Candidates for Care. Even though Candidates for Care will not remain active, collaboration amongst all the organizations will continue to be critically important. Continued collaboration is key to better child welfare outcomes in South Dakota.

The following statistics are from the two years Candidates for Care was active:

Request for Services Statewide	SFY 2019	SFY 2020
Total Number Received	15185	14662

Request for Services	SFY 2019	SFY 2020
Sioux Falls	4886	4706
Rapid City	2707	2553

Present Danger Plans developed	SFY 2019	SFY 2020
Statewide	532	599
Sioux Falls	176	172
Rapid City	28	83

In Home Cases	SFY 2019 Children	SFY 2019 Families	SFY 2020 Children	SFY 2020 Families
Statewide	284	71	327	148
Sioux Falls	83	40	83	41
Rapid City	17	8	37	12

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

- Benchmark - End of Year Three: After Year Two was complete, Candidates for Care dispersed as the goals which were set out for Candidates for Care were completed. An increase in Present Danger Plans were seen in both the Sioux Falls and Rapid City areas as noted under the Year Two strategy.

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 Present Danger Plan will be a fidelity review finding during CSI fidelity reviews. Reviews will show in 75% of reviewed cases, a Present Danger Plan was implemented and/or considered. An increase in 10% in the number of Present Danger Plans 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.

Rationale: Over 70% of children in the custody of CPS are Native American; most are from one of the nine tribes located in South Dakota. Twenty-seven percent of the Native American children in custody are overseen by tribal court jurisdictions. 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.

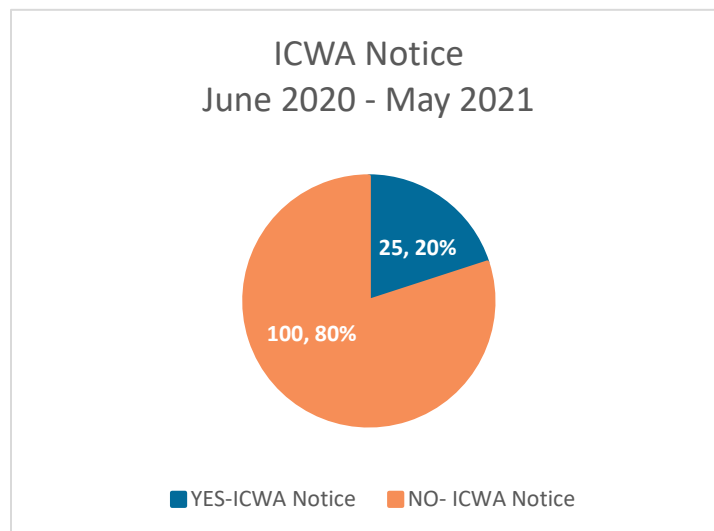
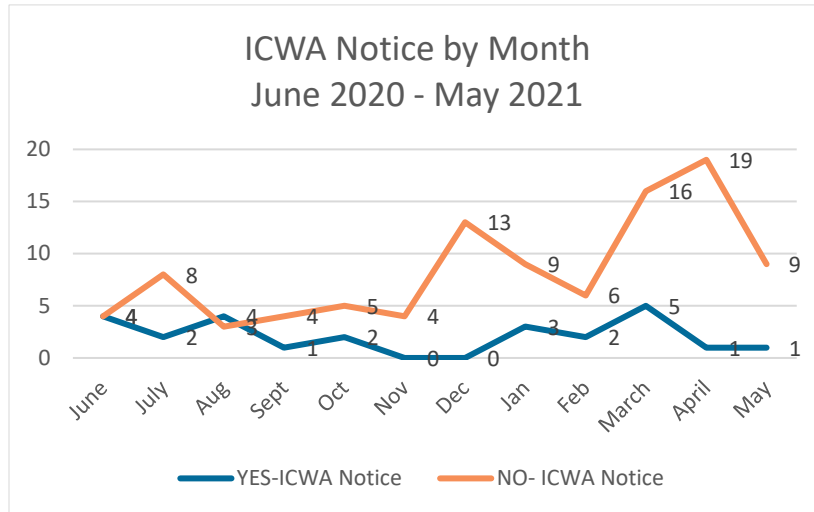
Interim Benchmarks

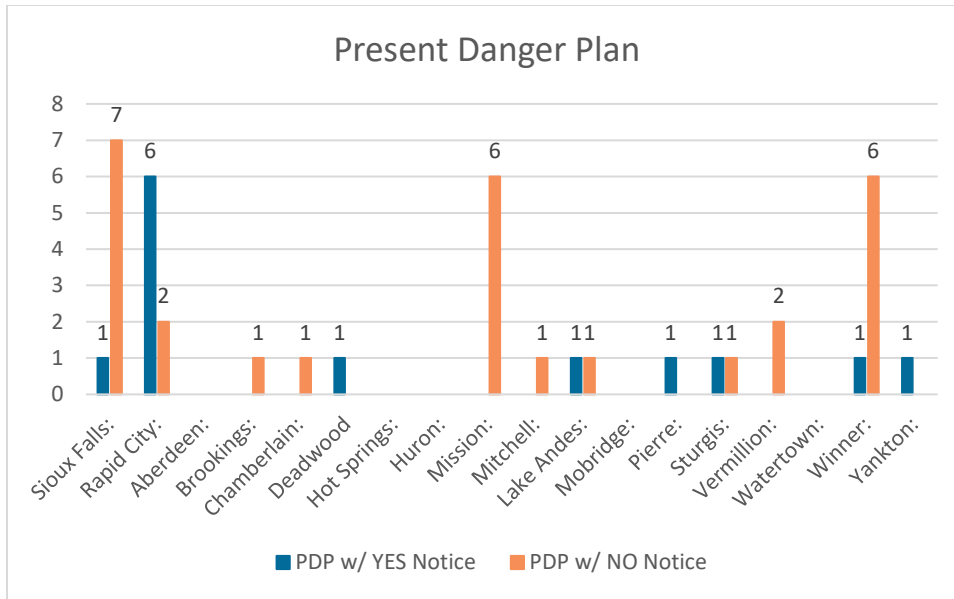
Year One: CPS Present Danger Plan policy revised; Present Danger Plans are redesigned to capture parental authorization allowing ICWA contact. Native American parents are informed and asked to authorize CPS' notification of applicable tribe's ICWA Director of Present Danger Plan. The ICWA Program Specialist is included on all tribal notifications for data collection purposes. FACIS data was enhanced to track all children who enter a Present Danger Plan; all Native American children who enter a Present Danger Plan; 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 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 Present Danger Plan 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 with implementation targeted for July 1, 2020. See charts below regarding data collected by the ICWA Program Specialist.

Year Two: Present Danger Plan 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.

- Benchmark - End of Year Two: CPS modified the State's CCWIS system to capture whether a caregiver gave permission to have their tribal ICWA Program notified starting in July 1, 2020. Staff continued to provide email notice to the ICWA Program Specialist until December 31, 2020.



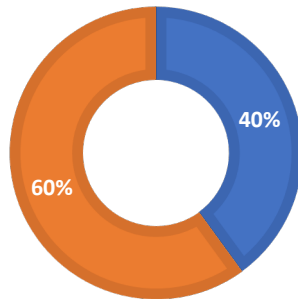


Year Three: Present Danger Plan data shared and discussed at State Tribal Consultation meeting, including percentage of cases of tribal response or lack of response. Enhancements identified, as necessary. Parental consent received on 20% of all Present Danger Plans with Native American families.

- Benchmark - End of Year Three: South Dakota’s CCWIS System collects data capturing Native American caregivers who identify being affiliated with a South Dakota tribe. The CCWIS System then captures, out of those Native American parents, who authorize their tribe to be notified of the Present Danger Plan they voluntary agree to with CPS. Forty percent of the Present Danger Plans without custody are caregivers who identify themselves as a member of a South Dakota tribe, out of those 15% authorized CPS to notify their tribe of the Present Danger Plan. The only STCWC meeting held in SFY22 was on October 13, 2021 via Zoom, this topic was not able to be added to the agenda at that time. The next meeting is set to be held in August 2022 and the intentions are for this data to be shared at that time.

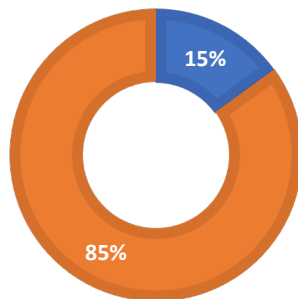
CAREGIVER IDENTIFIED AS A MEMBER OF A SOUTH DAKOTA TRIBE

■ Yes ■ No



CAREGIVER AUTHORIZED CPS TO NOTIFY THE TRIBE OF THE PRESENT DANGER PLAN

■ Yes ■ No



Year Four: Present Danger Plan 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 Present Danger Plan's with Native American families.

Year Five: Present Danger Plan 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 Present Danger Plan's 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 the Department of Health (DOH) will explore avenues to partner to enhance Safe Care Plans and Home Visiting Program.

Rationale: 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 CPS. 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 CPS, the Division of Behavioral Health, the 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.

- Benchmark - End of Year Two: South Dakota's team completed the Policy Academy on August 27, 2020. South Dakota's Team is comprised of representatives from CPS, the Division of Behavioral Health, Division of Family and Community Health, University of South Dakota Sanford School of Medicine Center for Disabilities, South Dakota Indian Child Welfare Act Coalition, Avera Health, Monument Health, Sanford Health, Great Plains Tribal Chairmen's Health Board, Unified Judicial System, Bethany Christian Services of

Western South Dakota, and the National Center on Substance Abuse and Child Welfare.

Preliminary goals for South Dakota include advocate and encourage birthing hospitals and providers to utilize standardized substance use testing; develop definitions of what 'affected by substance abuse' means; develop an oversight committee to guide changes in organizations to include practice and protocols; develop a pathway for monitoring; and provide education regarding Plans of Safe Care and the need to engage parents and their families in services.

The Plans of Safe Care team has defined infants affected by substance use and established guidelines for when to make a report to Child Protection Services. The team is currently developing a survey to gather additional information from birthing hospitals regarding their knowledge of infants affected by substance use, testing procedures and protocols, and services available to mothers and infants.

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

- Benchmark - End of Year Three: The Plans of Safe Care team has defined infants affected by substance use and established guidelines for when to make a report to Child Protection Services and when a notification report should be made. Currently, Child Protection Services is working with the 211 Helpline Center to integrate services and provide resources for all infants born affected by substance use that do not meet criteria for intervention by Child Protection Services. The Helpline Center began serving South Dakota in 1974 and through the years, grew to 24 hour/7 days a week service and is available to the entire state of South Dakota. The Helpline Center is the only entity in the state accredited by the Alliance for Information and Referral Systems and the only entity in the state that provides a certified crisis line through the American Association of Suicidology. The Helpline Center is a blended call center, meaning that all staff are cross trained to handle crisis and information/referral phone calls. Specific to substance affected infants, the families will be referred to the Substance Use Care Coordination program. This program walks alongside someone in the process by connecting, supporting, and encouraging them through their journey. Monument Health Services in Rapid City, South Dakota has been selected for a pilot site to begin the implementation of Plan of Safe Care notification.

In addition, educational resources regarding Plans of Safe Care are being provided statewide through Project SCOPE (Supporting Children of the OPIoid Epidemic). Project SCOPE is a national training initiative intended to build nationwide provider capacity and confidence in applying evidence-based practices in screening, monitoring, and interdisciplinary support for children and families diagnosed with Neonatal Abstinence Syndrome (NAS), Neonatal Opioid Withdrawal Syndrome (NOWS), or who are suspected of being impacted by opioid use, trauma, or related exposure.

The purpose of this national initiative is to train interdisciplinary teams on emerging knowledge and evidence-based practices in screening, monitoring and interdisciplinary care for children impacted by neonatal abstinence syndrome (NAS), trauma, or related exposure. Core curriculum will include current research on brain development, developmental outcomes of prenatal exposure to opioid and other substances, trauma informed care, provider secondary trauma stress and strategies to support caregivers. This initiative is intended to improve outcomes by linking research to practical application

in local communities, providing opportunities to share knowledge and findings with national networks and federal agencies, and providing recommendations for future interventions.

The Center for Disabilities at the University of South Dakota Sanford School of Medicine is partnering with the University of Wyoming Institute for Disabilities and the Nisonger Center at The Ohio State University and the University of Cincinnati Center for Excellence in Developmental Disabilities for this project. This initiative will build upon the effective ECHO virtual training model and is a pilot supported by the U.S. Department of Health and Human Services Administration on Intellectual and Developmental Disabilities. This initiative will also support Plans of Safe Care.

The first launch was held July 15, 2021, to September 2, 2021, for a total of eight sessions. The sessions were one hour each, with a presentation for the first 45 minutes and debriefing with questions and answers in smaller groups. The topics included: Introduction to the Opioid Crisis and Social Determinants of Health; Addiction and Treatment; Neonatal Abstinence Syndrome; Monitoring Child Development and Linking to Services; Trauma, ACES, and Trauma Informed Care; Substance Exposure and Speech/Language, Motor, and Sensory Concerns in Children with NAS; Fetal Alcohol Spectrum Disorders; and Models of Care. A total of 153 individuals registered for the trainings and 103 individuals attended some or all of the trainings.

The second cohort was held February 2, 2022, to March 23, 2022. The format was the same as the launch cohort, in that the sessions were for eight consecutive weeks and an hour each. The topics included: Prenatal Substance Exposure; Addiction and Treatment; Supporting Mothers/Families Impacted by Substance Use Disorders; Trauma, Substance Exposure and Speech/Language, Motor, and Sensory Concerns in Children with NAS; Trauma, ACES, and Trauma Informed Care; Monitoring Child Development and Linking to Services; Fetal Alcohol Spectrum Disorders; and Dealing with Difficult Behaviors.

Approval was granted for participants to receive Continuing Education Credits through the South Dakota Board of Addiction and Prevention Professionals, the South Dakota Board of Examiners for Counselors & Marriage and Family Therapists, and the South Dakota Board of Social Work Examiners. A third cohort began on May 4, 2022, and will continue through June 29, 2022, with similar topics being presented.

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 Plans will not involve State custody.

[Training and Technical Assistance](#)

Training assessment and planning will be coordinated with the 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.

Rationale: The child welfare system will not engage in collaborative efforts to secure safety for children through Present Danger Plans if CPS does not demonstrate the ability to accurately identify safe caregivers and effectively manage child safety in Present Danger Plans.

Interim Benchmarks

Year One: Identify and utilize opportunities to provide Present Danger Plan 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 after January 14, 2020, through March 2020 to target present danger determination and planning.

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

- Benchmark - End of Year Two: The Fidelity review was completed to determine if the process of Present Danger Assessment and Present Danger Planning was completed with fidelity and if the Present Danger Decisions were accurate. The review identified areas needing further development in the Present Danger Assessment and planning process.

The review was completed using cases that had a Present Danger Plan with custody and a Present Danger Plan without custody during the period of July 1, 2020, through December 31, 2020. A total of 127 cases were reviewed by the Comprehensive Safety Intervention Workgroup. There were 52 cases that had Present Danger Plans without custody, and 75 cases of Present Danger Plans with custody.

The fidelity review of the Present Danger Assessment process shows the policy and practice is being followed in more cases than not. Some of the data indicates a lack of documentation rather than a trend in practice. The data shows most Present Danger Decisions are accurate and the decision is justified and specific.

Region 2 and Region 4 ranked the highest in taking custody instead of placing the children in a Present Danger Plan without custody; however, in Region 2 only one case out of eight indicated there were no efforts to complete a Present Danger Plan without custody. In Region 4 only two out of eight cases indicated there was no effort to complete a Present

Danger Plan without custody. It appears those two Regions are attempting to complete Present Danger Plans without custody prior to taking custody.

Region 6 and Region 3 ranked the highest in cases where there was no documentation or efforts to complete a Present Danger Plan without custody. In Region 6 there were 14 cases out of 25 cases (cases where Present Danger Plan was custody) or 56% that indicated there was no documentation or there were no efforts made to complete a Present Danger Plan without custody. In Region 3 there were six cases out of six cases where the Present Danger Plan was custody, or 100%, which indicates there was no documentation nor were there efforts to complete a Present Danger Plan without custody.

Data needing further exploration include situations where Present Danger was found in cases that were screened for a 0-3- and 0-7-day response. It would need to be determined if there was a screening error or if screening the report occurred after a response to the Request for Services such as in cases of on call.

There are still 28% of cases in which the reviewers determined the Present Danger Plans were not sufficient, meaning they were either too intrusive or the Plan was not intrusive enough. This percentage could be affected by the 17% of Present Danger Assessments that were not documented or were not specific or detailed enough for the reviewer to determine which type of plan would be appropriate. It's recommended the Regional Managers and Supervisors review these cases in their Region to determine the root cause of this finding.

47 cases or 37% were closed after the Initial Family Assessment was completed. This seems high for cases in which Present Danger was identified at the beginning of the case. It would be recommended those cases are reviewed further to determine if Present Danger was correctly identified and if a case closure was justified based on the Initial Family Assessment.

It appears the Safety Plan's without custody tend to close at the end of the IFA compared to those cases in which children are in foster care.

The Ongoing Program Specialist provided each Regional Manager the results from their Region. It is recommended the Regional Managers review the cases with their Supervisors in their Region and focus on those cases that do not meet policy and practice regarding Present Danger Assessment.

Year Three: Priority sites receive Present Danger Plan coaching.

- Benchmark - End of Year Three: It was determined through the Present Danger Plan fidelity review regions were identifying Present Danger accurately and putting the least intrusive Present Danger Plans in place.

Child Protection Services continues to enhance decision-making for Supervisors and staff. The Rapid City office had a turnover in Supervisors in 2021. In October 2021, the Division Director and Protective Services Program Specialist completed follow up consultation with Rapid City. Each Supervisor in Rapid City brought cases to be reviewed in which an Initial Family Assessment was assigned, and the Family Services Specialist identified danger or children entered protective custody. Consultations consisted of how the Family Services Specialist answered each of the four questions to prevent children from entering protective

custody and what efforts were made to implement a less intrusive plan. Ongoing consultation will be completed as needed.

Consultation, coaching, and skill development continues with Regional Managers on the Comprehensive Safety Intervention model. The Regional Managers all completed the same instrument to determine the accuracy of the decisions and the sufficiency of information collected to complete the process of the Protective Capacity Assessment. The results showed the Regional Managers were consistent in their evaluation of the fidelity and decision-making of the Protective Capacity Assessment. Starting in March 2022 the focus shifted to Present Danger decisions. The Ongoing and Protective Services Program Specialist conduct conference calls with the Regional Managers to provide consultation around present danger decisions. The consultations are completed every other month with the expectation during the months in between, that the Regional Managers complete the same process with their supervisory team, then the Supervisor will complete the same process with their field staff, similar to what was completed during the Protective Capacity Assessment reviews.

The Ongoing Program Specialist consulted with each Region to review the results of the present danger review. Prior to the meeting the Program Specialist went through each case to ensure consistency on the review of the cases. All Regions met the requirements of the present danger review. After the meeting the Program Specialist provided each Region with a report of the findings and opportunities for growth.

It was determined the screening decisions were accurate and the cases that closed were closed appropriately. In the Program Specialist review, documentation was found in several of the cases in which the review indicated it was not present. This showed more cases in compliance.

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

Year Five: Fidelity review of Present Danger Plan practice of sites receiving coaching. Determination of further implementation of coaching strategy.

Measurement

Sites receiving Present Danger Plan 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 Present Danger Plan fidelity, reviewer preparation, Present Danger Plan 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.

Rationale: 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 Telecommunications (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.

- Benchmark - End of Year Two: Present Danger Threat screens implemented July 1, 2020, as planned. Data collection and reporting implemented August 2020.

Year Three: Data collected for SFY 2022. Evaluation of data to ensure accuracy and any needs for enhancement. Data distributed to multiple teams involved with Candidates for Care.

- Benchmark-End of Year Three: Candidates for Care is no longer an initiative and has not been during the entire FFY 2022 plan year, therefore, this objective no longer applies.

Year Four: Data collected for SFY 2023. 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 SFY 2024. 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 the project forward.

Goal 2, Objective F

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

Rationale: 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; but, due to COVID-19 the meeting scheduled June 2020 was cancelled. The Program Specialist will attend the November 4, 2020, meeting.

Year Two: Candidates for Care state and local teams include members, as available, from the CBCA Parenting Education Advisory Board and Program Specialist leading CBCAP efforts.

- Benchmark - End of Year Two: The Program Specialist leading the CBCAP efforts joined the Candidates for Care team and participated in planning meetings, organizing, and participating in all activities and meetings, which were held virtually during the COVID-19 pandemic.

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

- Benchmark- End of Year Three: Data sharing is ongoing with the CBCAP Advisory Board at least twice yearly.

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, (pg. 11) “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.”

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 U.S. 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 received 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.

Rationale: 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 achieving permanency for children have significant demands on their time and attention. Data that 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.

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 Well-Being. 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 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 Well-Being. 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 Fall 2020.

Year Two: CIP and CPS will distribute newly revised Data Reports to judicial partners.

- Benchmark - End of Year Two: Data Reports finalized in September 2020. CPS Division Director and CIP Coordinator presented reports and information to presiding judges during September 22, 2020, meeting. Updated reports provided to presiding judges in January 2021. Updates will be provided quarterly.

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.

- Benchmark - End of Year Three: CPS was given the opportunity to present the CFSR Data Indicators and how South Dakota compared to the National Performance in October 2021 and March 2022 to help inform the judicial partners strengths and areas of growth for South Dakota's child welfare system. CPS extended the same presentation of data to all incoming Judges to the A&N docket.

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.

Rationale: 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 Provider.

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 to eighty individuals and local businesses detailing the Department of Social Services' mission statement, the Safety Plan recruitment project, and details about the informational meeting.

On August 19, 2019, two community informational meetings were held. Fifty percent of attendees submitted commitment to know more about being a Safety Plan volunteer. Those individuals were invited to attend the Safety Plan Provider training.

Twenty participants attended the training, consented to central registry screening, agreed to confidentiality statements, and completed 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 for 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.

- Benchmark - End of Year Two: The pool of community Safety Plan Providers was established during Year One. Child Protection Services was able to utilize the Safety Plan Provider bank on nine cases, two of those cases children could not have returned to the home on an in-home Safety Plan as the family did not have natural supports.

Child Protection is reaching out to other Regions in the state to determine if there is an office ready to implement the Safety Plan Provider project.

Year Three: Evaluation of success of community Safety Plan Providers. Evaluation of timeliness of reunification, success of reunification with community providers.

- Benchmark - End of Year Three: The Ongoing Program Specialist, Regional Manager, and Huron staff have monthly phone calls to monitor the project. Since the pilot began in 2019, 11 families and 18 children have benefited from having community Safety Plan Providers on their Safety Plan. Two children would not have been able to return home if there were not community Safety Plan Providers as the family did not have any natural supports. Two children would have gone into stranger care had they not been provided with community Safety Plan Providers. The providers for this family took placement of the children when an in-home Safety Plan could no longer be managed.

Fourteen children were able to be in their home due to the community Safety Plan Providers being available to enhance the Safety Plan.

Four families have had continued contact with their community Safety Plan Provider as a support system after their Child Protection Services case closed.

Of the families that the agency worked with and community Safety Plan Providers were involved in their Safety Plan, there has not been involvement with the agency once the case was closed.

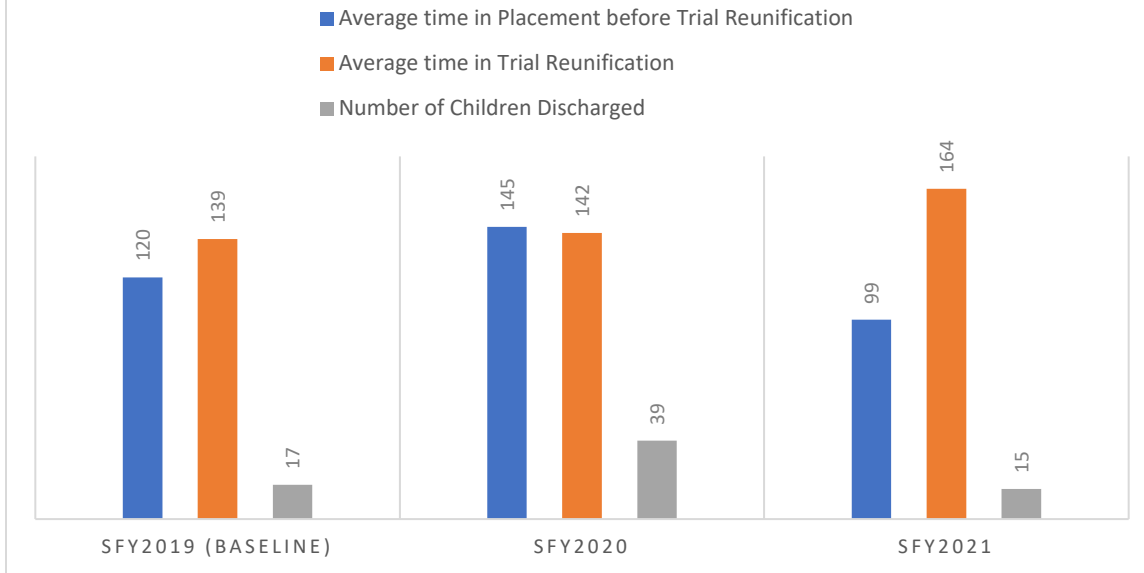
The chart below does not provide data which meets our goals of:

- 50% decrease in children coming into care; and
- 25% increase in in-home cases.

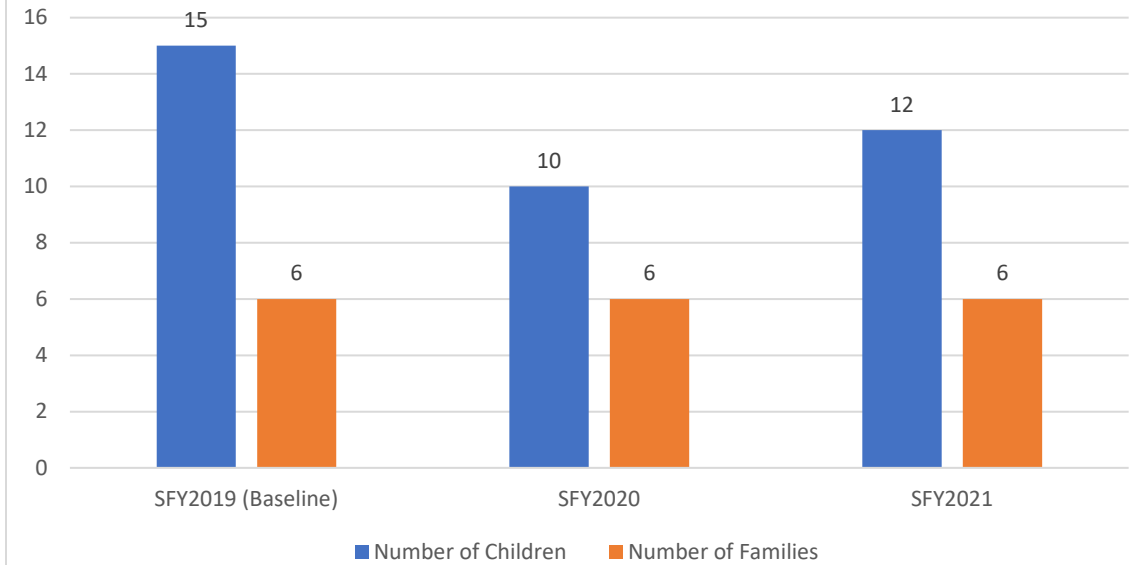
CPS in Huron saw a decrease in the number of children coming into care reducing from 69 to 47 for SFY 2021 and a decrease in the amount of time children were in care prior to going home on trial reunification. The average of 145 days decreased to an average of 99 days in care for SFY 2021. In-home cases showed an increase of 20% for SFY 2021.

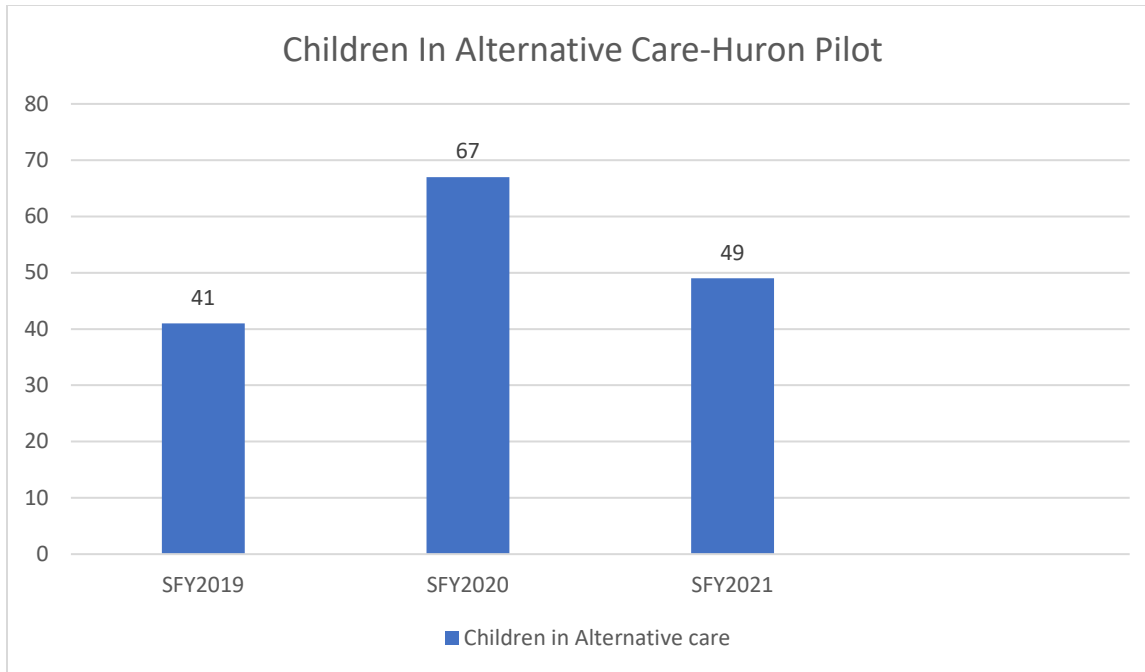
CPS was able to meet the goal of children not re-entering care once the case was closed. These cases are being tracked manually.

CHILDREN IN PLACEMENT-HURON OFFICE



In-Home Families





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 for Region 5 (Huron, Brookings, Aberdeen, and Watertown) has started to implement the project in Brookings and Aberdeen.

Region 1 (Rapid City) had started to reach out to community resources to start implementation of the project; however, the Family Services Specialist who was assigned to this project has left the agency.

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 for 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 who are returned home with an in-home Safety Plan will not re-enter care due to having a support system in place. Complete a tracking system to track the number of cases that utilize community Safety Plan Providers vs the number of cases that utilize the family's 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.

Rationale: 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 anecdotic information which leads to the premise of the most common barrier to trial reunification as being 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 Telecommunications (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.

- Benchmark - End of Year Two: Conditions for Return data fields and screens for Initial Family Assessment implemented July 2020. Fields and screens for Protective Capacity Case Plans and Evaluations implemented January 2021. Data collection and reports began August 2020 and February 2021 respectively.

Year Three: Data collected for SFY 2022. Evaluation of data to ensure accuracy and any needs for enhancement.

- Benchmark - End of Year Three: Reports are generated on a monthly basis. Data collection for the full SFY 2022 will be completed in July 2022.

Year Four: Data collected for SFY 2023. 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 well-being for children.

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

Year Two: 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 Family Services Specialists 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.

- Benchmark - End of Year Two: The Fatherhood Project started in July 2020. A workgroup was developed to oversee the project. The workgroup consisted of Family Services Specialists, Family Services Specialists' Supervisors and Program Specialists. Through the Regional Review process and the Non-Maltreating Caregiver Case Plan fidelity review it clearly showed the lack of engagement with fathers during CPS involvement. The mission of the Fatherhood Project is to enhance the awareness with the Family Services Specialist of the importance of fathers in the lives of their children. In the first year of the project, CPS focused efforts on educating and skill building to staff regarding engagement with fathers. In SFY 2022 the workgroup will reconvene to discuss next steps in project development and any additional members needed for the workgroup.

The workgroup met and developed monthly activities for each office to complete with their staff throughout the year. The following were completed:

- July - A newsletter was sent to all staff that was focused on successful stories Child Protection has had regarding reunification or making connections with children in foster care and their fathers, helpful tips on engaging fathers, and various facts about children growing up without fathers.
- August - There was an exercise that asked each worker to complete a self-reflection exercise on their own perceptions of fathers and their involvement in the cases which staff are working.
- September - Dan Griffin was given a contract to provide a training to all staff in Child Protection Services. The trainings were titled, "Engaging Fathers More Effectively", and "Men and Trauma - The Missing Peace". There were two sessions for each training. There were 198 staff who attended the two trainings.
- October - Staff were asked to complete an activity which Dan Griffin had suggested. Each staff member was asked to have children on their caseloads write a letter to their fathers. If the children were younger, they were asked to draw or color a picture for their fathers. An extra assignment was for staff to recreate a picture with their father from their childhood and submit it to the Program Specialist.
- November - A worksheet, "Engaging a Specific Father" was sent to all Child

Protection staff. The assignment was to think about a specific father on their caseload and answer seven questions about engaging the specific father they chose to focus on.

- December and January - Staff had the opportunity to participate in a BINGO game that entailed specific activities pertaining to fathers which needed to be completed. The first office with a blackout won a prize.
- February - Each Supervisor was given the task to have the following discussed in their staff meetings:
 - Have the Family Services Specialist talk about a dad they are currently working with that the Family Services Specialist recognizes they have some bias or have been unable to engage and get brainstorming ideas from their peers.
 - Have the Family Services Specialist talk about a dad they are currently working with where they have been able to positively engage a father. A success story where their efforts to engage paid off.
 - As IFA Family Services Specialist, discuss how you gather information about fathers who may not reside in the home? What information do you gather and from whom? How do you engage mothers who will not share information about their children's father?
 - As a Child's Family Services Specialist, (those offices which have those specialties) discuss ideas about how you could talk with your kids on your caseload about fathers and the importance of fathers in their lives. If they don't have a father in their life maybe talk about how you would talk to them about someday being a father or if it is a girl how important it will be to have fathers involved if they have children; doing some preventative work with our kids when they start their own families.
- March – The Family Services Specialist and Supervisors were provided with two articles. Each staff member was asked to read the article, "Tips for Dads". The second article was, "Year of the Father" which offered several suggestions regarding working with fathers. Staff were asked to read through the 20 items and in a staff meeting talk about which of the 20 reasons impacted them and why. Their reasons could be professional or personal, it's up to them on what information they wanted to share with their team.

Since the Fatherhood Project was launched the following accomplishments have been made:

- CPS has seen an increase in children being returned to their fathers and more fathers are engaged in the CPS process.
- The FACIS system (South Dakota's data system) has been enhanced to identify who the child has been returned to so the data can be gathered regarding children being returned home to the father.
- The parent survey is being updated to include fathers who were not part of the initial reason for CPS involvement.

- Policies and Practices are currently being completed to enhance CPS safety assessment related to the parent with no impending danger. This practice will ensure parents who do not have impending danger are not missed in the Child Protection process. The projective implementation date for this policy is July 2021. Through the State's Regional Reviews there was a trend that showed CPS was not assessing father's safety or needs to determine if there was impending danger and/or if services needed to be provided. The revision will help enhance our engagement with those fathers.

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

- Benchmark - End of Year Three: The parent survey is being updated to include fathers who were not part of the initial reason for CPS involvement. The timeframe for the survey to be completed is July 31, 2022.

Policies and Practices are currently being completed to enhance the CPS safety assessment related to the parent with no impending danger. This practice will ensure parents who do not have impending danger are not missed in the Child Protection process. This policy is drafted and is projected to be released in early SFY 2023.

Items 12, 13, and 15 of South Dakota's Program Improvement Plan were met in January 2022. Prior to achieving these goals, Child Protection Services completed an analysis as to why we were struggling to meet our improvement goal in these items. It was revealed our engagement towards fathers was the main cause of our poor performance. There were several barriers towards engagement with fathers, one being our confidentiality law. 26-8A-13 amended starting July 1, 2021, removing that barrier for our agency. Another was a statewide lack of engagement towards fathers, particularly those whom the children were not removed from. The Fatherhood Initiative kicked off in July 2020 to focus on engagement with fathers and how important they are in their children's lives. In each of these items we made a significant jump from reporting in August 2021 (reviews from July 1, 2020 - May 2021) and reporting in January 2022 (reviews from January 2021 - November 2021). For needs and services to children, parents, and foster parents we saw an increase from 52% to 64% and the area of Child and Family Involvement in Case Planning increased from 65% to 84%. Caseworker Visits with Parents also saw an increase from 64% to 76%.

Year Four: 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

The Ongoing Program Specialist and Assistant Division Director both signed up for the Strategies

for Engaging and Empowering Fathers and Paternal Family Members in Child Welfare training that was offered through the Capacity Building Center for States on June 3, 2021; however, they could not enter the training as it was at capacity. South Dakota has inquired with the Capacity Center for States on a recorded version of this training as there is not currently one on their website. The Ongoing Program Specialist will consider including any new strategies learned through this training. Reports in the Online Monitoring System (OMS) is used to identify trends relating to engagement with fathers through the Regional Review process.

Implementation Supports

The 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

Refer to the 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

Stephanie Tubbs Jones Child Welfare Services (Title IV-B, Subpart I)

Refer to CFS-101 for details on Title IV-B, Subpart II.

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 purpose 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' timeframes for initial contact.

To continue to advance the centralized process, CPS centralized the screening process, with implementation being completed in June 2020. This centralized process reduced the number of Supervisors, and Family Services Specialists are responsible for screening referrals. The centralized process includes four centralized Screeners who are solely responsible for decision-making of referrals statewide, regardless of the location of the family.

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 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, Safety Plan Determinations, Conditions for Return, and In-Home Safety Plans. The Present Danger Plan 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 Present Danger Plan to explore possible ways of controlling the danger threats to child safety with the family. 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 that 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 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 timeframes 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 parents' access to services through collaboration with service providers, assistance working with service providers, assistance with transportation, paying for expenses for services not covered through other means, and assistance in addressing other issues that 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 (relative's) care, fictive kin, foster care, welfare agencies licensed by the Office of Licensing and Accreditation under the Department of Social Services, 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 includes 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 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, determines 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 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 ensure the stability, safety, and well-being of children in placement. CPS makes efforts to ensure 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)

South Dakota is part of the Interstate Compact on the Placement of Children (ICPC) which was established in 1960 to ensure children placed outside of their resident state are placed in a safe, suitable, and stable environment. The compact affords adequate protection and support services for children placed in out of state placements.

South Dakota uses the National Electronic Interstate Compact Enterprise (NEICE) which is a national electronic system for quickly and securely exchanging data and documents from one state to the next in order to place children across state lines.

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 ensure a safe, non-threatening home for all children through the education of parents and a focus on activities and resources to reduce the likelihood of child abuse and neglect. CBCAP funding makes it possible to support primary prevention

programs and strategies that 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 class sites are posted on the State's website, so the communities have access to locations where 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 through contracted partners. There are also sites that offer virtual training to attendees from throughout the state when in-person classes are not optimal.

Chafee Program

The CPS Chafee Program is designed to assist youth in foster care as they are working toward independence. The program is rooted in Positive Youth Development, and believes that positive youth experiences, positive relationships, and positive environments are necessities of the program. The Independent Living Services (ILS) Program provides independent living services to youth at an early age and continues to build on the relationship with youth as they transition to adulthood. Over this transition period, the youth establish strong connections and trust with the Community Resource People (CRP). The CRP Program continues the support of youth, while in care and after the youth transition to adulthood. The strength of the Independent Living Services Program is the involvement of youth in the planning process and incorporating input and feedback through surveys completed at ILS Workshops, the Teen Conference, the Age 16, Age 17, Transitional Meetings and through the Lutheran Social Services Community Resource Person Satisfaction Survey.

Licensing

State law requires child welfare agencies that provide foster care, adoption, group care, independent living, residential treatment, and intensive residential treatment, to be licensed. The Office of Licensing and Accreditation under the Department of Social Services is the entity responsible for licensing child welfare agencies and monitoring child welfare agencies' compliance with licensing standards. The Office of Licensing and Accreditation has processes in place to ensure placement resources meet safety requirements and to ensure 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 Services Specialist, the Family Services Specialist's 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 also 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's well-being.

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 expense 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.

In SFY 2022, the Department received approval to hire a second Adoption Program Specialist. One position focuses primarily on pre-adoption services while the second position's primary focus is on post-adoption services.

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. 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 2,199 children currently receiving adoption assistance through CPS. 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. CPS 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 eight years.

A combination of Adoption Incentive funds, the 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 three years. An RFP was issued in March 2020. The only proposal submitted was from the previous 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 continues promoting the National Training Initiative (NTI) National Adoption Competency Mental Health Training available to South Dakota. A new Request for Proposal (RFP) will be completed in SFY 2023.

Due to the COVID-19 pandemic, the annual Adoption Competency Conference was held on Zoom for a third year instead of in person. The conference, titled "Beyond the Match" was led by keynote speaker, Denise Goodman, and addressed how to prepare and support families for permanency. Sixty-one people participated in the conference including 26 Child Protection Services staff, 26 private practice professionals and nine adoptive parents. An evening workshop for parents was attended by 16 parents. Service delivery continues to happen online.

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, neurofeedback, orthodontic work, vision therapy, 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, treatment foster care, 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. The Adoption Program Specialist also assists families with referrals to the treatment facilities.

Twenty-seven youth and 22 families were served through the Post Adoption Contract in SFY 2022. Thirty-four adoptive youth received residential treatment and 17 youth received group care services. Two youth are being served through treatment foster care as step down placements. Thirty-six 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 IV-E, Title IV-B, 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.

CPS 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 was instrumental in identifying trends and implementing solutions to increase performance outcomes while South Dakota CPS was under their Program Improvement Plan. The CQI Core Team gathers data on outcomes, analyzes data to determine next steps, and initiates any policy changes needed. CQI is 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 Specialists. 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.

The number of hours for certification training is 185. The increase in hours from 179 to 185 is due to adding Human Trafficking (3 hours), which is trained by the Call to Freedom agency, and Accreditation - Foster Care Licensing T (3 hours) which is trained by the State's Office of Licensure and Accreditation. CPS contracts with a licensed therapist to train Trauma Informed Practice.

CPS continues to provide formal ongoing training for Family Services Specialists and Family Services Specialist Supervisors. Depending on the need, CPS provides training through Zoom.

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 consultations began with the Initial Family Assessment record reads and the Protective Capacity Assessment. The findings are then debriefed with the Regional Managers and the Ongoing Program Specialist. The record reads promote enhancement of skills and consistency in decision-making across the state. The process is replicated in the Regional Manager's regions every other

month.

Inclusion of Other Federally Funded Programs

CPS, Temporary Assistance for Needy Families, Medicaid, Child Care, and the Supplemental Nutrition Assistance 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, Child Care Assistance, and Child Protection Services all fall under this division. Refer to the 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. Refer to the Collaboration section for Birth to Three and Head Start collaboration and to the Tribal Collaboration section of the CFSP and subsequent APSRs.

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 that foster independent and healthy families." and is executed and supported with CBCAP resources. CPS 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 preventative services for children and families.

South Dakota is currently in its twenty-fourth 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 that target children and families at risk for abuse and neglect in South Dakota. The class sites are posted to the State website, so the communities have access to locations where 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 through contracted partners. There are also sites that offer virtual training to attendees from throughout the state when in-person classes are not optimal.

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 State Lead Agency (SLA) Program Specialist

leads and directs the CBCAP Advisory Board. The Division of CPS 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 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.

South Dakota Parenting Education Map

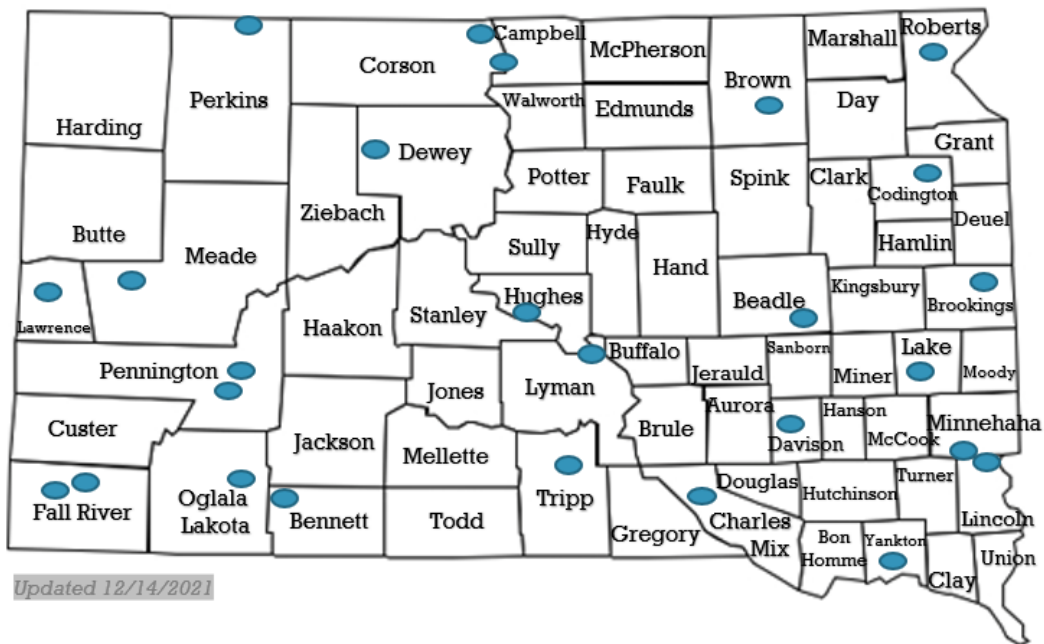


Figure 1

CPS as the CBCAP SLA maintains a network of Parenting Education Partners strategically located to cover the geographic areas of the state (See Figure 1). CPS provides outreach to parents across the 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 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.

CPS 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 includes:

- Resources: Includes the Child Welfare Information Gateway information, shared on the State's website
- Governor's Executive Proclamation: The website contains the Executive Proclamation and resources to promote community awareness that can be used throughout the year, as well as activities designed especially for April, Child Abuse Prevention Month
- Prevention Resource Guide: The 2021/2022 Prevention Resource Guide was shared with the Child Protection Services staff, Tribal Child Welfare Agencies, and Parenting Education Partners to strengthen families and prevent child abuse and neglect
- Social media awareness campaign shared through Facebook, Twitter, and Instagram
 - During April, Child Abuse Prevention Month, several Facebook Posts specifically on topic of prevention of child abuse and neglect
 - The most successful was Governor Kristi Noem's post of the Executive Proclamation recognizing April as Child Abuse Prevention Month
- Child Abuse Prevention materials distributed to CSP class participants statewide which included awareness materials, informational handouts, and questions to open up conversations with youth regarding child abuse. 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 child care 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 Child Abuse Prevention Activities were held during the reporting period:

- 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
- Stand Up to Child Abuse 5K Run and Walk
- Child Abuse Prevention information posted on Facebook
- Newsletters
- Family Strengthening Guide
- National Crime Victims’ Rights Week Walk
- The Enough Abuse Campaign
- Uplifting Parent Program

Description of the numbers served by CSP and PIP Federal Fiscal Year (FFY 2021):

Population Served	Number Served
Number of families with children with disabilities:	110
Number of parents with disabilities:	48
Total number of children who received preventative direct services:	912
Total number of parents/caregivers who received preventative direct services:	350
Total number of families who received preventative direct services:	322

Other services and programs provided to families throughout South Dakota (FFY 2021): CPS 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 613 children and adults. There were 395 families who received respite care services.

The number of children and adults in each diagnosis category are as follows:

Population Served	Number Served
Number of participants with a chronic medical condition:	83
Number of families at-risk (foster and adoptive):	189
Number of participants with a developmental disability:	181
Number of children birth to age 5 with a developmental delay:	84
Number of participants with a serious emotional disturbance:	69
Number of participants with a traumatic brain injury:	8
Number of adults with a severe & persistent mental illness:	1

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 provider 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 Candidates 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 involved in the Candidates for Care team and was involved in planning meetings and activities. 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 CPS which 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. The CBCAP SLA Program Specialist has participated in 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, Out of Home Safety Plan Without Custody Workgroup, Trauma Training Workgroup, State Tribal Workgroup, and the Vista Care Human Rights Committee. The secondary CBCAP SLA participates in the 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.

The increase in the State's CBCAP funds through the 2021 American Rescue Plan will assist in continued efforts to support and address primary and secondary prevention efforts. Thus far no funds have been obligated from the American Rescue Plan funds awarded to South Dakota; however, the Family First Prevention Plan vendor working to assist the State with the development of the South Dakota Prevention Plan will be conducting information seeking sessions from across the state and assessing for needs within the CPS system so this work will inform American Rescue Plan spending.

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. CPS has representation on the JCC Task Force and the JCC Task Force remains a joint committee with the Citizen Review Panel.

The Task Force meets four times per year. Historically two of the meetings are in person and held in Pierre, South Dakota, which is home of the State Capitol building and a central location. The other two meetings are held via conference call. Due to the COVID-19 pandemic, all the meetings over the past year have been held virtually.

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. Minutes are taken at each meeting and the different updates are detailed in this application.

CPS and the Task Force continue to use Children's Justice Act grant funds to reach a level of an investigative and judicial process that 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 that are focused on the areas emphasized in the Act.

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 Well-being Regional Reviews, and a member of the State Tribal Consultation. The CIP Coordinator seeks CPS input in relevant sections of the CIP Self-Assessment. See the Tribal Consultation section. CIP have conducted monthly Lunch and Learn Trainings since March 2021 to provide relevant and up-to-date information as it relates to the child welfare system. The target audience for the training series are Judges, child welfare agency staff, CASA, foster parents, or other child welfare professionals. In SFY2022 the following training topics have been presented during the Lunch and Learn series:

- August 2021: Safety Planning & Conditions for Return

- September 2021: Family Considerations during A&N Cases
- October 2021: Cultural Awareness in the Courtroom
- October 2021: Connecting Clients with Services
- November 2021: Stress Triggers on Families
- December 2021: Momentum Court Pilot Project
- January 2022: Implicit Bias
- February 2022: Family Time & Sibling/Relative Preferences
- March 2022: Conversations with a Foster Family
- April 2022: Best Practices in Child Abuse & Neglect Cases

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 to 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 One Measurement Year. The surveys reach more stakeholders and provide more data on how the child welfare system functions within each Region. CPS reaches 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 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.

A parent survey is completed annually to help CPS measure engagement from the parent's perspective. In previous years, the parent survey was administered to parents who have their children home on Trial Reunification or a successful goal of Reunification. However, the parent survey was revised to include questions to parents CPS is serving in the home and parents whom children were not removed from. The parent survey is completed by phone interviews as many parents don't have access to computers to complete an online survey. See the Service Array Outcome section for more details.

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 to several successful initiatives. During this reporting period, the ILS screen in the FACIS system has been updated in collaboration with youth from Young Voices. Input from Young Voices has been a key component of navigating through the COVID-19 pandemic and administering emergency funds to youth. Young Voices have been instrumental in discussing how to locate additional youth and how to support those in need. 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 emotional connections with an adult, Medicaid coverage, and safe sex practices. The NYTD data has identified additional support needed in education, employment skills, substance abuse,

and housing. Data collected from youth transitioning from care during this reporting period indicates the following:

- 94% of youth reported that someone has talked to them regarding career employment. Of those that talked to someone:
 - 71% reported it was their case worker.
 - 84% reported talking to their CRP.
 - 61% reported talking to a foster parent.
- 100% of youth stated they had a support to talk to about education.
- 86% of youth indicated they have a way to pay for education beyond high school.
 - Of those that indicated they had a way to pay for post-secondary education, 80% indicated they would utilize Educational and Training Scholarships.
- 85% of youth transitioning from care indicated they had a job prior to transitioning from care.
 - Of those that had a job, 20% indicated they had two jobs.
- 48% reported they were not currently employed at the time of transitioning from care.
- 100% of youth indicated they had an adult in their life who they could turn to for help.
- 84% of youth indicated they had a grandparent or another family member they are in contact with.
- 100% of youth stated they would like to remain in contact with their CRP for ILS services.
- 70% of youth transitioning from care reported they were currently attending school.
- 27% of youth reported they had already graduated from high school.
- 36% of youth reported they were in their last year of school at the time of completing the survey. Of those youth who had not graduated at the time of the survey:
 - 83% indicated it was a goal of theirs to graduate high school.
 - 88% of youth wanted to continue their education after completing high school.

Education and employment continue to be focal points for the Independent Living Services Program. The information has been incorporated into the CFSP/APSR goals of the ILS Program. The ILS Program continues to utilize staff modules and compliance reports to monitor, and track tasks related to youth in NYTD baseline, and to ensure youth needing to complete a NYTD survey can be located to complete the survey. In addition, ILS screens continue to be updated to make education and employment tracking more intuitive. The CRPs have access to FACIS and Compliance Reports for cases assigned to them, which assists with meeting the NYTD requirements. Enhancing high school credit acquisition will be a main focal point of the program for the next several years.

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 preventative 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 nine Parenting Education Program Peer Reviews scheduled during this reporting period. In addition, onsite visits to every parenting education partner occurred this year to touch base with all providers post COVID-19 and to discuss strengths and needs. In-person engagement with parents and community providers is key to the success of these reviews. 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. 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 and includes an invitation to attend the organization's peer 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.

Services for Children Adopted from Other Countries

CPS provided assistance to one inter-country 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. CPS provides Medicaid coverage for the child to support 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. CPS staff provide case management to support the connection between the child and the family during treatment. CPS 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 five comprise 34.2% of the population of children in custody of CPS. A major goal in reducing the length of time children under the age of five are in foster care without a permanent family is the Candidates for Care state and local teams, which have previously been mentioned in this report. In addition to these 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 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, 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 CPS 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 34.2% of children who are under the age of five.

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, Fetal Alcohol Spectrum Disorders (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 family time, emphasizing the need for increased family time 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 ages three and under who is 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 when the case does 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 to help the adults in a child's life learn to help the child develop
- A collaboration with the child's parents, caregivers, child care 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 ages 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 communication, discipline, decision-making, relationships, and self-control when parenting. Parenting training for parents and caregivers of children birth to age three 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 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 the child's third birthday. Bright Start has programs in Rapid City, Huron, Pierre, Sisseton, Aberdeen, Pine Ridge, Belle Fourche, Spearfish, and Sioux Falls. The Sioux Falls Program covers Minnehaha, Lincoln, Turner, and McCook counties.

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. 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. 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.

The 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 children 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 under eighteen years of age is 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 ([SDCL 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 that has 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 Backpack Program gives food every weekend to over 5,500 kids who otherwise might go hungry. Department of Health, Child and Family Services Nurses and Nutritionists deliver public health services in each South Dakota county. Services include immunizations, WIC, growth and developmental screenings, and 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 child care 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.

Home Based Head Start through Youth and Family Services in Rapid City, SD offers programming 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 and goes into the home on a weekly basis.

United Families Visitation Center is located in Rapid City, SD. United Families allows multiple family time opportunities 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 family time 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 Recovery Team's practices and decision-making with clients are guided by evidence-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 a 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.

Volunteers of America (VOA) in Rapid City, SD provides several resources to families in crisis to include long-term and short-term housing, veteran's assistance, emergency supplies for children under five, case management help and pre-natal classes. This is available to anyone in need to include foster parents, kinship, and parents.

The ReNew Program through Bethany Social Services is a program that starts at prenatal care and continues to age 5. This program provides a case manager to assist the family with resources to overcome any barriers they may be facing, though they specialize in past and present substance abuse.

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 every day 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.

What is Early Intervention?

- 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 that helps the adults in a child's life learn to help the child develop
- A collaboration with the child's parents, caregivers, child care providers, professionals, and others - not just the child
- A voluntary system

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.

Early Childhood Connections covers our counties as well as Rapid. They provide various parenting classes, infant/child CPR, professional development for child care providers and resource information like child care listings and car seats.

Love Inc. covers the Black Hills area. They provide the Clothe a Kid Program which provides up to \$70 per child for clothing each school year. They offer classes through their Life Inc. Program that offers incentives as people complete their homework. They provide classes on finances, parenting, nutrition, marriage, and Christianity. They provide a free meal as a part of the classes. Love Inc. also has The Connection Center which can provide furniture items, diapers, and clothing.

Realtors for Kids provides financial resources for children of all ages who reside in the Northern Hills when referred by an agency such as CASA, DSS or a school. They can help with the cost of camps, sports, bedding, medical assistance for travel, or other expenses not covered by Medicaid/insurance or any area of need.

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, ages 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 that provides bright futures for impoverished children, their families, and their communities. The organization partners with the 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 people to chart their own through self-determination and a brighter future. About 10 years ago they came to Cheyenne River Sioux Reservation and 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 currently have one foster home built and are recruiting foster parents. The living settings model is similar to 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. Services include general pediatric care of childhood illnesses, vaccinations, well child checkups and pediatric acute care visits. They also offer a 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 offering 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 tribal members and their families access to emergency hygiene products, household items including cleaning supplies, clothing, school supplies and diapers.

Sleep in Heavenly Peace is a non-profit organization that builds and delivers beds to children who do not have a bed. Sleep in Heavenly Peace is a group of volunteers dedicated to finding those young children who do not have a bed and may be sleeping on the floors of their home. Through the efforts of volunteers and donations, wooden beds are built, assembled, and delivered to children in their homes. There are 250 Chapters across 38 states and Canada, one of those chapters has started in Pierre, SD.

Visionary Visitation Services (VVS), LLC believes that every child has a right to have safe interactions with their parents that will help form positive relationships between family members. VVS, LLC's mission is to help families reunify in an environment that promotes positive family connections. VVS, LLC strives to be a safe, welcoming environment that provides cost-effective services to clients in Central South Dakota. VVS, LLC is a member of the Supervised Visitation Network and staff is committed to participating in on-going training to increase skills in order to provide clients with best services possible. VVS, LLC allows multiple family time opportunities 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 family time to support reunification efforts.

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:

- Child Find for Early Identification
- Developmental Screening/Educations
- Parent Training
- Early Intervention services

Lakota Tiwahe's 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 the lack of prenatal care and screening all babies born on Rosebud Reservation at six months of age for physical and developmental delays.

The 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, and preschool.

The Rosebud Sioux Tribe Maternal and Child Health Program serves women on the Rosebud Sioux Tribe Indian Reservation determined to have a high-risk pregnancy. Clients are followed by visiting nurses throughout their pregnancy. After delivery, the mother and newborn receive health and well-being checks, education and referrals to other programs, and resources as needed. Home visits begin two weeks after delivery and continue on a regular basis until the baby's second birthday.

Shared Waters serves expectant mothers and families with children aged five and below on the Crow Creek Sioux and Lower Brule Sioux Indian Reservations 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 parents through this process 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.

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Region 5 (Brookings, Huron, Aberdeen, Watertown)

Sleep in Heavenly Peace is a non-profit organization that 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 250 Chapters across 38 states and Canada, two 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 the 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, educating families and caregivers on how they can help children learn through play, and providing 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 that 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 goods 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 that 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; and 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 AM at Living Hope Alliance Church in Huron, SD. Sessions will resume in 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. Child care is provided during meetings.

The Beacon Center in Watertown, SD 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 provides a safe, child-friendly environment in which children and families can have family time and become reacquainted with one another. The Family Visitation Center provides both family time and exchanges. Family Time include CPS family time and non-CPS family time. The facility offers three family time rooms that are monitored through audio and video technology. The Family Visitation Center allows the Department to offer multiple family time opportunities a week. This is also valuable when there are infants or children under the age of five where it is imperative more family time occurs to support reunification efforts.

Kids Konnection in Aberdeen, SD is a visitation center that advocates for a child's right to establish and maintain positive interactions with significant adults in his or her life. Their trained staff facilitate family time on site and exchanges between parents and guardians in children's lives. Family time involves parents and children spending time together at Kids Konnection. Family time is monitored by staff and video recorded. The length of family time depends on the family situation and need. Kids Konnection's family time and exchange services allow parents to avoid encountering one another. An exchange involves custodial and non-custodial parents exchanging their children for family time which do not take place at Kids Konnection. Staff facilitate the exchange of the children between parents. Kids Konnection allows the Department to offer multiple family time opportunities a week. This is also valuable when there are infants or children under the age of five where it is imperative more family time occurs 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. Volunteers of America, Dakotas (VOAD) serves 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 services 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, and serves families from across the entire state. Mothers may have their children with them from ages 0-8 years old and a total of two children. Volunteers of America (VOA) in Sioux Falls, SD provides several resources to families in crisis to include long-term and short-term housing, veteran's assistance, emergency supplies for children under five, case management help and pre-natal classes. This is available to anyone in need including foster parents, kinship, and parents.

Heartland House, through Inter-Lakes Community Action Partnership (ICAP), is a Rapid Re-Housing Program in Sioux Falls, SD created to help homeless families with children. To be eligible, families must have children, 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.

The Family Visitation Center in Sioux Falls, SD provides safe supervised family time and exchanges with the goal that 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 family time opportunities per week. This is also valuable when there are infants or children under the age of five where it is imperative more family time occurs 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.

The ReNew Program through Bethany Social Services starts at prenatal care and continues to age five. This program provides a case manager to assist the family with resources to overcome any barriers they may be facing, though they specialize in past and present substance abuse.

SD 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 every day 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.

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

Big Friendz Little Friendz in Mitchell, SD has a Mentor Moms Program that 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 supports, they need to give their child the best possible start in life.

Sleep in Heavenly Peace is a non-profit organization that builds and delivers beds to any child between the ages of 2-18 that has no bed. It is a group of volunteers dedicated to finding children who have no bed the luxury of sleeping on one. Using donations, the volunteers build beds/bunk beds and deliver them to those in need. Each bed comes with a mattress, bedding, pillow, and quilt/comforter. There are 250 Chapters across the U.S. and one in Canada. A new Chapter is being organized in the Mitchell area but at this time they are still a distribution center.

River City Family Connections (RCFC) in Yankton, SD is designed for children and their separated or divorced parents where there has been domestic abuse, child abuse, or conflict involved with family time. 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 onsite supervised family time. They are committed to preserving family relationships with a secure, child-oriented setting. RCFC allows the Department to offer multiple family time opportunities a week. This is also valuable when there are infants or children under the age of five where it is imperative more family time occurs to support reunification efforts.

Family Visitation Center (FVC) in Mitchell, SD is available to parents and their children as a resource for families seeking a wide range of services in the process of custody and family time 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 family time, domestic abuse, or child abuse. The Center serves as a comfortable, neutral location for the transfer of children for traditional family time and as a location for monitored onsite family time. The Family Visitation Center allows the Department to offer multiple family time opportunities a week. This is also valuable when there are infants or children under the age of five where it is imperative more family time occurs to support reunification efforts.

Yankton has Birth to Three and Head Start to support parents and children with educational needs/information. These services can be in the home, the elementary schools or the Head Start building.

Vermillion has Birth to Three and Head Start to support parents and children with educational needs and information. These visits could be in home or at the Center for Children's and Families Daycare Center in Vermillion.

Lake Andes has Birth to Three and Head Start to support parents and children with education needs and information. These services can be in the home or the elementary schools.

There is a program through Wagner School District that will be able to serve all 3-5 year old's in the Wagner school district for preschool services. This service will be offered full school days, five days a week. Breakfast and lunch and two snacks are provided to the children. The days are educational based but provide time for a nap and play. For students enrolled it will help reduce the daycare hours.

Melanie Bailey through River City Counseling in Platte and Wagner Community Hospital provides mental health services through play therapy. Melanie can provide more frequent contact while Wagner Community Hospital's contract is limited to 1-2 a month.

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, dental hygienist, 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 that 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. For FFY 2020, South Dakota reported 12 child deaths to NCANDS that were a result of child maltreatment.

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 developed 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 team will begin with children ages 0-12 and then expand to include a review of all children. The Protective Services Program Specialists are a part of the review team. Information regarding this review team will be shared with the task force, to include, but not limited to, supporting the fatality review team.

MaryLee Allen Promoting Safe and Stable Families Program (Title IV-B, Subpart II)

CPS continues to use Promoting Safe and Stable Families (IV-B, Subpart II) funds to assist with providing services that help keep children in their homes; support parents to keep children safe when reunification occurs; ensure 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. Emergency funding for Promoting Safe and Stable Families allowed CPS to assist families with the same services for a longer period as CPS often depletes the funds well before the allotted timeframe. 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

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

- Transportation, bus tickets and 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 the Assistant Division Director. The IV-B, Subpart II 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 that 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 these efforts.
- Adoption Promotion and Support Services: 25%
 - CPS will be increasing efforts to improve timeliness of permanency and ensure stability of adoptions and funds will be used in this area to support these efforts.

No category of Title IV-B, Subpart II - utilized below 20%. Reference CFS-101 for more details.

Payment Limitations:

- CPS does not spend more Title IV-B, Subpart I 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 I 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 FACIS (CCWIS). The Initial Family Assessment is the process used by CPS to assess child maltreatment and child safety. A child aged six or younger is automatically identified as vulnerable in the criteria utilized for determining children in impending danger and requiring intervention.

CPS refers children aged three 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 Federal Fiscal Year 2021, 546 children ages 0-3 were referred to the 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 II)

South Dakota Child Protection Services (CPS) supports kinship care. Whenever it is possible to safely do so, CPS utilizes kinship care for children in State custody. CPS recognizes there are many times families manage child safety internally through kinship placements that do not involve state intervention.

The initial round of Kinship Navigator Program Funding was utilized to learn more about the current needs, support networks and utilization of existing resources of kinship families, as well as to evaluate the 211 Helpline. The Kinship Care in South Dakota assessment identified gaps in direct services to support kin in the care of their relatives. Some of the gaps included the lack of financial assistance to care for children, difficulties in communication from kin to service providers, lack of child care and respite care assistance, difficulties in legal matters such as seeking guardianship, decision-making authority to access medical, dental, or mental health care for children in their care, access to Medicaid providers, and difficulties in transportation. Previously, 211 was only available to 70% of South Dakota's population. The 211 Helpline is now available statewide promoting greater access to kinship resources within the state, improving quality and stability of kinship care for South Dakota's youth.

Since the initial round, South Dakota has utilized Kinship Navigator funds to provide concrete support services for kinship families addressing some of the aforementioned needs as well as assistance in guardianship legal fees, counseling services, child care expenses, groceries, clothing, and other services needed by families to care for their relatives or fictive kin. The funding has provided outreach to kinship families who are working with child welfare, as well as families who are not involved in child welfare. CPS has partnered with schools, tribal agencies, mental health providers, and other community resources to provide this funding to the communities within South Dakota. All of the funding has aimed to support and assist Kinship caregivers in obtaining benefits or services that will improve their caregiving. CPS has also explored kinship search software that will assist connecting youth with relatives within their information system. This is an ongoing search to increase the outcomes of relative placement within South Dakota.

CPS submitted an application for the fourth round of Kinship Navigator Program funding in May 2022. If approved, CPS will continue to use the funding to provide concrete supports and services to the kinship caregivers in South Dakota. CPS will also continue to use the funding to assist with brief legal services that will help Kinship caregivers find and use programs or services that will meet the needs of the children they are caring for. We will use the fourth round of funding to promote effective partnerships between kinship caregivers and resource providers, so that we can ensure kinship families are served within their community. CPS will continue to work towards expanding the funding to more communities and additional kinship families who may need support.

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 visit, then monthly visits 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.

CPS 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 consistently outperforms the National Standard of 95% of children visited each month and 50% of the visits occurring in the child's residence. In FFY 2021, 97.04% of children were visited monthly and 94.06% of these visits were in the child's residence. CPS will continue to explore opportunities to increase quality assessment of children in care during caseworker visits.

CPS administers a survey to placement resources to help monitor caseworker visits. The information gathered from the placement resource involves frequency of visits, location of visits, quality of visits, and placement resource satisfaction with visits. This information is utilized to help increase the frequency and quality of caseworker visits with children as well as enhance services and supports to placement resources. In SFY 2022 all seven regions sent the placement

resources survey regarding caseworker visits, below are survey results. Data from the placement resource survey indicates the following:

- 99% of placement resources reported their Family Services Specialist visits monthly or more with the child placed in their home/facility.
- 93% of placement resources report the Family Services Specialist meets with the child alone at least monthly.
- 97% of placement resources report the Family Services Specialist address, privately if needed, the issues they want to discuss during caseworker visits.
- 94% of placement resources report the Family Services Specialist is responsive if something needs to be addressed between caseworker visits.

Survey results are filtered out by Region and each Regional Manager is provided their individual results to share with staff and follow up on any questions or concerns as needed.

Family Service Specialists complete caseworker visits via video conferencing for children in any placement setting only when they are not able to complete in person visits due to COVID-19, otherwise all caseworker visits are completed face-to-face. Children being served by CPS in the home are still receiving face to face caseworker visits.

South Dakota completes data quality checks, which are also outlined in South Dakota's Data Quality Plan, to ensure caseworker visits identified as occurring in the residence are in person interactions or through virtual visits. The current review is ongoing at this time. When completed, information will be shared with management team and a plan to improve data will be developed.

CPS utilizes visitation centers to supplement parent and child visitation. When CPS staff observe 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. It funds an annual statewide adoption conference for child protection staff, mental health providers and adoptive families.

Funds are used to fund the Wendy's Wonderful Kids (WWK) 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 caseload for each recruiter averages 18 to 20 children. The contract matched eight children with adoptive families and finalized on four children in SFY 2022.

Adoption and Legal 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. Incentive funds were also used to address a backlog of families waiting to be home studied for foster care and adoption.

Funds have been used for individual services and items requested by families. Some examples are legal fees, home modifications, travel reimbursement, applied behavioral analysis, and various other miscellaneous items.

Adoption Saving

CPS tracks adoption savings through the CCWIS Program. All subsidized adoptions are entered in 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’ 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 377 youth receiving adoption assistance who are IV-E because of Fostering Connections to Success and the Increasing Adoptions Act of 2008.

CPS has spent the entire savings on Post Adoption Services. CPS assists several adopted youth in residential treatment and group care placements with tuition assistance and other services not covered under some other type of funding source. CPS will continue to utilize adoption savings for post-adoption supports to families. At the end of SFY2022 the Adoption Program Specialist who oversees post adoption services, met with the Vice President of LSS Children and Youth Services to inquire if their Family Stabilization Program, CARES, could support post adoption families who are in crisis. CARES is a community-based prevention and diversion program utilizing Wraparound Family Team Conferences to successfully engage and serve families who are at risk of child abuse and neglect. CPS and LSS will continue to explore in SFY2023 if CARES is an option for post adoption families to utilize.

Family First Prevention Services Act Transition Grants

With the approved delay of implementation, CPS has begun to work towards development of the Title IV-E Prevention Plan by securing Family First Prevention Services Act (FFPSA) grant funds towards an experienced consultant, Action for Child Protection, who completed a comprehensive capacity evaluation and readiness assessment including workload, structure, communication strategies, and compensation analysis. The COVID-19 pandemic has challenged CPS and workforces across the world to increase flexibility of remote work, implement reductions in travel, and enhance utilization of technology. While much of CPS work is completed directly with youth and families, an analysis and plan for enhancements in these focus areas has helped further the reform efforts with the FFPSA in South Dakota.

CPS has released a Request for Proposal to secure a contractor to assist South Dakota in organizing stakeholder and feedback sessions, gain recommendations for evidence-based programs that will benefit children and families, and assist in developing the State’s Title IV-E Prevention Plan. The team reviewing RFP responses for the development of the Prevention Plan included the Director of the Center for the Prevention of Child Maltreatment; initially two tribal representatives from distinct tribes, though one was able to participate throughout the full process,

Department of Social Services Operations lead, and an array of Child Protection Services representatives including the ICWA Program Specialist. At the time of the APSR completion, ICF has been awarded opportunity and the contract is in the contract negotiations stage.

South Dakota CPS has spent \$112,925 in funds from the Transition Grant. Funds were utilized for the assessment of South Dakota CPS. The majority of transition dollars are likely to be spent on the contractor through development of the prevention plan.

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

Since the submission of the 2020 - 2024 CFSP, the CPS 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
 - Foster Youth to Independence (FYI) Initiative
- Starter Kit Funds
- Driver's Education
- Youth Organizers
- Independent Living Services Workgroup
- Former Foster Care Medical Assistance Program (FFCMA)
- Supporting Foster Youth and Families through the Pandemic Act
- Collaboration with Other Public and Private Partners

Assignment of Community Resource Persons

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. 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 to allow youth to have regular, ongoing opportunities 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. Of note, assignment of CRPs has extended to additional youth who meet expanded eligibility through the Consolidated Appropriations Act, 2021, P.L. 116-260.

The following are the statistics related to services and activities completed by the CRPs for the timeframe July 1, 2021, through May 31, 2022:

Total Youth Served	480
ILS Services Provided	3,659
Gender	
Female	310
Male	170
Race	
Native American	302
White	143
Black	29
Asian	3
Hawaiian	3

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, 2021, through May 31, 2022, over 65 youth attended Young Voices meetings virtually. Due to the youth meeting virtually, it has been difficult to track individualized demographics to support the group having a diverse composition. Currently, ways are being explored to gather demographic data and remaining sensitive to the youth’s privacy. 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. Some members also contributed to a youth advocacy group to prevent homelessness, which met two times per month virtually.

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 preventative 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, Bureau of Indian Affairs (BIA), and Tribal Child Welfare staff so they have a better understanding of issues confronting youth as they prepare for independent living. Thirty-six youth attended ILS Workshops from July 1, 2021, through May 31, 2022. The workshops were held virtually due to the COVID-19 pandemic. A fall and a spring workshop session were held virtually. The topics discussed were Drug and Alcohol Prevention/Health and Medical Education, Housing, ILS, and NYTD. Fifty youth participated in another spring session. Topics included drug and alcohol prevention,

financial education, ILS pandemic funds, ILS, and NYTD.

Teen Conference

The Teen 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 historically occurred every two years; however, with the input of youth, the conference will be held annually going forward. The 2021 Teen Conference was held virtually through a series of interactive sessions with 64 youth participating. The conference consisted of six weekly sessions from July through August. The 2022 Teen Conference will be held in smaller regional events in three locations in June 2022.

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 youth's Case Service Plan by Family Services Specialists. The CRPs are responsible for ensuring assessments are completed within three months of a youth's sixteenth birthday. From July 1, 2021, through May 31, 2022, 123 youth completed the CLSA.

Independent Living Planning Meetings

Understanding transition planning is a process. The intent of Independent Living Planning meetings is to review the youth's 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 assists youth to ensure the educational components are covered and identifies school credits obtained and those still needed to graduate. From July 1, 2021, through May 31, 2022, 80 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, 2021, through May 31, 2022, 75 youth completed the Age 17 Planning meetings.

[Transitional Independent Living Plan Meeting](#)

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, 2021, through May 31, 2022, 62 youth completed the Transitional Independent Living Plan meeting. This meeting provides an opportunity to have in-depth discussions with the youth regarding their transition from care and to provide notice to youth about the option to re-enter foster care as outlined by the Consolidated Appropriations Act, 2021, P.L. 116-260.

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. Housing assistance also includes 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. Of note, housing support has extended to additional youth who meet expanded eligibility through the Consolidated Appropriations Act, 2021, P.L. 116-260. Eligibility guidelines and payment amounts were driven by ACYF-CB-PI-21-04. From July 1, 2021, to May 31, 2022, 429 payments in housing support were provided to 64 youth totaling \$620,381.58. Resulting in an average annual support amount of \$9,693.46 to each youth.

[Independent Living Preparation Programs](#)

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

- McCrossan Boys Ranch 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 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 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 housing 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 provide guidance as they transition into their own apartment and learn to live independently and to establish appropriate schedules and responsibilities. During this reporting period, this program expanded to serve 16 participants.

[Foster Youth Independence \(FYI\) Vouchers](#)

CPS has partnered with Pennington County Housing Authority, South Dakota Housing Development Authority, and Lutheran Social Services to provide Foster Youth Independence (FYI) vouchers. The Pennington County Housing and Redevelopment Commission paid housing assistance in the amount of \$23,228 to landlords on behalf of the FYI program from July 2021 until May 2022. CPS will continue to engage other local housing authorities to utilize the program in their areas, Pennington County Housing Authority continues to be the only housing authority participating in the FYI program.

Starter Kit Funds

The starter kit funds are earned by 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. July 1, 2021, through May 31, 2022, \$9,056.08 of Chafee funding was used for 38 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 youth are prepared to safely operate a motor vehicle. From July 1, 2021, through May 31, 2022, \$5,858.00 of Chafee funding was provided to 20 youth for driver's education training. The ILS Program has begun to utilize the provisions of the Consolidated Appropriations Act, 2021, P.L. 116-260, to support youth transportation as outlined by the Act.

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.

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.

Former Foster Care Medical Assistance Program (FFCMA)

The Former Foster Care Medical Assistance Program (FFCMA) provided Medicaid coverage for 404 youth from July 1, 2021, through May 31, 2022. 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 Medicaid coverage, how to utilize the program, and who to contact for assistance.

Supporting Foster Youth and Families through the Pandemic Act

The State of South Dakota provided the certification in Attachment C of ACYF-CB-PI-21-04, providing assurance that the agency will implement the provision related to transitioning out of, re-entry into, and eligibility for Title IV-E Foster Care as outlined in the program instructions. Two hundred and fifty-two (252) youth received \$475,453.02 of pandemic funds from July 1, 2021, through May 31, 2022, for immediate, critically needed assistance.

The Consolidated Appropriations Act, 2021, P.L. 116-260, enacted into law on December 27, 2020, makes continuing appropriations for specified federal agencies and provides temporary flexibilities and assistance in response to the COVID-19 pandemic and public health emergency. Division X of P.L. 116-260, titled, the "Supporting Foster Youth and Families through the Pandemic Act," includes additional, supplemental or enhanced funding for several programs authorized under titles IV-B and IV-E of the Act and requires title IV-E agencies to take a number of actions to protect and support youth/young adults currently or formerly in foster care. Temporary requirements for title IV-E agencies to allow youth over age 18 to remain in or re-enter foster care and suspension of the age and education/employment requirements for title IV-E foster care maintenance payments for youth;

- John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee program)

- Additional Funding and Flexibilities; Education and Training Vouchers (ETV) Program Additional
- Funding and Flexibilities; and Financial and Reporting Information for the Chafee and ETV Program
- Additional Funding (Chafee - \$1,374,601.00 ETV - \$199,797.00)

The agency used the additional funding provided by Division X during FY 2021, to provide support in living expenses, contractual expansion, direct cash payments, driving assistance, and technologies.

- Living Expenses (Housing, Income, Housing Case Management, Subsistence Needs) – This is a broad category that encompasses the unique needs of individual youth. Historically the ILS program has paid youth a one-time housing assistance of 100% of deposit and first month’s rent, 66% of second month’s rent, and 33% of their third month’s rent. From April 1, 2020, through September 30, 2021, agencies administering the Chafee Program may use more than 30 percent of their Chafee funds for room and board payments. Youth’s needs were determined on a case-by-case basis. Youth with housing needs were provided assistance regardless of previously utilized housing funds to ensure they had safe and stable housing. The youth completed a housing application and submitted the application to the ILS Program Specialist through their CRP. The application serviced as a housing plan to ensure that youth were not overextended in the future months. Income assistance was a crucial piece to the youth’s living expenses to ensure that housing bills remain paid and past bills are caught up. The housing bills were submitted to the ILS Program Specialist and approved on case-by-case basis.
- Increase to LSS CRP Grant for Case Management Services – Community Resource People are in Rapid City, Sioux Falls, and Aberdeen to provide services and training for teens in the areas of employment, education, housing, connections, life skills and health. Typically, services are available to teens age 16 to 21 who have been or are currently in foster care. For FYs 2020 and 2021, Chafee funding may be used to provide services and assistance to any otherwise eligible youth or young adult who experienced foster care at age 14 or older and has not yet attained age 27. The funding was utilized to create an additional contract with Lutheran Social Services, who was currently providing ILS services to youth and young adults currently in and formerly in foster care. This provided the same services, just to an expanded population of youth as allowed by the program instructions.
- Direct Cash Payments – Unrestricted one-time payments of up to \$2,000 were made directly to the youth to assist them in meeting their financial needs.
- Driving and Transportation Assistance – These costs were related to obtaining a driver’s license, vehicle insurance, driver’s education classes and testing fees, practice lessons, practice hours, license fees, roadside assistance, deductible assistance, and assistance in purchasing an automobile. CRP’s worked with the ILS Program Specialist to ensure vehicle purchases are feasible for the youth to afford long-term and maintain the purchase. To get assistance with a vehicle purchase, the youth must have had their license, proof of vehicle insurance, and provide proof of ownership.
- Technologies – Funds were utilized to purchase cell phones, tablets, laptops, internet service, cell phone plans or other technological tools for young people. These technologies served as helpful tools for youth to remain connected to resources.

The accomplishments to date in using this supplemental funding to assist young people, including available quantitative information on the numbers of youth/ young adults assisted; the amount of funding provided for direct assistance to young people, and available information on the

characteristics and demographics of youth assisted is as follows:

- Living Expenses, Direct Cash Payments, and Technologies resulted in 619 payments made to 252 youth totaling \$475,453.02 from July 1, 2021, through May 31, 2022.
- Increase to LSS CRP Grant for Case Management Services – The additional contract amount was \$325,000.00.
- Driving and Transportation Assistance – Approximately \$293,000.00 was expended in transportation support to 109 youth. Transportation support in a rural state during the pandemic became critical for youth to ensure their needs were met.
- See Assignment of Community Resource Persons section for demographic information on youth serviced by the ILS program.
- As of May 2022, the Division X additional funding was exhausted.

Reaching eligible youth provided a challenge in being able to ensure all eligible youth were aware of the additional Chafee funds. To address this challenge on July 1, 2021, a press release was issued by the State of South Dakota, Department of Social Services regarding the option to re-enter foster care and additional eligibilities provided Division X. The Young Voices youth advocacy group was consulted throughout the pandemic as the best way to utilize the additional funding as well as how to promote a public awareness campaign to reach as many youth as possible.

Collaboration with Other Public and Private Partners

The following provides information on collaborative and coordinated efforts that 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 South Dakota Youth Employment Services (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 for 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 5th Annual Positive Youth Development Spring Conference was held in April 2022, hosted by LSS REACH (www.REACH.LssSD.org) on the topic of Avoiding Online Youth Risk Behaviors. This event included various speakers specifically covering Health and STDs in SD, Human Trafficking, Social Media Safety, and LGBTQ Specific Risks. The event was an opportunity for facilitators, partner agencies, and interested parties to network and learn. The smaller in person regional events also included an option to attend by virtual platform. Twenty-three facilitators and partners attended from across South Dakota.

From October 2021 through April 2022, two families completed Families Talking Together, 35 youth completed Making Proud Choices, 21 youth completed Sexual Health and Adolescent Risk Prevention, 17 youth completed Reducing the Risk, and eight youth completed Making a Difference.

[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 young adults 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 is 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, 2021, through May 31, 2022, New Alternatives served 29 clients; 18 of these clients were involved in foster care.

[South Dakota Youth Care Providers Association](#)

CPS and the Division of Juvenile Services under DOC meet with the South Dakota Youth Care Providers Association, which is comprised of directors of the intensive residential, residential and group care providers in South Dakota, every quarter. Young Voices continues to be an active voice in dual status youth. Their input has been sought through questionnaires and workgroups.

[Juvenile Detention Alternatives Initiative \(JDAI\)](#)

The mission of the Juvenile Detention Alternatives Initiative (JDAI) is to support the juvenile justice system that 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.

[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. The 2020 Teen Conference was held virtually due

to the COVID-19 pandemic. The 2022 Teen Conference will be held regionally in smaller groups.

[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 that 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.

Assurance 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 Family Services Specialist 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 states, "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 who 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 Medical 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 who 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, or as otherwise eligible by federal guidelines.

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 Specialists 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 throughout 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 adoptive 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 partners in the state such as DOC, Department of Labor and Regulation, Department of Education, South Dakota Housing, BIA, 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)).

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 Family Services Specialists to enhance relationships and provide support during the transition of high school credits for youth moving to different schools.

Objective 3: Address barriers affecting a youth's 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 a youth's ability to obtain the credits required to graduate from high school and develop solutions to resolving the barriers.

Goal 1 Progress/Update: Youth high school credit status was added to the main customer summary on the FACIS system. This allows the agency to have this information on the forefront of case management without having to open educational assessment screens. Data collected from this reporting period indicates the following: 67% of surveyed youth were attending school when they transitioned from care, 36% of youth were in their final year of high school, 27% of youth reported they had completed high school, 83% of youth reported it was their goal to graduate from high school, 94% of youth reported if they wanted to talk about continued education, they would have a resource to talk with, and 88% of youth reported they would like to continue their education after high school.

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 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 continues to collaborate with the Department of Labor and Regulation to ensure a continuity of employment training services are offered to ILS youth. The Department of Labor and Regulation has presented at ILS Workshops, ILS Workgroups, and the 2021 ILS Teen Conference regarding available services. Data collected from this reporting period indicates: 94% of youth surveyed reported that someone has talked to them about their career interests; 85% of youth reported having employment experience; 20% of youth reported they have had more than one employer; and 52% reported being employed at the time of transition to adulthood.

The Administration on Children, Youth and Families determined the State was initially out of compliance with the 2021B National Youth in Transition Database (NYTD) Report. The State submitted a corrected NYTD data file for period ending September 30, 2021, prior to March 31, 2022, in accordance with 45 CFR 1356.85(e).

South Dakota continues to collect high quality NYTD data within FACIS. The FACIS system is designed to assist staff to ensure 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, the Court Improvement Program, the South Dakota Youth Care Provider Association, State Tribal Meetings, and the 2021 Teen Conference. In the spirit of positive youth development, Young Voices presents the data to families and youth, tribes, courts, and other partners.

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 are 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 that 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 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. Chafee funding for housing assistance from July 1, 2021, through May 31, 2021, was \$83,064.88.12, provided to 50 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. Of note, housing supports have been extended to additional youth who meet expanded eligibility through the Consolidated Appropriations Act, 2021, P.L. 116-260, and the removal of the 30 percent room and board limitation.

As noted previously, CPS has partnered with Pennington County Housing Authority, South Dakota Housing Development Authority, and Lutheran Social Services to provide Foster Youth Independence (FYI) vouchers.

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 presented at the 2021 Teen Conference to continue educating youth regarding available resources.

VI. Consultation and Coordination Between States and Tribes

Collaboration

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 programs 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, 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 a 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. In SFY 2020 these outside consultants collaborated and created a new Strategic Plan for 2019 - 2024 titled, Strategic Plan for Unified Advocacy and Action.

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 that 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.

The State Tribal Child Welfare Consultation (STCWC) workgroup is the State's recognized consultation process with the nine tribes in South Dakota reaching each ICWA Program plus the Child Protection Programs of the four tribe's with State-Tribal Agreements. Also, involved are the DSS CPS Division Director, Deputy Director, Regional Managers and Program Specialists. The meetings are set up to meet quarterly on Zoom. There are also smaller groups that meet from time to time with certain specific items to work on. For example, one group meets the first Monday of every month on a Zoom call to discuss future agenda items or other items related to the state's tribal consultation process.

The State has partnered with Casey Family Programs on both the State and Tribal sides. Casey Family Programs through its regional representative, Misty Brammer, works not only with the STCWC group but also the South Dakota ICWA Coalition which is made up of the nine tribes. Jessica Morson, Flandreau Santee Sioux Tribe Social Services/ICWA Director, is the lead for the SD ICWA Coalition and is present in many of the meetings with DSS CPS and Casey Family Programs giving voice to the other tribe's concerns. Ralph Bayard, Casey Family Programs Senior Director for Systems Improvement, is also frequently involved in the SD meetings with Misty. Since the 2022 APSR submission, there have been two quarterly meetings of the STCWC group.

An in-person meeting was held on November 19, 2021, and May 9, 2022, with State/Tribal Leads in Pierre. It was agreed the large group Zoom meetings have not been very effective to bring opportunities for change forward or develop tangible work plans to produce results. Initially the discussion was on the tribal leads taking the questions back to the rest of the tribes for feedback on next steps going forward. The STCWC finalized a plan to have yearly meetings with the STCWC team centered around training, which includes bringing in outside trainers. Then there will be quarterly meetings with the core group, in addition there is an expectation tribes will bring forth any concerns to Jessica Morson or Deborah Divine to discuss a resolution. The quarterly meetings will be open to any tribes who want to participate.

The ICWA Program Specialist contacted tribes who participate in the STCWC as part of the process to gather feedback for the APSR. The ACYF-CB-PI-22-01 Program Instruction was provided to the tribes, which contained a detailed request of where the "Consultation and Coordination Between States and Tribes" section was and what was being asked from the tribes. The ICWA Program Specialist requested the tribes to share their APSR with the State as well. South Dakota DSS-CPS publishes the APSR on the Department's website and the email to the tribes explained where to find that. ICWA Program Specialist and the ILS Program Specialist requested a Zoom or teleconference to discuss their feedback. If that was not possible, then written input would be accepted as well. The email was sent to the following with a delivered and read request but "no delivery notification was sent by the destination server" from all the tribal email accounts:

- Allen Nygard, SRST-CPP Acting Director
- Ame Woodbeck, OST-CPP Supervisor
- Christian Black Bird, III, CCST ICWA Director

- Deborah Divine, SWO-CPP Director
- Diane Garreau, CRST ICWA Director
- Elizabeth Little Elk, RST Sicangu Child and Family Services Director
- Evelyn Pilcher, SWO ICWA Director
- Ida Brown, YST CPS Director
- Jessica Morson, FSST BIA Social Services Director & ICWA Coalition Team Leader
- Kathy Black Bear, RST Sicangu Child and Family Services Supervisor
- Kim Long, SRST-CPP Lead Case Manager
- Maria Provost, OST-CPP Acting Director & Acting ICWA Director
- Melissa Sanchez, YST ICWA Director
- Randy Seiler, LBST Tribal Attorney and Acting ICWA Director
- Rebecca Grey Bull, SRST ICWA Director
- Shirley Bad Wound, RST ICWA Director

The ICWA Program Specialist followed up on April 18, 2022, to the above individuals with information from the Children’s Bureau dated February 18, 2022, to give notice of the released Program Instruction ACYF-CB-PI-22-02 providing guidance to the tribes on the submission of their Annual Progress and Services Report (APSR). At this time, the ICWA Program Specialist reminded the recipients of the previous correspondence and again asked for feedback.

The feedback received from the tribes centered around the restructuring of the STCWC process to better serve the tribes and their needs. This process is not complete but ongoing.

Since the last APSR, DSS-CPS has delivered training to the tribes with State Tribal Agreements on various topics related to Title IV-E, ICWA, or requested assistance from the tribes on related topics.

- Title IV-E Administrative Training/CATS delivered via Zoom
- Title IV-E Licensing Training
- Title IV-E Application Training

As part of the ICWA training plan by Casey Family Programs, the second cohort group made up of South Dakota State Social Workers, Tribal Social Workers received part one of the ICWA training entitled, “Family, Community and Culture: Understanding the Indian Child Welfare Act” which was prepared and delivered by Jack F. Trope and Sheri Freemont, Senior Directors for Indian Child Welfare at Casey Family Programs. All nine tribes were invited via email and this was also discussed at the STCWC meetings.

The ICWA Program Specialist distributes a monthly ICWA Director’s report generated from CPS’s CCWIS/FACIS system to the tribes. Tribes have the opportunity to provide feedback to ensure accuracy of the information in the report, including names on the list who have been determined to be ineligible for tribal membership. Feedback from tribal partners is important not only for accurate data but also to assist with any questions on the report itself as this changed in 2020 to allow for selection of multiple tribes pending eligibility confirmation. The ICWA Directors Report was designed to include children who are enrolled, enrollment has not been established, and eligibility pending. Children are listed with the indicated tribe based on affiliation not enrollment status.

Definitions of selections for Tribal Enrollment are as follows:

- Yes = The child is enrolled.
- No = The child is not enrolled.
- Pending = The child's enrollment is pending.
- Unable to Determine/Unknown = Unknown if the child is enrolled.
- Ineligible = The child is ineligible for enrollment.

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

- Jessica Morson, FSST ICWA/Social Services Director/Lead Director for the SD ICWA Coalition, 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 Casey Family Programs is updated with what is going on in South Dakota on a regular basis.
- 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. The large permanency group had not met in SFY 2022. However, there is a kinship workgroup, which is a subgroup to the main permanency group. A tribal representative has been invited to be a member of the kinship group, which has met quarterly since December 2021.
- 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 a 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.
- Stronger Families Together is the foster/adoptive recruitment campaign that DSS CPS continues to promote. The primary focus of the campaign is to highlight the need for foster families to support the child and their family with the reunification process.
- Tribes are notified when a Present Danger Plan is developed with tribal members so they can assist with services to those families. The Present Danger Plan form was changed to allow a parent with the choice to have their Tribal ICWA Program notified

or not. Reference Goal 2, Objective B in Section III for details of the data associated with the Present Danger Plans.

- The STCWC discussed transfer of jurisdiction to explore how the tribes facilitate a transfer from state custody back to tribal jurisdiction. The standard procedure is for the tribe to issue a petition to transfer filed by the ICWA Director which is heard in state court and the state court issues a transfer order which is followed up by a tribal court order accepting jurisdiction. If the child is Title IV-E eligible and the tribe has a State Tribal Agreement for the pass through of Title IV-E funds then it is possible for the eligibility to follow the child back to tribal jurisdiction. It was found it was not standard practice for some tribes to issue follow up court orders and extenuating circumstances usually caused an interruption in the tribal court prohibiting the order from being produced.
- The SD ICWA Directors Coalition is developing a training for individuals who are interested in becoming a Qualified Expert Witnesses (QEW) as an effort to increase the capacity of QEW's in South Dakota
- The ICWA Program Specialist contacted all nine tribes to gain feedback on any changes in tribal enrollment staff. The practice for DSS-CPS is to contact the ICWA Director first for all enrollment inquiries but the issue arose with vacancies in the ICWA Director positions and the need for timely responses. Having current contact information speeds up the process of determining ICWA applicability for state court cases. Feedback was gained from the tribes with acting personnel; OST, LBST, YST and there were no changes with the remaining six tribes.
- Jessica Morson, Lead of the ICWA Coalition, inquired how the current ICWA Compliance Review system is being used by the ICWA Program Specialist. Jessica expressed the system needs enhancement because of the disproportionality in South Dakota with the number of Native American children in the system compared to the population of Native Americans residing in the state. The group decided to create an ICWA Capacity Building Workgroup within DSS-CPS, which is made up of representatives from the seven regions in CPS who could share their knowledge and expertise with their region, and the ICWA Program Specialist from State Office. It was not possible to have tribal representatives on this workgroup as the review process will be done on an ongoing basis and it requires access to DSS-CPS database systems the tribes do not have access to. This workgroup is not only responsible for completing ICWA compliance reviews but also a capacity building process with training and awareness of ICWA trends locally and nationally. Casey Family Programs has expressed support for the workgroup and offered to schedule presenters for the group. The review process itself is based on a model that is used in other areas within DSS-CPS where a case pull for all the reviews is consistent in applying a sample size calculator to ensure a 95% confidence level and setting a confidence interval. The group also will be looking at the new ICWA AFCARS Elements that South Dakota is implementing into the SACWIS system.
- In preparation for the implementation of the Family First Prevention and Services Act, the tribes were asked to be involved in this process at the first quarterly STCWC meeting as the Title IV-E Prevention Plan is created. A link was shared, <https://preventionservices.abtsites.com/>, and tribes were asked to look over the programs available and give input on what will be included in the Plan. One tribal member shared that, "the interaction reminds her of a time of collaboration in years past when there was less red tape and more swift action." Again, the tribes expressed how an ICWA Advocate could be involved in the early stages of a case when Present

Danger Plans are being created. As reported in the CFSP 2020 - 2024, parents have the option of CPS notifying their tribe for preventative services if they choose this and the same tribal member stated that she would like to be active in the early stages of intervention.

- South Dakota received four proposals to help develop their IVE Prevention Plan. In reviewing the proposals, two tribal members agreed to be a part of the selection process and the proposals. Due to conflicts and time constraints, one tribal member could not complete the process. The remaining tribal member was actively involved in the selection of the vendor and agreed to be a resource in the development of the plan.

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 state entities 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 all aspects of the CFSP and APSR, including, but not limited to, development, assessment of agency strengths and areas needing improvement, review and modification of goals, objections, and interventions, and monitoring of progress. 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 Agreement. 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.
- As a part of the State-Tribal Agreement, The ICWA Program Specialist assists Tribal Case Managers regarding Tribal children who are adopted or in a guardianship to ensure the Adoption Assistance Program and Guardianship Assistance Program guidelines are followed.
- Manages Qualified Experts Witness (QEW). The ICWA Program Specialist keeps the listing of active QEW's current which is listed on the Unified Judicial System's website.
- The Race Equity Improvement Collaborative is a national initiative sponsored by Casey Family Programs who works with members of CPS Management Team, Pennington County State's Attorney Office, South Dakota ICWA Coalition, and the Great Plains Tribal Chairmen's Health Board. The ultimate vision for this work is to create "a child and family well-being system that is free of structural racism and that benefits all children, families, and communities equitably and where outcomes for vulnerable children and families can no longer be predicted by race or place." The ICWA Program Specialist serves on the extended team for SD and keeps connections going with the members of the core team who have members listed from the above agencies.

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 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.

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 e-mail from the Indian Child Welfare Act (ICWA) Program Specialist concerning the ETV funds was shared with the BIA and Tribal Child Welfare Agencies in Fall 2019, Spring 2020, and Summer 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 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 provide assistance and services to 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.

March 21, 2022, The Yankton Sioux Tribe inquired about how they could utilize the Independent Living Services Program. The ICWA Program Specialist reached out to each tribe on March 22, 2022, asking to set up individual meeting with each tribe with the ICWA and the ILS Program Specialist. The purpose of this meeting is to gather the tribe's input regarding the Chafee/ETV benefits and services and to ensure fair and equitable treatment for Native American youth in care as outlined in the APSR instructions. None of the tribe's responded to the request for individual meetings.

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

There has been tremendous turnover within tribal programs in SFY 2022 which has caused many tribes to have extended vacancies from key positions. There have been different people in acting roles assigned to cover the duties and this has caused an increase in the workload for those staff members. These positions are hard to fill as the knowledge and experience needed to be effective is sometimes hard to find. These are also leadership positions that deal with pressure from not only families and extended families but also with tribal politics. Many of the vacant ICWA Director positions are not from an ICWA Unit but are the only ones in the program. All of this causes a barrier because of the workload which limits available time.

Another barrier is that the relationships that were built over time have been lost and the acting staff members often are not familiar with working with DSS-CPS and do not have time to build that relationship. The ICWA Program Specialist reaches out to the people the tribe puts in these acting positions to get current contact information for the DSS-CPS website so information is current. Also, an offer of assistance is given to any of the new people to help them transition into their new duties. For example, the ICWA Program Specialist met with the

new ICWA Director during an onsite visit at the Crow Creek Sioux Tribe (CCST) ICWA Office on March 1, 2022, to explain state processes with the court system and DSS-CPS. Ongoing consultation also included helping DSS-CPS state offices work with this new director in ongoing caseloads. Here is a summary from SFY 2022 on the turnover within the nine tribes in South Dakota in both the ICWA Program and the Child Protection Programs for those tribes that have a Title IV-E contract:

- Oglala Sioux Tribe (OST) ICWA Director resigned in July of 2021 and the position has been carried out by acting staff.
- OST CPP Director resigned in January of 2022. This person was there for two years and two months. The position was filled with a permanent hire on May 2, 2022, by Maria Provost who had been the acting OST CPP Director during the interim.
- Standing Rock Sioux Tribe CPP Director resigned in February of 2022 and the position is still vacant. The Director was in this position for less than a year.
- Crow Creek Sioux Tribe (CCST) ICWA Director had been vacant since January 2021. A new hire started in August 2021 and left the next month. A permanent hire was completed in January 2022 with the hiring of Christian Black Bird III.
- Lower Brule Sioux Tribe (LBST) ICWA Director resigned in August of 2021 and the position is still vacant. The LBST Enrollment Specialist is receiving ICWA inquiries and responding.
- Yankton Sioux Tribe (YST) ICWA Director resigned on April 1, 2022. The Director of the Tribe's Child Protection Program is the Acting Director along with the Tribe's Enrollment Specialist.

Combined with the turnover has been the tribe's rethinking about the collaboration process within the State Tribal Child Welfare Consultation (STCWC) and determining how to make meetings more meaningful and productive. This change in thinking resulted in multiple meetings to come up with something new and it is still being finalized. It is hoped that the result of this new process will be a stronger consultation process in the end.

Child Welfare Services for Native American Children

The status of the tribes remains consistent since the submission of the 2020 – 2024 CFSP with five of the nine tribes having 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 purpose of licensing foster homes. The tribes that have State-Tribal Agreements have access to the Comprehensive Child Welfare Information System (CCWIS) which is the statewide information system that South Dakota renamed FACIS. Ongoing training is provided to the State-Tribal Agreement tribes on FACIS to help tribal staff with utilizing this program being delivered via Zoom which makes it more convenient for all involved. 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.

- Standing Rock Sioux Tribe (SRST) - Since 1993, SRST has had an agreement with the State of South Dakota 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 home costs and Title IV-E administrative costs.
- Flandreau Santee Sioux Tribe (FSST) - Since 2000, FSST has had an agreement with State of South Dakota 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 even though the tribe has not made use of claiming these 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. Until this transition occurs, DSS CPS provides these services on the reservation through the jurisdiction of the Tribal Court.

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 27% of the Native American children who are in the custody of the State are placed under Tribal Court jurisdiction and authority.

Regional 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. Regional 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. Regional 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 parent 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 Regional 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. CPS informs tribal partners of the opportunity to participate as a reviewer in Regional Reviews.

Section D: CAPTA State Plan Requirements and Updates

CAPTA State Liaison

The State Liaison for CAPTA is:

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CAPTA 2021 Progress Update

There were no changes in South Dakota's laws or regulations that 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 §§ [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 § [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 well-being 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 management assessments, and domestic violence counseling.

The increase in the State's CAPTA funds through the 2021 American Rescue Plan assisted 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 was 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.

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 SFY 2021, the distribution of the calls remains steady in comparison to the prior year. 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 130. The centralized telephone system received a total of 20,839 calls during SFY 2021. Of these calls, 3,348 (16%) were

abandoned, meaning the caller hung up before the call was answered. The average speed for a call to be answered is 2 minutes, 13 seconds, and the average delay before a call is abandoned is 4 minutes, 20 seconds.

To continue to advance the centralized process, Child Protection Services implemented the centralized screening process. This centralized process reduces the number of Supervisors and Family Services Specialists who are responsible for screening referrals. The new process includes four centralized Screeners who are solely responsible for the 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 year, additional offices were added. Full implementation occurred on June 1, 2020.

Drug Affected Infants

South Dakota has provisions in state law that 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 professionals 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 institution 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 in situations where a diagnosing physician attends to a person suspected of having FAS or when hospital personnel are 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 authorizing 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 that 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 Services' Family Services 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 (CCWIS) system to track alcohol affected infants, drug affected infants, safe care plans, and referrals to Comprehensive Addiction and Recovery Act (CARA) related services.

South Dakota 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. The purpose of the academy was to enhance the capacity to meet the needs of infants who are affected by prenatal exposure to 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 the 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 the criteria for child welfare intervention.

South Dakota's team completed the Policy Academy on August 27, 2020. South Dakota's Team is comprised of representatives from the Division of Child Protection Services, Division of Behavioral Health, Division of Family and Community Health, University of South Dakota Sanford School of Medicine Center for Disabilities, South Dakota Indian Child Welfare Act Coalition, Avera Health, Monument Health, Sanford Health, Great Plains Tribal Chairmen's Health Board, Unified Judicial System, Bethany Christian Services of Western South Dakota, and the National Center on Substance Abuse and Child Welfare.

Preliminary goals for South Dakota include advocating and encouraging birthing hospitals and providers to utilize standardized substance use testing; develop definitions of affected by substance abuse; develop an oversight committee to guide changes in organizations to include practice and protocols; develop a pathway for monitoring; and provide education regarding Plans of Safe Care and the need to engage parents and their families in services.

A challenge currently is 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.

The Plans of Safe Care team has defined infants affected by substance use and established guidelines for when to make a report to Child Protection Services and when a notification report should be made. Currently, Child Protection Services is working with the 211 Helpline Center to integrate services and provide resources for all infants born affected by substance use who do not meet criteria for intervention by Child Protection Services. The Helpline Center began serving South Dakota in 1974 and through the years, grew to 24 hour/7 days a week service and is available to the entire state of South Dakota. The Helpline Center is the only entity in the state accredited by the Alliance for Information and Referral Systems and the only entity in the state that provides a certified crisis line through the American Association of Suicidology. The Helpline Center is a blended call center, meaning that all staff are cross-trained to handle crisis and information/referral phone calls. Specific to substance affected infants, the families will be referred to the Substance Use Care Coordination program. This program walks alongside someone in the process by connecting, supporting, and encouraging them through their journey.

In addition, educational resources regarding Plans of Safe Care are being provided statewide through Project SCOPE (Supporting Children of the OPIoid Epidemic). Project SCOPE is a national training initiative intended to build nationwide provider capacity and confidence in applying evidence-based practices in screening, monitoring, and interdisciplinary support for children and families diagnosed with Neonatal Abstinence Syndrome (NAS), Neonatal Opioid Withdrawal Syndrome (NOWS), or who are suspected of being impacted by opioid use, trauma, or related exposure.

The purpose of this national initiative is to train interdisciplinary teams on emerging knowledge and evidence-based practices in screening, monitoring and interdisciplinary care for children impacted by neonatal abstinence syndrome (NAS), trauma, or related exposure. Core curriculum will include current research on brain development, developmental outcomes of prenatal exposure to opioid and other substances, trauma informed care, provider secondary trauma stress and strategies to support caregivers. This initiative is intended to improve outcomes by linking research to practical application in local communities, providing opportunities to share knowledge and findings with national networks and federal agencies, and providing recommendations for future interventions.

The Center for Disabilities at the University of South Dakota Sanford School of Medicine is partnering with the University of Wyoming Institute for Disabilities and the Nisonger Center at The Ohio State University and the University of Cincinnati Center for Excellence in Developmental Disabilities for this project. This initiative will build upon the effective ECHO virtual training model and is a pilot supported by the U.S. Department of Health and Human Services Administration on Intellectual and Developmental Disabilities. This initiative will also support Plans of Safe Care.

The first launch was held July 15, 2021, through September 2, 2021, for a total of eight sessions. The sessions were one hour each, with a presentation for the first 45 minutes and debriefing with questions and answers in smaller groups. The topics included: Introduction to the Opioid Crisis and Social Determinants of Health; Addiction and Treatment; Neonatal Abstinence Syndrome; Monitoring Child Development and Linking to Services; Trauma, ACES, and Trauma Informed Care; Substance Exposure and Speech/Language, Motor, and Sensory Concerns in Children with NAS; Fetal Alcohol Spectrum Disorders; and Models of Care. A total of 153 individuals registered for the trainings and 103 individuals attended some or all of the trainings.

The second cohort was held February 2, 2022, through March 23, 2022. The format was the same

as the launch cohort, in that the sessions were for eight consecutive weeks and an hour each. The topics included: Prenatal Substance Exposure; Addiction and Treatment; Supporting Mothers/Families Impacted by Substance Use Disorders; Trauma, Substance Exposure and Speech/Language, Motor, and Sensory Concerns in Children with NAS; Trauma, ACES, and Trauma Informed Care; Monitoring Child Development and Linking to Services; Fetal Alcohol Spectrum Disorders; and Dealing with Difficult Behaviors.

Approval was granted for participants to receive Continuing Education Credits through the South Dakota Board of Addiction and Prevention Professionals, the South Dakota Board of Examiners for Counselors & Marriage and Family Therapists, and the South Dakota Board of Social Work Examiners. A third cohort began on May 4, 2022, and will continue through June 29, 2022, with similar topics being presented.

CAPTA Amendments - Sex Trafficking

Intake Specialists have been provided information regarding responding to reports of sex trafficking and potential victims of sex-trafficking. The Intake Specialist must identify and document in FACIS, 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 FACIS (CCWIS) 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, and in accordance with SDCL [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 that 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 ensure 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 ensure the child's safety and to implement services that provide for the physical and emotional needs of the child. The Department considers 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 – FY 2021

The Justice for Children's Committee (JCC), 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.

2021 Three-Year Recommendations

Recommendation I: Mandatory Conference Attendance

Children's Justice Act funds are used to pay for travel, lodging, and meeting room expenses for task Force members. CJA funds are used for the CJA Coordinator to attend the National Children's Justice Act grantee meeting held in Washington, DC. Task Force members are reimbursed for expenses to attend quarterly meetings and other task force related activities. Funds are used for meeting costs, printing costs related to reports, and duplication costs for reports and written material to be used by the task force. Funds are also used for other administrative and miscellaneous costs that are within the scope of the grant program.

Action Steps:

- A. Task Force Member(s) attends the annual CJA grantee meeting in Washington, DC.
- B. Attendance contingent on approved funding.
- C. Reimburse Task Force members for expenses to attend quarterly meetings.

The Children's Justice Act grant further outlines required categories for use of CJA funds. Per the grant, State task force projects selected for CJA funding must support front-end efforts or intake and investigation phases of child welfare cases. CJA grantees must implement recommendations in each of the following categories, as required by legislation:

Investigative, administrative, and judicial handling of cases of child abuse and neglect.

Recommendation II: Continuation of the Out of Home Investigation Contracts

Based on a review of Child Protection Services offices and staff, it is contradictory for Child Protection Services staff to have the dual role to investigate reports of abuse and neglect while providing support to families and children. During a previous three-year assessment, the Task Force recommended the roles should be handled by separate entities whenever possible. To assist Child Protection Services in responding to reports of abuse and neglect for children in out-of-home care, Child Protection Services has experienced improved timeliness in the completion of Out-of-Home investigations from outside consultants. These investigations continue to benefit Child Protection staff and the children and families involved, by providing a less adversarial role and are a more neutral approach. In Federal Fiscal Year 2020, the consultants were assigned to conduct 33 investigations.

Child Protection Services utilizes CJA funds to contract with consultants who have law enforcement backgrounds to investigate reports of abuse and neglect involving children in out-of-home care. Out-of-home care includes foster homes, kinship placement resources,

group/residential facilities, daycare, and other situations involving children under the care of a custodian as defined by State law. The consultants work with Child Protection staff to coordinate the investigations, determine response time, determine remedial steps that need to be taken to ensure the safety of children, and determine the disposition of the investigation. The consultants submit a report to Child Protection Services to be incorporated into the final report that includes the disposition and appropriate corrective actions.

Action Steps:

- A. Contract with consultants who have law enforcement backgrounds to investigate reports of abuse and neglect involving children in out-of-home care.
- B. Continue utilizing CJA funds to support out-of-home care consultants.

Experimental, model, and demonstration programs for testing innovative approaches.

Recommendation III: Enough Abuse Campaign

CJA funds are used to continue to support the Enough Abuse campaign regarding child sexual abuse. The Enough Abuse Campaign provides training and education regarding sexual abuse, education on identifying and responding to sexual abuse and collaborating with local stakeholders regarding responding to the abuse. The CJA funds are used to support the Enough Abuse Train the Trainers Program and partially fund the Enough Abuse campaign license, which is also a recommendation from Jolene's Law Task Force. The focus is to collaborate and provide education regarding responding to 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 individuals across the state from varying professions.
- C. Support additional training for staff and stakeholders statewide.
- D. Present to stakeholders statewide regarding responding to sexual abuse.

Recommendation IV: Problematic Sexualized Behaviors Training

Research and begin development of a training program related to Problematic Sexualized Behaviors. Problematic Sexual Behaviors have been identified by the Justice for Children's Task Force members and stakeholders across that state as an area needing attention. The number of child-on-child sexual assaults continues to rise and often, families, caregivers, community members, and stakeholders struggle to ensure the children's needs are met. The goal of the training program is to identify and respond to Problematic Sexualized Behaviors, coordinate effective interventions for the population, and educate caregivers and stakeholders to improve the response to the behaviors.

Action Steps:

- A. Explore the options of development and cost of a community and stakeholder training model.
- B. Explore other states' use of training regarding responding to problematic sexualized

- behavior.
- C. Explore curriculum to be used in conjunction with Enough Abuse campaign.
 - D. Collaborate with the Child Advocacy Centers and South Dakota Center for the Prevention of Child Maltreatment regarding the selected program.

Reform of state laws, ordinances, regulations, protocols, and procedures.

Recommendation V: Continued Support of Intake System Restructure

Continue to support the Centralized Intake system that was implemented on January 12, 2015. The system includes all Intake Specialists in one pool where all the calls can be distributed among all the Intake Specialists through a 1-800 number, no matter from which geographical location the call originates. CJA funds are used to support the sustainability of the Child Protection Services Intake and Centralized Screening System. This includes supporting ongoing costs of maintaining the system, additional equipment as needed, training of staff, and improvements. The use of the funds will continue to provide quality assurance efforts, improve consistency, improve customer services, improve sufficiency of information for more informed screening decisions, and decrease overall stress put on the Intake Specialists in offices with a larger volume of abuse and neglect reports.

Action Steps:

- A. Continue utilizing CJA funds to support centralized intake and screening.
- B. Support fidelity reviews of the intake system, information gathering, and make recommendations for additional training.

Recommendation VI: Support Plans of Safe Care

The Task Force will defer to the Plans of Safe Care workgroup regarding any further review and next steps related to substance-impacted infants.

Action Steps:

- A. The Task Force will stay informed regarding the work and developments of Plans of Safe Care.
- B. The Task Force will consider the recommendations of Plans of Safe Care in relation to any further work needed by the Task Force.

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

CAPTA Annual State Data Report Item

Information on Child Protection Services 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. All CPS staff share a rotation for emergency response, therefore, are trained and complete intake, screening and safety assessments.

South Dakota applied in December 2021 to participate in the Child Welfare Workforce Analytics Institute 2.0. South Dakota, Child Protection Services was informed in February 2022 they were chosen to participate. The Child Protection Services Division Director, Deputy Director and Outcomes Management Program Specialist along with the Department of Social Services Human Resources Manager are all participating from South Dakota. Selected agencies participated in multiple webinars and attend a virtual workshop. Agencies received coaching and individualized support as the agency team prepared for the workshops and development of an action plan to improve their workforce data analytics capacity and practice.

The Child Protection Services Division Director, Deputy Director and Outcomes Management Program Specialist along with the Department of Social Services Human Resources Manager worked on identifying current data and data needing to be collected regarding child welfare workforce in South Dakota. The team developed a child workforce data inventory worksheet to help identify what questions need to be answered about the child welfare workforce, what data exists to help answer those questions, where to find the data, and what data still needs to be collected.

Representatives from Child Protection Services and Bureau of Human Resources attended a workshop May 10-12 and started an action plan to focus on retaining Child Protection Services Staff. Below is an outline of South Dakota's goal and action plan. The action plan is still in the process of being developed to establish start and end dates, milestones, evidence of achievement, resources or data required and desired outcome for each action steps.

- Goal: Streamlined, quality data to analyze current trends to identify specific workforce characteristics with an emphasis on employees retained.
 - Action Steps:
 1. Complete data Inventory (specific to retention data)
 2. Analyze data inventory
 3. Streamline existing data/sources and develop needed data points.
 4. Plan for obtaining missing data points
 5. Test the data and make revisions if needed
 6. Implementation

7. Review and select data visualization resources
8. Create data visual story
9. Analyze retention

The QIC workshop provided valuable resources around data visualizations, data quality and data linking. These resources were put into a live binder to review and compare resources to determine what resources would benefit South Dakota when analyzing child welfare workforce data.

Child Protection Services Turnover Rate

Turnover Rate					
	SFY2017	SFY2018	SFY2019	SFY2020	SFY2021
Family Services Specialist	24%	28%	28%	18%	24%
Lead Family Services Specialist	13%	12%	6%	9%	24%
Family Services Specialist Supervisor	6%	3%	6%	0%	11%

Staff Demographics

Type of Staff	# of Staff	Race	Degree	Ave. # of Years
Supervisor	35	American Indian or Alaska Native: 3 Asian: 1 Black or African American: 0 Native Hawaiian or Other Pacific Islander: 0 White: 31	Master's Degree: 5 Bachelor of Arts: 7 Bachelor of Science: 20 Bachelor of Social Work: 1 Associate Degree: 0 High School Diploma: 2	13.5 Years
Family Services Specialists	144	American Indian or Alaska Native: 8 Asian: 0 Black or African American: 1 Native Hawaiian or Other Pacific Islander: 0 White: 135	Master's Degree: 14 Bachelor of Arts: 31 Bachelor of Science: 67 Bachelor of Social Work: 23 Associate Degree: 5 High School Diploma: 3	4 Years

Juvenile Justice Transfers

There was one juvenile who transferred from CPS custody to the Department of Corrections in SFY 2022. The youth included in this population are those who were in the custody of CPS, custody through CPS was terminated, and the youth was committed to the Department of Corrections. This information is gathered through the South Dakota CCWIS System.

Education and Training Vouchers

The amount of SFY 2021 allocated ETV funds expended from July 1, 2020, through May 31, 2021, was \$157,335.43 totaling 51 claims for 24 unduplicated youth. The amount of SFY 2022 allocated ETV funds expended from July 1, 2021, through May 31, 2022, was \$343,767.04 totaling 61 claims for 35 unduplicated youth. See Attachment C.

Inter-Country Adoptions

CPS continues to have 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 in an out of state psychiatric residential treatment center with the plan of guardianship by a relative.

Section G: Financial Information

The following financial plans are attachments to the APSR:

- CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart I & II Funds, CAPTA, CHAFEE, and ETV and Reallotment for Current Federal Fiscal Year Funding
- CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services Funds
- CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts I and II, Chafee Program, and Education and Training Voucher