

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

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

TABLE OF CONTENTS

I.	Collaboration and Vision.....	Page 3
II.	Assessment of Current Performance in Improving Outcomes.....	Page 12
III.	Plan for Enacting the State's Vision.....	Page 45
IV.	Services.....	Page 57
V.	Consultation and Coordination Between States and Tribes....	Page 84
VI.	John H. Chaffee Foster Care Program for Successful Transition to Adulthood (the Chafee Program).....	Page 93

I. Collaboration and Vision

a) State agency administering the programs

Organizational Structure Overview

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

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

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

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

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

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

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

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

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

Public Access to the Child and Family Services Plan (CFSP)

The CFSP is on the state website on the CPS page.

<http://dss.sd.gov/childprotection/>

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

Pamela Bennett

Assistant Division Director

Department of Social Services

Division of Child Protection Services

700 Governors Drive

Pierre SD

605-773-3227

Pamela.Bennett@state.sd.us

Sharing the CFSP with the Tribes

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

Disaster Plan

South Dakota was not affected by any disaster in the last year.

b) Collaboration in the Development of the Child and Family Services Plan

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 of the CFSP.

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 Management Team consists of the Department Secretary, two Deputy Secretaries, the Chief Financial Officer and the Division Directors for Child Protection Services, Child Care Services, Medical Services, Economic Assistance, Child Support, Behavioral Health, Legal Services, the Human Services Center Administrator and the Human Resource Manager. The team meets twice monthly to discuss department and division initiatives, staffing, legislation, budgets, integration of services and to identify successes, challenges and solutions.
2. The CPS Management Team consists of the Division Director, Assistant Division Director, Program Specialists and the Regional Managers. The team meets every quarter face to face. Agenda items include the status of each region and program area which are standing agenda items, ongoing progress evaluation of current initiatives, and discussion, selection, and planning of new initiatives accepted by the team. During the months the team does not meet face to face, conference calls are held.
3. The CPS Program Specialist Team meets every quarter. Program specialists are the subject experts at the state office level of CPS. One of the agenda items is an analysis of the Permanency, Safety and Well Being regional reviews to determine if there are gaps in policy and procedure or a need for additional staff development. The team also tracks the progress of the agency's PIP, CFSP, and APSR.
4. Regional Managers are invited to participate in a portion of the Program Specialist meetings to discuss gaps in policy and practice that are causing poor outcomes following their region's review. This might include adjusting a current policy or practice, developing new practice guidelines or policy, providing additional training, making additions or changes to the FACIS system, or collaborating with another agency in the community to improve outcomes
5. The CPS Supervisory Team meets twice a year; the team consists of the Division Director, Assistant Division Director, Program Specialists, Regional Managers, and all Supervisors. The team focuses on the status of current initiatives, topic specific skill enhancement, education, and planning. The group discusses and has input in the CFSP and the APSR.
6. The Department of Social Services Strategic Plan for 2017-2021 was shared with DSS staff through several informational meetings held across the state in the fall of 2017. The Plan includes broad Department goals, one of which relates to protecting individual from abuse, neglect and exploitation, others relate to meaningful outcomes for customers CPS serves and the recruitment and retention of a quality workforce.
7. The CPS CSI (Comprehensive Safety Intervention) Workgroup meets consists of the Assistant Division Director, Program Specialist, Regional Managers, Supervisors and Family Services Specialist. The team focuses on the states safety model by the review of policies and trends to make recommendations to the CPS Management Team. The team will include case fidelity reviews to ensure practice is implemented as intended.
8. CPS maintains their own faculty for certification training for new Family Services Specialists. The faculty consists of Program Specialists, Supervisors and Family Services Specialists which helps guide and provide insight on how training topics are

implemented in work practice at the local level. Faculty meets with their training colleges one to two times a year to plan for and assess the training needs of new Family Services Specialists. Adjustments to enhance the training is based on the SPWB, 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.

9. The Permanency and Well-Being Workgroup was formed in 2019 and first met in April 2019. The Permanency and Well-Being Workgroup is composed of Child Protection Program Specialists, Regional Managers, Supervisors, and Family Services Specialists. There are several stakeholders who are also on the workgroup, including; Lutheran Social Services, Bethany Christian Services, Abbott House, UJS, Catholic Social Services, ICWA Representative, Foster Parent, Youth, and Parent. The focus on the Permanency and Well-Being Workgroup is assessing current permanency and well-being outcomes determining enhancements in policy and practice to help support better outcomes.
10. Each year a mandatory Intake Specialist meeting is held to update the Intake Specialists and the Intake Specialist Screeners on policies and procedures and to discuss practice. Prior to the Intake meeting, questionnaires are sent out to the Family Services Specialists and Supervisors on topics they would like to discuss and review. This gives the Intake Family Services Specialists, Screeners, and Supervisors input on the agenda items at the annual training. The agenda includes training on sufficient information gathering, identifying danger threats, peer reviews, and team building activities.

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

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

3. CPS asked partners with the Child Welfare System to participate in a survey to learn more about the awareness and use of community supports and resources to help parents care for their children. This survey was completed in Regions 1 and 6 in June 2019 with 47.5% participation of the partners who were targeted. Information was collected from child welfare partners on accessibility of services, significant barriers to access mental health resources, significant barriers to access substance abuse services, how their agency supports families, what is the most sufficient resources in their community to prevent child abuse and neglect, what is the least sufficient resources to prevent child abuse and neglect, what are the reasons they see children enter the foster care system and what are the reasons they see children remain in the foster care system. This survey will be implemented statewide on a yearly basis in conjunction with an office's CQI meeting with community partners.
4. Interviews are completed with community stakeholders, parents and children, and CPS staff when Safety Permanency and Wellbeing (SPWB) QA reviews are completed to obtain input on CPS service delivery. The results of the interviews are provided to the Regional Managers and Supervisors for each office reviewed to help in determining systemic strengths and needs and responding to the needs either locally or programmatically. The information gained from the interviews is used to assess outcomes and the CPS service system. This information will also be presented at the offices CQI meeting that includes stakeholders.
5. The CQI Core Team surveyed parents whose children are on Trial Reunification or have successfully had their children reunified with them. The purpose of the stakeholder interview with parents and surveys was to gather information to help improve the CPS provision of services. Parents had the opportunity to voice what their expectations were in working with CPS and if those expectations were achieved. This helped CPS determine quality of services and areas where quality can be enhanced. The initial survey was completed January 2019 and the results have been analyzed by the CQI Core Team. A parent survey will be completed annually to assist CPS in continuing to improve services and Outcomes for parents. During the office reviews, parents are selected as stakeholder interviews to provide another avenue to obtain their feedback on how CPS meets their needs and provides them adequate services.
6. One of the overarching goals of the 2020-2024 plan is to improve communication between partners of the child welfare system. This includes stakeholders as reviewers, a survey to them, and CQI meetings with the stakeholders. Information will be used at the CQI meetings with the stakeholders is data from the SPWB reviews, results of a survey sent to them a month prior to the meeting, information collected from stakeholder interviews by the Program Specialist the week of the onsite review, and any pertinent data from FACIS. Regional Managers will have their office CQI meeting with stakeholders scheduled by September 2020. The Outcomes Management Program Specialist will help each Regional Manager prepare for their stakeholder CQI meeting by providing data, an outline on how to present the data, and any other support they require
7. South Dakota has started to implement stakeholders participating in Safety, Permanency, and Well-Being (SPWB) reviews to promote transparency amongst the Child Welfare System. Stakeholders will begin to complete SPWB reviews in July 2019. Each Region was asked to select any stakeholders they determined to be

experienced enough to do a review. Those names are provided to the Outcomes Management Program Specialist. Stakeholders were also asked during the Candidates for Care Meeting in which several came forward. Individuals from Bethany Christian Services, Lutheran Social Services, UJS, Minnehaha County State's Attorney, Center for the Prevention of Child Maltreatment. A training will be provided to stakeholders surrounding the SPWB review process, the Onsite Review Instrument Instructions (OSRII), completing interviews, and navigating the Online Monitoring System. Stakeholders will be partnered up with someone from CPS who is experienced with completing SPWB reviews.

8. The Justice for Children Committee (JCC) is a combined committee that is established to meet the requirements of the Children's Justice Task Force Grant and the Child Abuse Prevention and Treatment Act Grant. The membership includes those required by the grant, which are the following: law enforcement, Criminal Court Judge, Civil Court Judge, prosecuting attorney, defense attorney, attorney for children, Court Appointed Special Advocate representative, health professional, mental health professional, Child Protective Services agency personnel, an individual experienced in working with children with disabilities, a parent, an adult former victim of child abuse/neglect, and an individual experienced in working with homeless children and youth. Review of the broader systems involved with child welfare and policy and recommendations for enhancement and improvements are ongoing functions of the JCC. The JCC is consulted regarding CPS policy, practice and training related to responding child abuse and neglect, including sex trafficking of children.
9. CPS surveys youth in accordance with the NYTD regulations at age 17 for children in foster care & follow-up surveys at age 19 and 21. The State additionally surveys all 17-year-old youth in foster care each year, not just in Federal NYTD Baseline years. The State reviews the survey results and uses the information in planning. For example, the surveys and youth collaboration have indicated homelessness is a concern the State will focus on in the CFSP.
10. Independent Living Services (ILS) Advisory Workgroup-The ILS Advisory Workgroup is composed of representatives from CPS, Department of Corrections, group and residential facilities, Community Resource Persons (CRP), tribal representative, and youth who are in foster care or have exited foster care. The ILS Workgroup meets at least twice per year and advises CPS on the biannual teen conference, the Regional ILS training workshops, program development, and service delivery to youth. Data on NYTD and Youth Exit Surveys are provided at the meetings. The ideas and input provided during the meetings are used in the development of the CFSP. The input of the workgroup will continue to be used during FFY20 to measure progress and make any needed adjustments in the ILS services.
11. The ILS Young Voices youth groups are in four communities (Sioux Falls, Rapid City, Mitchell, and Aberdeen.) Young Voices continues to provide youth another means to share their views and experiences in foster care and provide input into how the system can improve IL Services and transition support. The CRPs attend the meetings and provide updates to the CPS ILS Program Specialist on the Young Voices work and recommendations. Recommendations from Young Voices are used in the development of the CFSP. The input of the youth will continue to be used during FFY20 to measure progress and make any needed adjustments in the ILS services.

12. Exit Interviews are completed by youth that age out of care. The exit interviews 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; information will continue to be used during FFY20 to measure progress and make any needed adjustments in the ILS services.
13. The Licensing Program Specialist prepares for the annual relicensing on-site visit to group care centers for minors and residential and intensive residential treatment facilities by surveying residents and staff. The resident survey includes a range of questions on topics such as how the resident is treated; whether the resident feels safe; what contact they have with their family and supervising staff; and how they are engaged in the development of their treatment plan. The staff survey includes questions pertaining to program policies and procedures, training, treatment planning, and services offered by the program. The information is shared with the South Dakota Association of Youth Care Providers, CPS staff, and to address program and planning of services through the CFSP.
14. The Parenting Education Partners is a statewide network of parenting educators that provide parenting classes. The Parenting Education Partners Advisory Board, which is composed of parents and other stakeholders, meets two times per year to assess the effectiveness of the Common Sense Parenting and Responsive 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. The input from the Advisory Board will continue to be used during FFY20 to measure progress and make any needed adjustments in the Parenting Education Program.
15. CPS conducts an online survey of foster families every three years. The last survey was completed in September of 2018 with 256 out of 816 or 32% of licensed foster families completing the survey. Survey questions related to training, communication/support, working with birth parents, and court hearings. Outcomes of the survey are utilized to improve services to foster parents. Some notable outcomes were 85% of the respondents feel they are supported as a foster parent and 94% of the respondents would recommend becoming a foster parent to someone they know.

CPS team members participate in the following teams, committees, groups, etc. to continue to foster collaboration across the child welfare system. Each team promotes the child welfare system and informs the development of the CFSP and subsequent progress evaluations of the APSR.

1. The State/Tribal Child Welfare Consultation continues to meet to facilitate coordination and information sharing between CPS and the Tribes. The group includes representatives from tribal child welfare programs, ICWA programs, CPS, and Casey Family Programs. Items related to the CFSP and APSR continue to be discussed at each of the meetings. A collaborative planning meeting was held in mid-June 2019 to

develop the collaboration between CPS and the tribes for the CFSP. Details can be found in the Tribal Collaboration section of the CFSP.

2. The South Dakota ICWA Placement & Recruitment Project also known as South Dakota Native Foster Care (SDNFC) was created in 2014 with the task of increasing the amount of Native American foster homes in South Dakota. The group consists of members of 9 tribes in South Dakota and DSS staff from each region. Recruitment is held, when possible, throughout the year at pow-wows and community and sporting events. Events are posted on the group's Facebook page, which has over 1,000 followers.
3. The South Dakota Youth Care Providers Association meets quarterly. Representatives from the Department of Social Service (CPS, Auxiliary Placement and Behavioral Health) and the Department of Corrections attend the meetings to discuss areas related to children placed in group and residential care such as admissions, denials, discharges, seclusion and restraints, placement numbers, out of state placements and efforts to improve the system for youth placed in upper levels of care.
4. The ILS Program Specialist is a member of the South Dakota Youth Employment Services, a subgroup of the South Dakota Workforce Development Council (WDC) established by the state Department of Labor to help improve youth employment. Information obtained through the group will be used to during FFY20 to measure progress and make any needed adjustments in the ILS services.
5. 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 during FFY20 to measure progress and make any needed adjustments in the ILS services. The committee holds monthly conference calls and quarterly meetings to share information regarding housing trends and resources.
6. Parenting Education Partners hold peer reviews of local Parenting Education providers. The information from the reviews is used in the APSR to improve parenting education and other prevention services. The input gained from the Peer Reviews is used to the development of the CFSP and will continue to be used during FFY20 to measure progress and make any needed adjustments in the Parenting Education Program.
7. South Dakota Preventable Death Team - The South Dakota Preventable Death Team collaborates 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 statewide. In the next four years, the team will expand statewide to include all counties in the state. An additional outcome is to understand why infants die and to strategize prevention efforts.
8. Interagency Coordinating Council - The South Dakota Interagency Coordinating Council (ICC) was established in June 2005 under the provisions of Public Law 105-17. Members are appointed by the Governor and work as a committee to advise and assist the Department of Education on identifying appropriate services for children ages birth to three. Recommendations by the council include the implementation of

the requirements of Part C of the Individuals with Disabilities Education Act (IDEA). The Protective Services Program Specialist was appointed to this council and presents information regarding the number of children in custody and the number of children that are referred to the Birth to Three program. Information is also shared regarding current events and updates in the child welfare system.

9. Pre-Kindergarten – 12th grade and Youth Serving Organizations -The Pre-Kindergarten – 12th grade and Youth Serving Organizations (PK-12 YSO) task force was developed to surround community's infrastructure, particularly schools and youth-serving organizations, with the tools and education necessary to know of, respond to, and prevent child maltreatment. The membership includes the Protective Services Program Specialist, Vice President of the South Dakota School Counselor's Association, Director of South Dakota Kids Count, President of the South Dakota Association of School Psychologists, Director of Associated School Boards of South Dakota, Executive Director of School Administrators of South Dakota, as well as members from South Dakota Department of Education. Four focused objectives of the task force are to 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 coordinated efforts 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.
10. The Child and Family Services Interagency Workgroup meets quarterly. Areas of focus are family planning, newborn screenings for hearing and metabolic diseases, the WIC program that provides supplemental nutrition for women, infants, and children, For Baby's Sake that provides information and resources to help women have healthy pregnancies and healthy babies, and access to oral health. The CPS Protective Services Program Specialist is also a member of this workgroup and provides input regarding safety of children, as well as education regarding child welfare in South Dakota.
11. 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.
12. The Protection Services Program Specialist is an appointed member of the SD CASA Commission board. The board monitors the number of children served and the number of children waiting for a CASA volunteer. Funding determinations are considered through the board. The board provides opportunities for education and collaboration. The CASA program has six active programs across the state.
13. CPS and the Department of Education continue their collaboration related to the implementation of Title I of the *Every Student Succeeds Act*. Procedures for staff in

CPS and local school districts were developed, as well as an MOU between the Departments of Education and Social Services to enhance educational stability for children and a process to address issues as they arise.

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 10-year plan will increase the state's capacity to address all forms of child maltreatment. The six goals of the plan include 1) Statistic and Benchmarking, 2) Public, Private and Tribal Health, 3) Mandatory Reporting, 4) Criminal Justice and CPS Response, 5) Infrastructure, and 6) Public Awareness. The Center has an advisory board with multidisciplinary representation including the Division Director for CPS. The advisory board provides direction, guidance and oversight of the 10-year plan. The objectives of this plan will increase the state's capacity to address all forms of child maltreatment.
15. Four representatives from CPS participate as members of the Court Improvement Program Committee (CIP). The CIP Committee focuses on areas that relate to the CFSR permanency outcomes, the case reviews system, and the CFSP.
16. CPS is involved in the Juvenile Detention Alternatives Initiative (JDAI), which is a program intended to provide alternatives to detention for youth in the juvenile corrections system. The Regional Managers from Regions 1 (Rapid City) and 6 (Sioux Falls) are members of the JDAI committees in their service area. JDAI expansion meetings were held in Aberdeen, Watertown, Mitchell, and Pierre with CPS supervisors from those offices participating in the meetings. Occasionally, children under CPS custody enter the juvenile corrections system, and it is important to provide less restrictive alternatives.
17. The "Why Not You?" task force is a coalition of five public and private adoption agencies in Pennington County and Minnehaha County (Catholic Family Services (SF), Catholic Social Services (RC), Bethany Christian Services, Children's Home Society, Lutheran Social Services and the Foster One program of the S.D. Department of Social Services) that began working together in late 2015 to increase the number of adoptive and foster families in South Dakota, particularly in western South Dakota where the need is great. The five agencies work together to provide services to children whose families are in crisis; to infants in need of a transitional and/or permanent home; to children adopted internationally who often times would perish in their country of origin; and to children in tribal custody.

c) Vision Statement

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

II. Assessment of Current Performance in Improving Outcomes

A. Child and Family Outcomes

a) Safety Outcomes 1 and 2

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

South Dakota received an overall rating of Area Needing Improvement for Item 1 because 88% of the 41 applicable cases were rated as a Strength.

- 88% of 41 applicable cases rated as a Strength
- There were no trends detected regarding timeliness of initiating investigations.

Centralized Intake was implemented on January 12, 2015 to enhance the sufficiency of information gathering and to assist in providing consistent caseloads across the state. In addition, Regions 1 and Region 6 combined screening on February 5, 2019, as the first step in centralizing the screening process. CPS was approved 15 additional FTE for FY 2020 and two of those FTE will be designated as Family Services Specialist Screeners. Centralized Screening for the entire state will be fully implemented by the Fall of 2019. The goal of centralized screening is to create consistency in the screening of reports being assigned and timeframes for initial contact across the state of South Dakota.

The Protective Services Program Specialist has been providing QA regarding initial contact to help monitor the timeliness of initial contact to determine what, if any, patterns exist to why Family Services Specialists are not meeting initial contact. Initial contact is also monitored through the Safety, Permanency, and Well-Being onsite reviews.

The Protective Services Program Specialist and Ongoing Program Specialist completed a study of Request for Services screened as a 0-7 day initial contact and screened out Request for Services. The study determined if screeners are applying the screening criteria and to propose enhancements which can more clearly define screening and response criteria. Through the review of Request for Services it was determined to reevaluate criteria for initial contact response. There is now only one criterion that falls under the 0-7 day initial contact, which is when the report confirms the maltreater does not have access to the home and the children are currently safe while the maltreater is out of the home for at least up to 7 days. The remaining criteria are assigned as immediate or 0-3-day initial contact.

South Dakota will continue to focus on improving timeliness of initial contact. The following initiatives are going to be completed in the next five years:

- Fidelity reviews of the centralized intake process.
- Complete implementation of centralized screening
- Fidelity reviews of centralized screening.

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

South Dakota received an overall rating of Area Needing Improvement for Item 2 because 83% of the 29 applicable cases were rated as a Strength.

Services to family to protect child(ren) in home and prevent removal or re-entry into foster care

- Item 2 was rated a Strength in 92% of the 24 applicable foster care cases.
- Item 2 was rated a Strength in 40% of the 5 applicable in-home services cases.
- Provision of safety related services to ensure the child's safety and/or services related to the parent's ability to manage specific child needs/behaviors.

South Dakota received an overall rating of Area Needing Improvement for Item 3 because 40% of the 72 applicable cases were rated as a Strength.

Risk assessment and safety management:

- Strength rating by case type:
 - 51% of the 47 applicable foster care cases
 - 20% of the 25 applicable in-home services cases.
- The agency conducted an initial assessment that accurately assessed all risk and safety concerns in 50% of the cases.
- The agency conducted ongoing assessment that accurately assessed all risk and safety concerns in 56% of the cases.
- When safety concerns were present, a safety plan was developed and monitored as needed in 43% of the cases.
- There were no safety concerns pertaining to children in the family home that were not addressed by the agency in 53% of the cases.

Since the 2016 Child and Family Services Review there has been updates to the Comprehensive Safety Model (CSI). CPS implemented the most recent enhancement to the CSI model with safety plan determination and conditions for return. The goal is to return children home sooner, safely, with an emphasis on keeping them in the family home, and ultimately preventing re-entry into foster care through the development of an in-home safety plan. CPS will continue to monitor practice and the impact in the early stages of statewide implementation through the Safety, Permanency, Well-Being onsite reviews. Adjustments will be made as needed through the CQI process. Safety Plan Determination and Conditions for Return were implemented statewide June 2017 and is captured on the Program Improvement Plan under Goal 1 Strategy 2.

The Program Improvement Plan, Goal 1, Strategy, 1 outlines a process to implement a regional assessment, consultation, and coaching to evaluate the safety practice and supervision. Two components, which will comprise the assessment and coaching processes included in this strategy. Assessment Component I was initiated to assess whether the children must remain in an out of home safety plan or whether their safety could be maintained in their homes through an in-home safety plan. This review will be paired with Assessment Component II to strengthen the assessment of implementation of practice. 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.

South Dakota will focus on improving safety assessment for children and families. The following are initiatives to be completed in the next five years:

- Implementation of PIP Goal 1, Strategy 1 in Regions 1 and 6. If successful then implementation will be statewide.
- Fidelity reviews of Safety Plan Determination and Conditions for Return
- 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.
- Candidates for Safe Care Project
- Stakeholder meetings to help determine the correct safety response for children, i.e. the correct children are coming into protective custody.

b) Permanency Outcomes 1 and 2

A Permanency Workgroup has been assembled to evaluate permanency outcomes, policies, and practices and develop strategies to improve outcomes. The Permanency Workgroup Members consist of CPS Program Specialists, CPS Regional Managers, CPS Family Services Specialist Supervisors, CPS Family Services Specialists with several different specialties (Kinship Specialist, Adoption Specialist, Ongoing Workers, Children's Workers), Parent who's child has been reunified, youth in foster care, Foster Parent, representative from Catholic Social Services, Bethany Christian Services, Lutheran Social Services, Abbott House Group Home, and ICWA representative.

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

Child and Family Services Review Data:

South Dakota received an overall rating of Area Needing Improvement for placement stability because 70% of the 47 applicable cases were rated as a Strength.

- In 41% of cases, placement changes were planned to achieve case goals or meet the needs of the child
- Child's current placement at the time of review was considered stable in 89% of cases
- Practice Trends: Kinship placement is a strength, while there's a lack of therapeutic placements, and native foster homes

South Dakota received an overall rating of Area Needing Improvement for timely and appropriate permanency goals because 60% of the 45 applicable cases were rated as a Strength.

- Goal types:
 - 13 Adoption
 - 4 Reunification
 - 7 Guardianship
 - 1 APPLA
- 20 cases with concurrent goals
 - Reunification/Adoption: 11
 - Reunification/Guardianship: 8
 - Adoption/Guardianship: 1
- Timeliness of goal setting: 78% of cases
- Appropriateness of goals: 84% of cases
- Timely filing of a petition to terminate parental rights (or exception applied): 37% of cases
- Practice trend: The agency does not consistently file petitions to terminate parental rights.

South Dakota received an overall rating of Area Needing Improvement for achieving permanency because 30% of the 47 applicable cases were rated as a Strength.

- Concerted efforts towards timely achievement were seen in
 - 28% of cases with a plan of reunification
 - 31% of cases with a plan of guardianship
 - 28% of cases with a plan of adoption
 - 100% of the child with a goal of APPLA placed in a permanent arrangement
- Practice Trend: Court and Tribal Court delays

The Permanency Roundtable Model was introduced to CPS 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.

Casey Family Programs facilitated a Training of Trainers in July 2016. Once the training was completed, a Permanency Roundtable Workgroup formed. The Workgroup met a number of times to create state specific forms, review how the process is working in the various regions and to strategize moving this model forward to other regions. Implementation of Permanency Roundtables has been completed in four of the seven regions in South Dakota. Permanency Roundtables are implemented in Region Two, Region Four, Region Five, and Region Seven.

The roll out of Permanency Roundtables has spanned over three years. Each Region that has implemented the Roundtable process has tailored their selection of cases to meet the needs of their region. CPS has found the process to be successful in moving cases to permanency as well as being supportive of staff.

The Program Improvement Plan Goal 2/Strategy 3 focuses on the timeliness and quality of permanency hearings for children. The CIP is developing, establishing and implementing Best Practice Standards for permanency hearings. The goal is 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. Best Practice Standards will be developed in collaboration with the Court Improvement Committee. CPS court report will be revised to provide information related to the Best Practice Standards. The Best Practice Standards will be presented to the Presiding Judges and incorporated within the South Dakota Guidelines for Child Abuse and Neglect Cases. Implementation is planned to begin in Minnehaha and Pennington County by July 2020. Measurement of the plan to improve timely and quality permanency outcomes will occur through Safety, Permanency and Well-being Reviews, collected data from FACIS and UJS Odyssey and observation/evaluation of court proceedings. Data analysis will determine if revisions need to be made for this strategy or create a new strategy to address timely and quality permanency outcomes.

While parents and children have legal representation throughout the court process in South Dakota, the question remains: Is the quality of the family's representation delaying court proceedings? At times legal representatives for parents and children may hinder permanency for children if legal representatives are not well versed in court proceedings involving abuse and neglect cases. Children continue to remain in care longer than necessary due to unnecessary adversarial posturing by attorneys and unacceptable court delays. Goal 3 of the South Dakota PIP outlines strategies to improve timely and quality permanency for children.

South Dakota is focusing on improving children's permanency and stability in their living situations. The following are initiatives to be completed in the next five years:

- CPS continues to focus on improving development of appropriate permanency goals and achievement of timely permanency using the Permanency Roundtable Process with the following initiatives in the next five years.
 - Completion of statewide implementation of Permanency Roundtables by December 2020. This includes the two largest regions in the state.
 - Creating Child Protection policy around Permanency Roundtables by December 2021.
 - Creating and completing fidelity reviews of the Permanency Roundtables by December 2023.
 - Report measurable outcomes achieved by this process annually.
- Implementation of Program Improvement Goal 2/Strategy 3. Data analysis of this strategy will determine if strategy is revised and/or implemented state-wide.
- Exploration of feasibility to utilize Title IV-E funding for reimbursement for high-quality legal representation for children and parents by 2023.

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

Child and Family Services Review Data:

South Dakota received an overall rating of Area Needing Improvement for placement with siblings because 70% of the 33 applicable cases were rated as a Strength.

- The child was placed with all siblings in 39% of the applicable cases
- A valid reason for sibling separation existed in 50% of applicable cases
- Practice Trend: Not enough foster homes to meet the need for resources for placement of brothers and sisters

South Dakota received an overall rating of Area Needing Improvement for visiting parents and siblings in foster care because 58% of the 43 applicable cases were rated as a Strength.

- Concerted efforts made to ensure frequency and quality of visits sufficient to maintain and promote continuity of the relationship
 - With the mother in 68% of 34 applicable cases
 - With the father in 45% of 22 applicable cases
 - With siblings in 63% of 19 applicable cases
- Practice Trend: Engagement with parents to develop visitation plans did not always occur

South Dakota received an overall rating of Area Needing Improvement for preserving connections because 62% of the 47 applicable cases were rated as a Strength.

- Efforts to maintain identified connections were made in 77% of cases
- Practice Trends:
 - It was noted there was a lack of ICWA placements available.
 - Connections with relatives were not preserved.

South Dakota received an overall rating of Area Needing Improvement for relative placement because 67% of the 46 applicable cases were rated as a Strength.

- Child's current or most recent placement was with relatives in 37% of cases
- In 94% of those cases, the child's placement was considered stable and appropriate to his/her needs.

- The agency made concerted efforts to identify, locate, inform, and evaluate
 - Maternal relatives in 64% of cases
 - Paternal relatives in 57% of cases

South Dakota received an overall rating of Area Needing Improvement for the relationship of a child in care with parents because 59% of the 34 applicable cases were rated as a Strength.

- Concerted efforts were made to promote, support, and otherwise maintain a positive, nurturing relationship between the child in foster care and his or her
 - Mother: 66%
 - Father: 57%
- Practice Trends: Lack of engagement with parents to include opportunities to promote, support, and/or maintain relationships.

Since the 2016 Child and Family Services Review, there was a review of policy and training regarding frequency and quality of parent/child visitation. There were inconsistencies across the state on how often visits should be and what was considered out of proximity to have weekly visits. Quality of visits was also subjective on the worker or supervisor. It was determined Permanency and Well Being certification training will provide hands-on activity on how to develop quality visitation plans between children and their parents. The training includes how to develop quality visitation plans, including analysis of plans to identify quality vs. insufficient visitation plans. However, policy did not provide much direction when it came to frequent and quality visits between children and parents. A workgroup was formed to develop a policy to define frequent and quality parent/child visits. The policy will be developed by January 2020 and implementation will be completed by July 2020.

South Dakota continues work to improve attitudes and actions by members of the child welfare system to promote, support, and otherwise maintain a positive, nurturing relationship between the child in foster care and his or her mother or father outside of visitation. CPS policy directs staff to facilitate Placement Team Meetings between the foster parent and birth parent when a child is placed in care. The meeting is intended to be the first step in bridging a partnership between the foster parent and birth parent. Families are introduced to each other and share information about the child's needs, including connections and daily routine. PRIDE Online pre-service foster and adoptive parent training demonstrates the expectation of birth family/foster family partnership in parenting children in foster care. CPS staff receive training at certification about the importance of birth parents' involvement in children's well-being decisions and their activities. A tool is provided to all CPS staff to help guide discussion with kinship and foster parents about ways the birth family can be involved in the child's activities. The child visit narrative directs staff to document at least once per month the plan for child and parent relationship and activities which have been taking place since the last caseworker child visit. Foster parent recruitment and training will continue to reflect a message of foster care as a service to a family, not only a child. The permanency workgroup will be utilized to assess progress and barriers related to child and birth family relationships and make recommendations for improvements in this area.

A model for foster parents mentoring birth parents will be developed in Region 7 (Mitchell, Lake Andes, Vermillion, and Yankton). The goal is to increase partnerships between foster parents and birth parents to provide the parent more opportunities to maintain healthy relationship with their child(ren) and encourage life-long connections for the child(ren).

South Dakota will focus on improving the continuity of family relationships and preserving connections for children. The following are initiatives to be completed in the next five years:

- Implementation of a visitation policy and practice to define frequent and quality parent/ child visitation by January 2020.
- Permanency workgroup will complete quarterly fidelity reviews of the visitation policy after it is implemented.
- Safety, Permanency, and Well-Being reviews will assess if the implementation of the visitation policy influences permanency 2 outcomes.
- Development and implementation of foster parents mentoring birth parents' model in Region 7 will be completed by:
- Permanency workgroup will research criteria of successful mentorship models by January 2020.
- Licensing supervisor and licensing staff will select at least four foster families in Region 7 who are experienced and have developed quality partnerships with birth parents by March 2020.
- Interviews will be completed by member(s) of the Permanency Workgroup with the identified foster families to gather information related to their qualities, experience and skills which make them successful working with birth families by July 2020.
- Permanency Workgroup will develop standards and best practice guidelines for quality foster parent mentorship based and present to Region 7 licensing unit by November 2020.
- Region 7 Licensing will provide training to a minimum of two families in Region 7 based on the best practice guidelines developed and provide training to these families and families who will begin mentoring by January 2021.
- Mentorship will continue until the child is reunified, child changes placement, or court determines reunification is no longer the child's permanent plan. An evaluation of the mentorship experience will be completed with foster family, birth family, and CPS when one of these three events occurs.
- Additional mentor foster families will be identified to be trained and begin mentoring using best practice guidelines through consultation with Region 7 Licensing unit and continue through July 2022.
- A review of data collected from FACIS, SPWB outcomes, and mentorship model evaluations collected from birth families, foster families, and CPS from January 2021-July 2022 will be completed by the Permanency Workgroup to assess the effectiveness of mentorship model and make recommendations for further implementation in additional regions by November 2022.
- If families participating in the mentorship model are selected for Safety, Permanency, and Well-being reviews for Region 7, the review will assess how foster parent mentoring impacted the outcome(s) related to Permanency 2.

c) Well-being Outcomes 1, 2 and 3

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

Child and Family Services Review Data:

South Dakota received an overall rating of Area Needing Improvement for needs and services to children because 75% of the 72 cases were rated as a Strength.

- Children's needs appropriately assessed in 89% of cases
 - Foster Care: 96% of 47 cases
 - In-Home: 72% of 25 cases
- Appropriate services were provided to meet needs in 68% of cases
 - Foster Care: 78% of 32 cases
 - In-Home: 47% of 15 cases

South Dakota received an overall rating of Area Needing Improvement for Item needs and services to parents because 35% of the 63 applicable cases were rated as a Strength.

- Parent's needs were appropriately assessed and addressed through services 35% of cases
 - Foster Care: 38% of 39 cases
 - In-Home: 29% of 24 cases
- There was a difference in ratings between mothers and fathers
 - 64% of the 58 applicable cases, the agency made concerted efforts both to assess and address the needs of mothers.
 - 42% of the 55 applicable cases, the agency made concerted efforts both to assess and address the needs of fathers.

South Dakota received an overall rating of Strength for needs and services to foster/kinship parents because 96% of the 45 applicable foster care cases were rated as a Strength.

- Needs of foster parents were appropriately assessed and addressed through services in 96% of 45 cases

South Dakota received an overall rating of Area Needing Improvement for parent/child involvement in case planning because 51% of the 70 applicable cases were rated as a Strength.

- Child(ren) actively engaged in 76%
- Parent engagement:
 - Mothers in 67%
 - Fathers 54%
- Case Type Comparison
 - Foster Care 65% of 46 cases
 - In-Home 25% of 24 cases

South Dakota received an overall rating of Area Needing Improvement caseworker visits with children because 85% of the 72 cases were rated as a Strength.

- Adequate frequency and quality: 85%
 - Foster Care 94% of 47 cases
 - In-Home 68% of 25 cases
- Frequency
 - 96% at least 1 time per month
 - 4% less than 1 time per month
- Sufficient Quality
 - 87%

South Dakota received an overall rating of Area Needing Improvement for caseworker visits with parents because 34% of the 64 applicable cases were rated as a Strength.

- Adequate frequency and quality in 34% of applicable cases
- Performances for foster care cases was better than for in-home cases
- Mothers: 60% of 60 applicable cases
 - The frequency was sufficient in 65% of cases
 - Quality was sufficient in 68% of cases
- Fathers: 33% of 54 applicable cases
 - The frequency was sufficient in 30% of cases
 - Quality was sufficient in 43% of cases

South Dakota implemented Motivational Interviewing Training to increase Family Services Specialist's skills in engaging parents. It can help decrease parent's resistance to intervention and is intended to strengthen the parent's own motivation and commitment to change. The model fits well with the Initial Family Assessment (IFA) and, particularly with the Protective Capacity Assessment (PCA); the PCA uses a collaborative approach with parents and focuses on self-determination. The training is composed of Level I and Level II. The first efforts were to train the Supervisors, Regional Managers, Program Specialists and Lead Family Services Specialists on both Levels. All current Family Services Specialists were then trained on Level I, which includes the introduction to Motivational Interviewing and training and practice on the skills and techniques. After a few months to practice what they learned in Level I, Level II training was provided, which includes refresher training and time for consultation. Level I and Level II motivational interviewing have been added to the certification training curriculum. Due to the complexity and time demands required, CPS will not be implementing the full Motivational Interviewing model. The Regional Managers and Supervisors will develop a plan to incorporate periodic practice exercises during office/unit staff meetings to assist with sustainability of the model. Once the plan is developed, it will be detailed in the Regional Managers monthly report. CPS believes training on Motivational Interviewing will be a valuable skill to improve staff interview and engagement skills. Motivational Interviewing is a strategy in the Program Improvement Plan under Goal 3 Strategy 1.

The 2016 Child and Family Services Review findings supported there was a lack of needs assessment and services towards the non-resident parent. A non-resident parent case plan was developed and implemented. The non-resident parent case plan was implemented in October 2017, with case consultation provided to supervisors who required development. The FACIS system was updated to capture the non-resident case plans completed. The assessment of the quality of non-resident case plan will be done through the Safety, Permanency, and Well-Being Reviews. This is included in the Program Improvement Plan under Goal 3 Strategy 2.

There were updates to the Protective Capacity Assessment to outline the impending danger, existing protective capacities, diminished protective capacities, and activities and to take out the contact section of the Protective Capacities Assessment. The revised Protective Capacity Assessment was designed to help parents focus on the path to change and help Family Services Specialist get parents Protective Capacity Assessment to them sooner.

The Child Case Plan Workgroup incorporated a new Child Case Plan in August of 2017 and continued to monitor fidelity and effectiveness of the case plan. There was Child Case

Plan consultations and feedback gathered from field staff. The Child Case Plan Workgroup created the latest version of the Child Case Plan, which including input from field staff from across the state, two youth who are currently in the foster care system, and placement resources to enhance the Child Case Plan process. The new version of the Child Case Plan is set to be implemented on June 3, 2019. This is included in the Program Improvement Plan under Goal 3 Strategy 2.

Narrative tabs were implemented in April of 2017 to help assist in capturing quality documentation of caseworker visits with children and parents. This narrative includes safety, permanency, and well-being and ensures case plan goals are discussed when a worker is conducting a home visit with a child and parent. A monthly home visit tool was also created and provided during PWB Training to help prompt meaningful conversations with children in the areas of safety, permanency, and wellbeing. Staff also receive a guide to utilize during face to face contacts with parents to promote quality conversations. Parent face to face visits are tracked in FACIS and reports are run monthly to ensure visits are occurring consistently. The CQI Core Team sent out survey's to Family Services Specialist and Supervisors to gather feedback on the functionality of the narrative tabs. That feedback was analyzed, and enhancements were made to the narrative tab, which included creating a specific narrative tab for in home cases. The update to the narrative tab was implemented in June 2019.

South Dakota will focus on improving needs and services for children and parents. The following initiatives are going to be completed in the next five years:

- Yearly fidelity reviews of the Non-Resent Protective Capacity Assessment and Protective Capacity Assessment process and case plan document led by the Ongoing Program Specialist.
- Bi-annual Fidelity reviews of the Child Case Plan, both narrations to review the process of developing the case plan and the document, this is led by the Outcomes Management Program Specialist.
- The Regional Managers and Supervisors incorporate periodic practice exercises during office/unit staff meetings to assist with sustainability of the motivational interviewing model.
- Safety, Permanency and Well-Being reviews will capture the effectiveness of Motivational Interviewing based on the outcomes.
- Quarterly fidelity reviews of the parent and child caseworker visit narrative tabs let by the Outcomes Management Program Specialist.

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

Child and Family Services Review Data:

South Dakota received an overall rating of Area Needing Improvement for educational needs and services because 90% of the 48 applicable cases were rated as a Strength.

- Adequate assessment in 92% of cases
- Concerted efforts to provide appropriate services in 88% of cases
- Case Type Comparison
 - Foster Care 93% of 41 cases
 - In-Home 71% of 7 cases

CPS is making efforts to keep children in the same school system in compliance with Every Child Succeed Acts. The Department is tracking school credits for older youth on the educational screen as well as working with the Department of Education to ensure youth are being credited with educational credits that go towards high school graduation. The Child Case Plan was updated to reflect if the child is on an IEP or ISFP, and high school credits are being tracked on the Child Case Plan. The Child Case Plan has been updated to capture Age 16, 17 and transition to adulthood for youth. The Department request records to ensure the child is on target educationally. Youth often lose credits when they move from one school district to another or are placed in group and residential facilities.

South Dakota will focus on improving the educational assessment and services for children. The following initiatives are going to be completed in the next five years:

- The Independent Living Program Specialist will incorporate improvements to policy and practice of the management (tracking and planning) of educational credits for youth in care. This will be an ongoing task.
- Provide educations to staff and residential facilities on the management of educational credits for youth in care completed by the Independent Living Program Specialist and Group and Residential Program Specialist beginning July 23, 2019, until completion.
- Fidelity reviews of the credit tracking management process will be completed by the Independent Living Program Specialist and Group and Residential Program Specialist biannually.

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

Child and Family Services Review Data:

South Dakota received an overall rating of Area Needing Improvement for physical health needs of the child because 76% of the 58 applicable cases were rated as a Strength.

- Adequate assessment
 - Health 90%
 - Dental 88%
- Appropriate services provided
 - Health 83%
 - Dental 82%
- Appropriate oversight of prescription medications in 100% of 22 cases (foster care cases only)
- Case Type Comparison
 - Foster Care 78% of 37 cases out of 47
 - In-Home 63.6% of 7 cases out of 11

South Dakota received an overall rating of Area Needing Improvement for assessing mental/behavioral health of the child because 66% of the 38 applicable cases were rated as a Strength.

- Adequate assessment in 92% of 38 cases
- Appropriate services provided in 72% of 36 cases
- Appropriate oversight of psychotropic medications in 50% of 10 cases (foster care cases only)
- Case Type Comparison

- Foster Care 63% of 27 cases
- In-Home 73% of 11 cases

CPS has updated health assessment screens which reflects appointments dates, medications, and records (requesting and received) for physical health and mental health. This information auto fills into the Child Case Plan to ensure child and placement resource have the most updated information. CPS is receiving immunizations records rights away as well as medical and mental health records to ensure a child's medical and mental health/behavioral needs are being met. There is a prompt in the Child Case Plan to request and review medical and mental health records. The staff are trained during Permanency and Well-Being Certification training on assessing needs and monitoring prescription and psychotropic medications. The court report directs staff to outline the needs and services for children with specific behaviors/needs. Staff request mental health evaluations and records to help assess mental health/behavioral needs for children.

CPS requires a child to get a medical appointment within 30 days after coming into care. The Well-Child Check guidelines are followed for children in custody. CPS requires a child to be seen by a dentist by their first birthday or first tooth, whichever comes first.

During the 2016 Child and Family Services Review it was revealed CPS was following the process of getting psychotropic medications approved and completed oversight on psychotropic medications. However, there was paperwork per policy that did not get completed, resulting in an area needed improvement. The psychotropic medications policy was updated in August 2018 to coincide with the Child Case Plan process and give more specific direction to document oversight and assessment of psychotic medications in the case file. This created one location in documenting the consent and oversight process were being completed according to policy and practice standards. The Group and Residential Program Specialist receives a report from the Division of Medical Services outlining the total number of children on Medicaid in South Dakota and the number of children on Medicaid in state custody prescribed at least one psychotropic medication.

For in-home cases, The Protective Capacity Assessment has a medical/mental health section to capture the children's medical/mental health strengths, needs, and activities. Family Services Specialist must ask the parent to sign a release, so they can obtain a child's medical/mental health records as well as monthly conversations regarding the child's medical/mental needs. If the parents decline to sign a release, the Family Services Specialist must ask the parents to reconsider on an on-going basis.

CPS will maintain medical and mental health/behavioral assessment and services for children. However, at this time there is nothing more to be implemented. The Residential and Group Program Specialist will continue to monitor the oversight of psychotropic medication on a yearly basis through file reviews and reviewing reports from the Division of Medical Services. Safety, Permanency, and Well-Being reviews will capture outcomes of both medical and mental health/behaviors needs and services.

B. Systemic Factors

a) Information System

The State's CCWIS system is called FACIS (Family and Child Information System). Quality data collection, both qualitative and quantitative, is a strength for South Dakota as

evidenced by the information available through reports which readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care. During the 2016 Child and Family Services Reviews; the State's information system was rated as a strength and found in substantial conformity. The State submits the required AFCARS, NYTD and NCANDS reports on time and with minimal errors noted. The State utilizes the FACIS data reports to submit each year's budget request for funding CPS

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

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

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

The State has some minor challenges within the area of data collection centered around ensuring staff enter data in a timely manner for the various reports to capture the necessary data. This can be monitored through various reports on FACIS and efforts are consistently made to make improvements where needed.

FACIS system training is provided during the State's certification trainings covering the corresponding areas of policy and practice. FACIS for clerical staff, tribal and private agency staff is offered at least 4 times per year as there is a need for training staff. Additional topic specific trainings are provided as needed.

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

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

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

As of the submission of this CFSP; Element 43 Case Plan Goal is still outstanding. All other elements appear satisfactory. The State has completed screen changes to accurately report the goal. These changes were reflected in the State's FFY 2019A AFCARS submission in May 2019.

The State submitted the required AIP update on April 5, 2019. The areas needing improvement have been addressed in this submission. The State has not received a response yet on this submission.

Ongoing Projects and Initiatives

Major initiatives planned for this upcoming 2020-2024 CFSP include the following:

CCWIS Requirements

The State had identified potential areas where Child Welfare Contributing Agencies (CWCAs) may be entering data in their own data systems and FACIS. This information was contained in the State's annual APDU submitted 07/31/2018. The State intends to hold informational meetings to inform these agencies about CCWIS requirements and what data maybe be duplicated. Following these meetings, the State will decide the best way to address the dual entry issue. Possible solutions include agencies using FACIS for all their data entry needs or data exchanges which meet CCWIS requirements.

The State will be developing a comprehensive data quality plan in accordance with CCWIS requirements. The Data Quality Plan will be included with the FFY 2020 APDU due on August 1, 2019.

AFCARS Requirements

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

Comprehensive Safety Intervention Reporting

The State has a robust functioning comprehensive safety intervention process. The documentation for the danger threats and conditions for return is only contained within the standardized Word templates. The State has begun the process to incorporate documentation of the danger threats present at time of intake, danger threats identified during the initial family assessment and during the protective capacity assessment process. By adding these data fields to FACIS, the State can then better analyze outcomes and trends around danger threats and conditions for return for children in foster care.

Court Data

The State is in the process of refining the data that is exchanged with the court system. This improved process will support the ongoing collaboration with the court system to enhance outcomes for children.

Public Data Sharing

The State plans to evaluate various tools to provide widely used and requested child welfare and quality assurance data in a publicly available, web-based format.

Fictive Kinship Placements

The State has the ability to report on relative placements. Currently, FACIS does not have the ability to capture and report data related to fictive kinship placements. The State plans to develop fields to capture this data and reports related to the type of placements.

Independent Living Services

The State plans to improve the FACIS Independent Living screens to accurately reflect which documents are provided to youth as they exit foster care and data regarding employment.

Information Systems Initiative

The Department of Social Services has 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 various divisions within the Department have met with representatives of the agency to discuss the current technology projects, projected upcoming needs or enhancements and efficiency & teamwork between department staff and Bureau of Technology staff. The stated goals are to create a more comprehensive, user-friendly way for stakeholders to access needs and services.

b) Case Review System

Child's Written Case Plan

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

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

improve how the Child Case Plan is reviewed with them by their worker, and enhance the description of connections.

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

The Outcomes Management Program Specialist monitored the implementation of the Child Case Plan. Supervisors submitted newly completed Child Case Plans to the Program Specialist prior to the family signing the case plans, and after the Supervisor reviewed it. The Program Specialist provided written feedback in the Child Case Plan document if something was not completed according to policy. Depending on how much and what feedback was provided, the Program Specialist may have reviewed the Child Case Plan again to provide additional feedback. A spreadsheet was kept of every Child Case Plan reviewed from each office. The Program Specialist reviewed additional Child Case Plans from each Family Services Specialist, as necessary. Once it is determined a Supervisor has demonstrated the ability to provide feedback to their staff with fidelity to the policy and procedures of the Child Case Plans, the Program Specialist will do quarterly reviews of a sample of the Child Case Plan.

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

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

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

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

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

The Child Case Plan is captured in the Program Improvement Plan under Goal 3, Strategy 2.

Periodic Reviews

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

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

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

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

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

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

months before the PPRT or review hearing is due to give time to schedule the review hearing or PPRT.

Permanency Hearings

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

Permanency hearings are captured in South Dakota's Program Improvement Plan under Goal 2, Strategy 3; Enhance the quality and ensure timeliness of permanency hearings. Quality and timely permanency hearings support the achievement of permanency for children. CPS, the Pennington and Minnehaha County State's Attorneys, the Unified Judicial System and the Court Improvement Program Committee will collaborate to enhance the quality of permanency hearings in Region 1 (Pennington County) and Region 6 (Minnehaha County), as these regions have the most children in placement. The court and the agency will work on improving hearing quality and timeliness of permanency hearing to improve timely achieving of permanency goals. Please refer to the Program Improvement Plan for more details regarding the permanency strategy for South Dakota.

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

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

Termination of Parental Rights

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

Not filing timely termination of parental rights petitions was captured in South Dakota Program Improvement Plan under Goal 2, Strategy 4, which is collaborate with the legal systems to implement a petition specific to termination of parental rights to comply with the Adoptions and Safe Families Act. While many of the States Attorneys establish during court hearings or by notice prior to a dispositional hearing the intent to initiate termination of parental rights, most of the jurisdictions do not file a petition that specifically addresses the State's intention to pursue termination of parental rights. CPS worked with a Deputy States Attorney from Pennington County to develop a petition template to use for filing of termination of parental rights. The template was introduced to States Attorneys and Tribal Prosecutors and state and tribal Judges prior to implementation. A letter and copy of the TPR petition were sent out to all State's Attorneys in March 2019 to begin use of the TPR petition. Outcomes Management Program Specialist will monitor level of compliance with TPR petition requirement through SPWB Reviews. There are seven regional reviews throughout the year at which time progress will be assessed. Court Improvement Program Coordinator will monitor compliance through annual case reviews.

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

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

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

- The date of the first judicial finding that the child has been adjudicated abused or neglected; or
- The date that is 60 days after the date when the child was removed from a parent or guardian.

SDCL 26-8A-21.1 allows the court to not reunify child with the parent for certain circumstances including those felonies specified in ASFA. SDCL 26-8A-21.2 requires the court to hold a permanency hearing if reasonable efforts are not provided and further requires the court to consider termination if 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 ~~that~~ a petition for termination of parental rights be filed on an abandoned infant as defined by state law. State law requires that children be appointed attorneys in abuse and neglect court actions to represent the interests of children.

Notice of Hearings and Reviews to Caregivers

South Dakota received an overall rating of Strength for notice of hearings and reviews to caregivers. Findings were determined based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and

collected during interviews with stakeholders showed there is a process in place to notify foster parents, adoptive parents, and relative caregivers of reviews and hearings. Written notices are provided to caregivers. The written notice informs caregivers of their right to be heard in any review or hearing.

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

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

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

c) Quality Assurance System

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

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

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

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

South Dakota Program Improvement Plan was approved March 6, 2019 and Program Improvement Plan Measurement Plan was approved on February 21, 2019. Region 2 review was completed in February which started the year to establish the new baseline. The last regional review towards the new baseline will occur in November 2019. February 2020 will start the first PIP Measurement Year.

The Outcomes Management Program Specialist has provided training to every Region entering their Period Under Review (PUR) to discuss each item, the purpose of the item, what the item considers and how South Dakota's current policy correlates to the item. During this training, there was discussion regarding new policy/documents being implemented and how they support CPS in making progress towards better Outcomes. These include: Parent/Child Narrative Tabs, Child Case Plan, Non-Resident Parent Case Plan, Conditions for Return and Protective Capacity Assessment. The Outcomes Management Program Specialist discussed areas CPS underperformed in the CFSR. It was discussed how the policies we currently have, and the ones being implemented, when followed, will help achieve better outcomes. During this training, the Outcomes Management Program Specialist provided refresher training on engagement of children and parents in case planning, as well as needs assessment. This refresher training will be provided at the request of the Region as they are entering their PUR.

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

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

Continuous Quality Improvement

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

Dedication by Management and all staff to promoting and improving the CQI process continues to be a strength. Due in part to the continuing education through the CQI training at the Exit Meetings, regular updates to Supervisors and the Management team on the various projects, and the work of the CQI Core Team and SAG, there is a continuous focus on CQI.

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

Review of the CPS Continuous Quality Improvement (CQI) Program

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

Foundational Administrative Structure

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

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

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

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

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

The strength of CPS's CQI practice lies in several facets. First, the Department and Division leadership have a strong commitment to utilizing the CQI lens to seek improvement in achieving the Department's mission. The Department includes CQI as a regular agenda item for the Department Management Team and Leadership Team meetings. Four members of the CQI Core Team (the Onsite Team Leaders, Ongoing/Training Program Specialist, and a Regional Manager) are participating in the CQI Training Academy, which is further evidence of staff commitment to CQI. The concept of CQI being a shared responsibility allows for and encourages staff buy-in and ownership. Every staff member has been exposed to CQI through training and ongoing CQI projects within the local offices as well as at the regional and state levels. The various tiers of CQI systems have been developed (local teams, SAG, CQI Core Team) and are operational.

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

provided to the development and implementation of the CQI program in CPS, it is clear this area will continue to have the support of leadership within the Department and CPS.

Quality Data Collection

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

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

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

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

Quantitative data reports are provided in a report viewer function for any staff to access. These quantitative reports are used for office/region/statewide review. CPS's FACIS system includes compliance reports providing real-time access to items that are missing information in the system. These compliance reports can be used with staff during their regular staffing's with supervisors. Ongoing training in specific areas is provided at the request of the office or region. Training on FACIS data reports is provided to various levels of the Management Team on an as needed basis.

As part of the SPWB office reviews, input is sought from Supervisors, Family Service Specialists, and other stakeholders regarding systemic factors such as training needs for staff and resource providers, quality of services provided by CPS, and service array. This information is summarized in an office final report submitted to the Division Director, Assistant Division Director and Regional Manager. Staff have consistently shared they use the Compliance Report generated on FACIS to monitor their cases and required data entry.

The FACIS Project Manager & the Management Team review information provided regarding federal requirements or guidelines on a regular basis. The FACIS Project Manager & 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.

The FACIS Team & Management Team members use the appropriate data quality utilities and tools provided to ensure data is accurate. These include using the AFCARS Data Quality, Compliance and Frequency Reports, NYTD NDRU & NCANDS VAA programs to review data prior to submission. Any data errors found are addressed and corrected wherever possible. South Dakota does have some areas needing improvement in AFCARS reporting and has an ongoing AFCARS Improvement Plan. Staff are currently working on those changes as time permits.

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

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

Case Record Review Data and Process

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

chosen six to eight weeks in advance from the AFCARS report for placement cases and the in-home reports for in home cases.

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

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

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

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

The two Program Specialists overseeing the SPWB reviews conduct stakeholder interviews by phone with various stakeholders in the community prior to the onsite, if feasible. If the interviews cannot be conducted by phone, they are done face to face at the time of the review. These include interviews with State Court Judges, Tribal Judges, States Attorneys, Tribal Prosecutors, CASA Directors, mental health directors, domestic violence shelter directors, drug and alcohol service providers, ICWA directors, BIA Social Services Directors, law enforcement officials, and family visitation center directors. All stakeholder feedback is provided to the Regional Manager, Assistant Division Director and Division Director.

At the end of the review week, after all the cases have been reviewed and the documents on each case have been completed and submitted to the Regional Manager, discussion is held with the reviewers to obtain their feedback on what worked well and what could be improved upon as far as the review process. One suggestion had been made was regarding developing a more formal training for reviewers to promote consistency. In response to the suggestion, a more comprehensive SPWB Reviewer Training was implemented in January 2014. Prior to the new training, the training was conducted via conference calls and through various documents provided to the reviewers. The training will be held annually in June. All staff scheduled to review cases within the upcoming year

are expected to attend. The participants are first trained on the review process, the definition of all the items and how to rate them and the Online Monitoring System. After that is complete, the participants have small group discussion on the ratings for a case the participants are assigned review prior to the training. The participants use the Onsite Review Instruments and Instructions in rating the items. There is also discussion and practice on how to write Strengths, Areas Needing Improvement, and when an item does not apply. Review binders are created for the participants, which provide additional information about the review process.

The Supervisor and Regional Manager are given two weeks after the onsite review to provide a rebuttal to the findings. Only rebuttals change the rating of the item are accepted. The rebuttal must consist of the office producing documentation that was not found during the onsite review. The office needs to make sure the case meets the criteria for a strength as outlined in the OSR III. The rebuttals are reviewed by the SPWB Onsite Leaders, and the case reviewers are consulted to assist in determining if the outcomes should be changed based on the new information provided. If further guidance is needed, the Assistant Division Director is consulted, and a decision is made as to the result. An Exit Meeting is then held in the office to present a summary of the findings of the review to all staff within the office. These exit meetings include information related to stakeholder comments both internal and external and observations related to policy and practice. The results of the case file reviews are also presented. Some highlights derived from the FACIS data reports are shared as well. Outcomes related to the case reviews are shared with all staff in both a Power Point presentation and newsletter format to supplement the verbal presentation. Regional Managers are encouraged to share the individual case results submitted by the reviewers with each staff either before or after the Exit Meeting.

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

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

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

of ICWA cases and provides the results to the individual offices and the Management Team.

Analysis and Dissemination of Quality Data

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

Individual case review results from the SPWB reviews are distributed to the Regional Manager at the end of the onsite week. The Regional Manager is encouraged to share the specific results with the supervisor(s) as well as each staff person. An Excel spreadsheet is prepared showing the results on each case reviewed. As mentioned previously, the review results are shared via Power Point, handouts, and through discussion at the Exit Meeting held approximately six to eight weeks after the onsite review.

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

Sharing of state wide and local data with stakeholders for their analysis and use and eliciting feedback on their analysis and conclusions is also an important component of CPS's CQI philosophy. In previous sections of this report, it has been detailed how information is shared with internal stakeholders and their feedback is sought. Currently, CPS is assessing the methods and means to more thoroughly involve and inform external stakeholders. There is a shift from holding meeting across the state with stakeholders to share results to involving stakeholder's 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 will improve outcomes for children and families. One of the overarching goals of the 2020-2024 plan is to improve communication between partners of the child welfare system. This includes stakeholders as reviewers, a survey to them, and CQI meetings with the stakeholders. Information will be used at the CQI meetings with the stakeholders is data from the SPWB reviews, results of a survey sent to them a month prior to the meeting,

information collected from stakeholder interviews by the Program Specialist the week of the onsite review, and any pertinent data from FACIS.

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

d) Staff Training

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

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

The training rotations will be as follows:

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

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

CPS continues to evaluate the training needs of field staff. CPS is currently considering revising certification to create a specialized week focusing on Motivational Interviewing, medical indicators of child abuse and neglect and interviewing/assessment skills for the Initial Family Assessment. This week may also include the values training for the Permanency Round Tables mentioned under Staff Training, Technical Assistance and Evaluation later in this document.

Ongoing Training

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

Consultation, coaching and skill development continues with the Regional Managers on the Comprehensive Safety Intervention model. The regional managers complete a survey on Survey Monkey determining the accuracy of the decisions which were made, and the sufficiency of information collected. Conference calls are held with the Regional Managers as a group and the Ongoing and Protective Services Program Specialists. The process will be completed every other month with the expectation during the months in between the Region Managers will complete the same process with the Supervisors in their Region.

The process as used for Region Six was incorporated in the PIP.

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.

e) Service Array

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

CPS seeks input from stakeholders, parents, and youth about service array and delivery in their area. There are seven Regional reviews held each year where the Outcomes Management Program Specialist interviews stakeholders in the community, including; Judges, Law Enforcement, Mental Health Professionals, CASA, Child's Attorney's, State's Attorneys, Residential Facilities if applicable, and Parents. Specific questions are asked about what services are available in their community, what services are not available they think would benefit their community, and barriers families have in accessing services. A Stakeholder survey was completed in Region's 1 and 6 in June 2019 where stakeholders were asked to rate how easy certain services are accessible to children and families, barriers specific to receiving mental health and substance abuse services, what support their agency provides to families, and what is the strongest/weakest services in their area. This survey will be implemented statewide on a going basis in conjunction with the office's stakeholder CQI meeting, which is discussed in the CQI and Collaboration sections.

Additionally, a parent survey started in 2019 and will continue to be used yearly to capture various aspects of them working with CPS, but to also to assess what services were

instrumental in returning their children to them. Parents are specifically asked if there were services they needed that would have helped their children return sooner but were not available to them.

Young Voices provided input on how they would like to be involved more in the Child Case Plan and how they wanted it reviewed with them. There was two youth who participated in the enhancement of the Child Case Plan to make the document and process more beneficial to them in assessing their needs and services.

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 prepare for independence and the transition to adulthood, which are detailed in the ILS section of the CFSP.
For further information, please see service continuum.

f) Agency Responsiveness to the Community

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

DSS is committed to collaborating with community partners to prevent child abuse and neglect. DSS releases annual press releases to announce the designation of April as National Child Abuse Prevention Month. DSS encourages people in communities across the state to work together to keep children safe and offer the support families need to stay

together. Child abuse prevention material is provided to the Common-Sense Parenting class participants statewide. Parenting Education Partners provide information to parents and service providers in their areas of service. See Community Based Child Abuse Prevention (CBCAP) section under Service Coordination for further discussion of convening community partners to prevent child abuse and neglect.

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

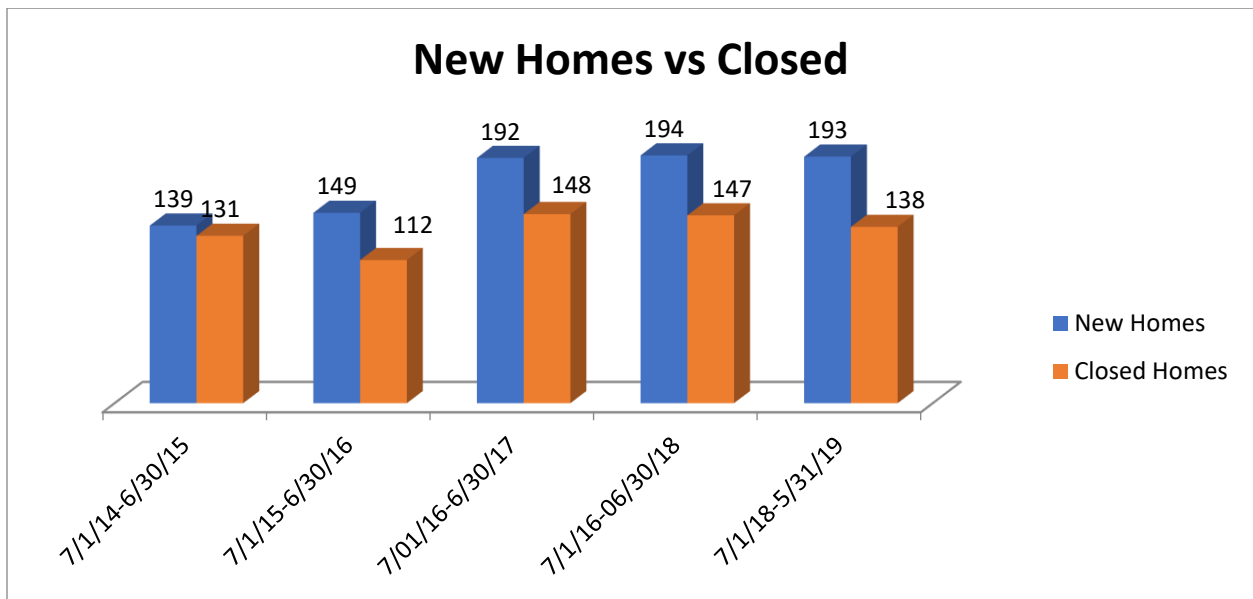
CPS asked partners with the Child Welfare System to participate in a survey to learn more about the awareness and use of community supports and resources to help parents care for their children. This is further explained in the collaboration section.

g) Foster and Adoptive Parent Licensing, Recruitment, and Retention

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

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

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



III. Plan for Enacting the State's Vision

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

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

Further collaboration with internal and external teams provided the input necessary to finalize South Dakota's vision statement. The same partners contributed to the development of the CFSP and will inform the progress reported in our future APSR. Please refer to the Collaboration Section for further details.

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

A. Goals

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

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

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

Goal 1

Objective A

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

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

Interim Benchmarks:

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

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

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

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

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

Training and Technical Assistance

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

Goal 1

Objective B

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

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

Interim Benchmarks:

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

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

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

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

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

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

Goal 1

Objective C

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

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

Interim Benchmarks:

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

Regional Managers develop calendar for meetings by August 2020

Begin specific meetings by September 2020

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

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

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

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

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

Goal 1

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

The Child Welfare Advisory Council will include the leaders of CPS, Unified Judicial System, Department of Education, Department of Health, Department of Human Services, Department of Corrections. parent, youth, placement resources, law enforcement, tribal relations partner, Governor's office policy advisor, House of Representative, Senator, States Attorney, Parent's Attorney, Child's Attorney, prevention partner, Center for the Prevention of Child Maltreatment and others.

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

Interim Benchmarks:

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

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

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

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

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

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

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

The second goal focuses on the need for the child welfare system to effectively utilize prevention interventions, both existing and others yet undeveloped, to ensure children

who can safely be cared for in their home or in the home of an extended family or family network do not enter custody. Children and families are best served in the least intrusive means necessary. Research informs the child welfare system of the unintended consequences of unnecessary placements of children through studies of short and long term placement impacts on children and their families. The practice model in South Dakota has long supported the utilization of Present Danger Plans (PDP) to prevent children from entering the foster care system. The utilization and support of the PDP process has received varied support from staff internal to CPS and external stakeholders. From July 1, 2019-April 30, 2019 there were 440 children in a PDP statewide.

Goal 2

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

Rational: The Candidates for Care teams provide a venue for the state and local child welfare system to share in a common goal to support the vision statement of supporting and recognizing the value and resiliency of families. Children experience better outcomes when they are cared for by safe caregivers familiar to them. In reviewing data, during the timeframe of July 1, 2019 to April 30, 2019, Sioux Falls developed 131 Present Danger Plans and Rapid City developed 24 Present Danger Plans.

Interim Benchmarks:

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

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

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

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

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

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

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

Goal 2

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

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

Interim Benchmarks:

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

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

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

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

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

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

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

Goal 2

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

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

Interim Benchmarks:

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

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

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

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

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

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

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

Goal 2

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

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

Interim Benchmarks:

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

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

Year Three: Priority sites receive PDP coaching

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

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

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

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

Goal 2

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

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

Interim Benchmarks:

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

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

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

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

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

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

Goal 2

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

Rational: An initial step to expand the prevention partnerships to prevent children from entering the child welfare system is a well-informed population. The advisory board meets to provide ongoing opportunities for agencies and providers to collaborate to support community-based efforts to design, provide activities, and develop initiatives aimed at the

prevention of child abuse and neglect. Through the provision of accurate and timely state and regional data the advisory board can more effectively develop prevention initiatives.

Interim Benchmarks:

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

Year Two: Continuation of coordination of Candidates for Care Teams

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

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

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

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

Training and Technical Assistance:

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

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

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

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

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

- 50 percent of all youth who aged out were involved in substance use and 17 percent of the females were pregnant.

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

Goal 3

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

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

Interim Benchmarks:

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

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

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

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

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

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

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

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

Goal 3

Objective B Implement Community Based Recruitment of In-Home Safety Plan Providers

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

Interim Benchmarks:

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

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

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

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

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

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

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

Goal 3

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

Rational: CPS develops conditions for return at the conclusion of the Initial Family Assessment. Conditions for Return are reevaluated at critical case junctures, including Protective Capacity Case Plan and Case Plan Evaluations. The agency has anecdotal information which leads to the premise of the most common barrier to trial reunification is the lack of supports within the family, community, and agency to develop a sufficient in-home safety plan. However, there are no mechanisms within FACIS to collect or report on Conditions for Return. Better information on the conditions prohibiting trial reunification will provide the child welfare system the data necessary to develop the services and supports to mitigate these conditions.

Interim Benchmarks:

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

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

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

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

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

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

Implementation Supports

CPS intends to request technical assistance from the Capacity Center for Courts to support Goal 3 of the CFSP, as well as Goal 3 of the PIP. Additional requests will be made to Region 8 to orient future members of the Child Advisory Council, if it is established.

CPS is exploring partnering with Relias. Relias is a learning management system that provides access to industry specific content. This includes 700 +courses, 30+ accreditations/approvals and is developed by leading national experts. Users get to experience training created specifically for adult learners to help increase engagement and retention. They benefit from using an advanced learning solution without compromising the intuitiveness of the experience. Relias aims to provide cost-saving and time efficient training customizable to the needs of the organization they serve.

CPS will collaborate with the Capacity Building Center for States to determine what assessment and technical assistance the state may receive from an enhancement of the current reporting system of child welfare data through FACIS, enhancements to analysis, and revisions to reporting made available on CPS's home page and of reports provided to partners, such as the Unified Judicial System. This TA will support the multiple strategies throughout the plan to enact the state's vision which involve data publication, data development, and the subsequent analysis.

IV. Services

A. Child and Family Services Continuum

CPS provides a full range of child welfare services statewide. Services are provided in the tribal jurisdictions either directly by CPS or under Agreements in which the Tribe provides the full array of services. The services provided by CPS include parenting education, 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, and licensing of child welfare agencies. CPS uses the Comprehensive Safety Intervention (CSI) model to respond to reports of abuse and neglect. 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 then required to inform CPS about reports they receive. CPS provides intake services during normal business hours, Monday through Friday, between 8:00 am and 5:00 pm. CPS restructured the intake system in January 2015. Intake was previously regionalized allowing for specialized Family Services Specialists (FSS) to be housed in regional offices. The restructure discontinued the regional structure and callers are directed to a single toll-free number. The centralized process also includes an automated phone system which helps in the distribution and management of calls. Intake Specialists are all within the same unit even though they are in four different offices.

CPS networks and consults with key community and tribal stakeholders who may have relevant information about family history. Several jurisdictions across the state have community and tribally based Child Protection Teams and Multidisciplinary Teams for the purposes of assisting in the investigation and treatment of child abuse and neglect. CPS offices obtain collateral information from selected mandatory reporters to gather relevant background information related to reports of abuse and neglect. CPS accesses information on criminal court convictions through the Unified Judicial System which provides information related to determining issues with child safety.

CPS uses the Child Maltreatment Screening and Response Determination in assignment decision based on child safety and vulnerability. The Determination provides a structured decision-making process for Supervisors and Family Services Specialists designated as Screeners to assist staff performing intake duties in the initial determination of child safety and vulnerability which then drives CPS's timeframes for initial contact. CPS is currently in the process of centralizing the screening process. This centralized process will reduce the number of Supervisors and Family Services Specialist that are responsible for

screening referrals. The new process will include four centralized screeners that will solely be responsible for decision-making of referrals statewide, regardless of the location of the family. This new structure is currently being piloted in South Dakota's two largest offices, Rapid City and Sioux Falls. Additional offices will be added beginning July 2019, with full implementation for all offices by December 2019.

CPS coordinates the process for gathering and screening of information for Intake with various agencies. Between 5:00 pm and 8:00 am on weekdays, weekends, and on state holidays.

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. CPS staff develop an on-call schedule that rotates amongst staff in each coverage area. This duty is shared by all staff, with the exception of Intake Specialists and Social Services Aides. Calls are routed through local law enforcement agencies and CPS staff respond to the reports determined to indicate present danger. In the event protective custody of children needs to be taken, law enforcement or a court services officer are allowed 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 criminal issue. The Initial Family Assessment (IFA) is the assessment process used by CPS when a Request for Services is assigned. The IFA places the emphasis on decision-making regarding intervention on impending and present danger threats to child safety rather than the substantiation of an incident. The IFA is supplemented with processes for Present Danger Plans (PDP), Safety Plan Determinations, Conditions for Return, and In-Home Safety Plans. The PDP allows CPS to consider an alternative to children being placed in CPS custody during the completion of the IFA when it is indicated the child is unsafe due to present danger threats. CPS uses the PDP to explore with the family possible ways of controlling the danger threats to child safety. The parents can voluntarily allow the children to be cared for by other caretakers mutually agreed upon between the parent and CPS pending the completion of the IFA. Another option during the completion of the IFA is the removal of the alleged maltreating caregiver. Safety planning is used following the completion of the IFA when threats to child safety exist in the home. The use of a Safety Plan gives the parent and CPS additional time to make better determinations during the ongoing services phase as to what behavioral changes and services are needed to help the parent and CPS manage child safety. The most intrusive Safety Plan is when a child is removed from the home and placed in the custody of CPS because danger threats cannot be managed with the child in the home. An important component of the Safety Plan requires coordination with other stakeholders who can be part of the Safety Plan. The Safety Plan providers may be other family members, treatment providers, school representatives, day care providers, etc.

Ongoing Services

CPS believes case decisions need to be based on an ongoing analysis of safety. The Protective Capacity Assessment (PCA) is the ongoing process within the CSI model 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 on case planning on behavior change rather than just the incident or compliance through the development and enhancement of caregiver protective capacities. The PCA is used with both in-home cases and cases where the child is placed in the custody of CPS in an out of home safety plan.

CPS works with the parents during the PCA process to determine what must change and what services are necessary to achieve these behavioral changes. The PCA Case Plan is developed around the necessary services and includes roles, responsibilities, and time frames for those who are involved in the plan. South Dakota is an expansive, rural state with a small population base. The availability of services to families varies depending on the geographical area of the state. The PCA process encourages the parent to lead the determination of what services they believe are necessary to make behavior changes and encourages the utilization of natural services identified by the family; e.g. tribal elders as counselors. CPS facilitates parent's access to services through collaboration with service providers, assistance with working with service providers, assistance with transportation, paying for expenses for services not covered through other means, and assistance in addressing other issues 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 (relatives) care, fictive kin, foster care, welfare agencies licensed by CPS, and in some instances, out-of-state placement resources. Licensed child welfare agencies include family foster care, emergency/shelter care, treatment foster care, child placement agencies, Alternative Placement Services, Group Care Centers for Minors, Residential Treatment Centers, and Intensive Residential Treatment Centers. Residential treatment programs are also available for children with needs related to substance abuse, mental health, and developmental disabilities.

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

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

with a third visit required in the next 30 days. CPS completes the Child Assessment 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 Assessment Case Plan is used to assess and document the child's needs, determine the services and supports needed and document the efforts made in meeting the child's needs, assuring stability and facilitating permanency. CPS uses the Child Case Plan Evaluation to assess progress and adjust 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. Some of the 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 and relatives. CPS also places children and youth in Another Permanent Planned Living Arrangement (APPLA) as an alternative when adoption and guardianship are not the permanent plans and APPLA is the best option for the youth over age 16.

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

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

Interstate Compact on the Placement of Children (ICPC)

When the best placement family for a child does not live in the same state as the child, the Interstate Compact on the Placement of Children (ICPC) is a process through which children subject to the compact are placed in safe and suitable homes in a timely manner. The ICPC, established in 1960, establishes procedures for ensuring the safety and stability of placements of children across State lines. CPS administers ICPC in South Dakota.

Community-Based Child Abuse Prevention Grant

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

likelihood of child abuse and neglect; and 3) to foster understanding, appreciation, and knowledge of diverse populations in order to prevent child abuse and neglect.

Parenting Education Program

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

Chafee Program

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

Licensing

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

Adoption

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

Youth that do not have an identified adoptive resource can be assigned to a Wendy's Wonderful Kid's recruiter or have a Permanency Roundtable completed on them. The

adoption program can access services through the Adoption Exchange and the AdoptUsKids program.

Once a family is identified, a full disclosure meeting is held. The family makes a commitment to the youth. Adoption assistance is explained to the family and negotiation of a possible subsidy is completed. The Adoptive Placement Agreement and Subsidized Adoption Agreement are signed on the date of the adoptive placement. Non-recurring adoption expenses reimbursements are made available to the family to offset the cost of adoption.

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. Once the adoption finalizes, the case moves over to the Adoption Specialist's caseload for post-adoption services. The youth's record is sealed.

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

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

Adoption Support

There are 1,891 children currently on adoption assistance through Child Protection Services. Adoption assistance may include a maintenance subsidy, Medicaid coverage, and a non-medical subsidy that covers services for pre-existing conditions. The amount of a subsidy and types of adoption assistance are negotiated prior to adoption finalization and remain in effect up to the youth's eighteenth birthday. Child Protection Services has been successful in obtaining continued legislative support for the adoption program. The SD Legislature has approved increases to the adoption budget every year for the last five years.

A combination of Adoption Incentive funds, Children's Trust Fund and State General funds support the Post Adoption Contract available to adoptive families in South Dakota. A Request for Proposal (RFP) process is completed every five years, with the next RFP planned for release in November 2019. 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. 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 also available to families involved in Inter-Country adoptions.

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

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

Fifty-one families were served through the Post Adoption Contract in SFY2019. Thirty-two adoptive youth received residential treatment and twelve youth received group care services. Thirty-one children received tuition assistance for group and residential care. One child entered Child Protection Services custody as their adoption was dissolved after CPS provided services through SD Medicaid prior to the adoption dissolving. 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.

Adoption Savings

Child Protection Services tracks adoption savings through the CCWIS program. All subsidized adoptions are entered in Family and Children's Information System (FACIS). When a funding source is determined and approved, IV-E adoption subsidies based on the provisions of Fostering Connections to Success and Increasing Adoptions Act of 2008 are identified as a "Fostering Connection's" case. The Subsidized Adoption Summary Details report identifies the calculated paid claims for eligible cases under "Fostering Connections". CPS calculates the state/federal match and determines the actual adoption cost savings. CPS's method has been approved by the Children's Bureau and reports the actual savings. Currently there are 127 youth receiving adoption assistance who are IVE because of Fostering Connections to Success and Increasing Adoptions Act of 2008.

Historically CPS has spent the entire savings on Post Adoption Services. CPS assists a number of 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's will continue to utilize adoption savings for post adoptions supports to families.

Information System

CPS has a functioning CCWIS called Family and Children Information System (FACIS). FACIS provides CPS with the ability to gather and maintain the necessary information related to the management of case activity throughout the CPS services continuum.

FACIS provides the information required to be submitted for federal reporting under Title IVE, Title IVB, and Chafee.

FACIS is used by all staff to document child welfare work including: intake, IV-E eligibility, case management, placements, caseworker visits, resource management, adoptions, guardianships, financial management, reporting, administration and interfaces. This is not an exhaustive list of documentation but provides a quality overview of major areas of focus.

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

Major Roles and Responsibilities of FACIS Program Specialists:

<p>FACIS Program Specialists</p>	<ul style="list-style-type: none"> • Responsible for understanding how the data is created, stored and exchanged • Provide technical expertise to users • Maintain and manage a Help desk for staff • Run various data reports • Report system errors or concerns to BIT • Assist with AFCARS, NYTD and NCANDS submissions • Provide a bridge between program staff and technical staff • Responsible for data oversight and fidelity • These Program Specialists are part of the CPS Management Team in addition to their technical roles • One of these program specialists is designated the CCWIS Project Director
<p>CCWIS Project Director</p>	<ul style="list-style-type: none"> • Liaison between CPS Program and BIT • Develop project requests and work with BIT on project requirements • Responsible for ensuring progress is made on ongoing projects • Planning for upcoming needs • Responding to changing child protection services' needs

- | | |
|--|---|
| | <ul style="list-style-type: none"> • Responsible for data oversight and fidelity • Run monthly/quarterly/annual data reports • Submits the State's APDU and other Federal documentation • Ensures AFCARS, NYTD and NCANDS files are submitted |
|--|---|

Continuous Quality Improvement (CQI)

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

Training

CPS provides mandatory Certification training for all newly hired Family Services Specialist. The Certification program also is required for any newly hired Supervisors, Regional Managers, or Program Specialists. The Certification faculty includes 39 trainers from CPS and a physician who trains on medical indicators of child abuse and neglect. The ICWA Program Specialist continues to provide Cultural Awareness training. Certification consists of 214 hours of training.

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

Consultation, coaching and skill development continues with the Regional Managers on the Comprehensive Safety Intervention model. The regional managers complete a survey on Survey Monkey determining the accuracy of the decisions which were made, and the sufficiency of information collected. Conference calls are held with the Regional Managers as a group and the Ongoing and Protective Services Program Specialists. The process will be completed every other month with the expectation during the months in between the Region Managers will complete the same process with the Supervisors in their Region.

Inclusion of Other Federally Funded Programs

CPS, Temporary Assistance for Needy Families, Medicaid, Child Care, and Supplemental Nutrition Program are all Divisions 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. Please see collaboration section. CPS staff and Division of Developmental Disability staff frequently consult to ensure mutual consumers are receiving high quality services. Developmental Disability staff are slated to present at the 2019 Fall Supervision Conference to ensure CPS staff are aware of the full spectrum of services available

through Disabilities and the most effective process for accessing the services. Please see collaboration section for Birth to Three and Head Start collaboration. Please see tribal collaboration in the tribal collaboration section of the CFSP.

Service Coordination

A. Community Based Child Abuse Prevention (CBCAP)

CPS continues in its role as the lead agency for the Community-Based Child Abuse Prevention Grant. CPS and Parenting Education Program have a commitment to enhance the parenting skills of parents and reduce child abuse and neglect in South Dakota. CPS implements and monitors the specific activities and goals of the programs supported through CBCAP. CPS maintains a continuum of community-based child abuse prevention programs.

A network of parenting education providers will continue to be in place across the state for families that are interested in improving their parenting skills or that are referred because of concerns of being at risk of abusing or neglecting their children. Parenting instruction based on the Common Sense Parenting Model is designed to meet a range of individual needs and is provided statewide by a network of regional site coordinators.

Parents have a strong voice in the South Dakota Parenting Education Program. Parents are program advocates, referrals sources for other parents in need of assistance, and share testimonials about how the program has made a difference in their life. The Parenting Education Program website will continue to be used to advertise and to promote the local Common Sense Parenting classes throughout South Dakota.

The Black Hills Special Services Cooperative (BHSSC) assists with the administration of the Parenting Education Partners through an annual contract. The BHSSC is a parenting partner with the Common Sense Parenting Program. The BHSSC works with the Program Specialist and the Common Sense Parenting Program to provide the parenting leadership component to the existing Common Sense Parenting Program and assists in the development of questions related to the parent leadership components to be incorporated to the Parent Outcome Survey. The BHSSC provide training on the Parenting Leadership curriculum to other Common Sense Parenting Programs statewide.

The CBCAP Parenting Education Advisory Board for the Parenting Education Program is at the center of the statewide network. This network provides an ongoing opportunity 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. The Parenting Education Advisory Board meets a minimum of twice per year. The Parenting Education Advisory Board serves as the driving force to ensure an ongoing focus on the social and emotional well-being of children through building of state and local resources. The CPS Program Specialist, assigned to the Parenting Education Program, leads and directs the Advisory Board. The Program Specialist and BHSSC staff provide leadership to the Parenting Education Advisory Board. The Parenting Education Peer Reviews provide an avenue for parents, staff of tribal and local service providers, CPS, Head Start, domestic violence providers, and Parenting Education Partners to discuss the strengths and concerns associated with the Common Sense Parenting Program. Parents will continue to be a major part of the review and a guiding force for planning the future. The Peer Review is a valuable way to evaluate the program and give feedback to the

Parenting Education Program. The Peer Review helps to assure information about the availability of parenting education is effectively provided to the public. Setting down around the table is a valuable experience for all who attend the Peer Reviews.

The Parenting Education Program will continue to collaborate with FRIENDS National Resource Center to enhance the outcome evaluation process with the Common Sense Partners. South Dakota will work together with FRIENDS to continue to measure continuous outcomes to ensure requirements are met.

B. 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 the handling of child abuse and neglect cases in the various stages of the process. CPS has representation on the JCC. The JCC remains a joint committee with the Citizen Review Panel.

The Task Force meets four times per year. Involvement of the Task Force members continues to improve, and the Task Force meetings have had high attendance. The Task Force has no vacancies and each required position is filled. The Task Force members continue to give agency updates at every meeting. This provides an opportunity for all the agencies to be aware of the different grants available in the state, training opportunities, and projects. This also builds relationships between the agencies.

The Department of Social Services and the Task Force will continue to use Children's Justice Act grant funds to attempt 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.

C. 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 appointed 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 review on the Safety, Permanency, and Wellbeing regional reviews, and a member of the State Tribal Consultation (see tribal consultation.) The CIP coordinator seeks CPS input in relevant sections of the CIP Self-Assessment.

B. Service Description

CPS seeks input from stakeholders, parents, and youth about service array and delivery in their area. Seven Regional reviews are each year; during the review process the Outcomes Management Program Specialist interviews stakeholders in the community, including; Judges, Law Enforcement, Mental Health Professionals, CASA, Child's Attorney's, State's Attorneys, Residential Facilities if applicable, and Parents. Specific questions are asked about what services are available in their community, what services are not available they think would benefit their community, and barriers families have in accessing services. Stakeholder interviews revealed a lack of mental health and substance abuse services for parents and youth. Communities have mental health and substance abuse service, but stakeholders would like to see more so families don't have

to wait and are able to be seen as often as they need. When stakeholders talk about barriers for parents the most common responses are; transportation, funding, or the parents lack knowledge to what is available to them. Stakeholders describe transportation as high need for families that CPS usually provides or provides the funding.

A Stakeholder survey was completed in Region's 1 and 6 in June 2019 to request stakeholders to rate how accessible services are for children and families, barriers specific to receiving mental health and substance abuse services, support their agency provides to families, and what is the strongest/weakest services in their area. The stakeholder survey for Region's 1 and 6 revealed from the stakeholder's perception, the top three reasons why children enter the foster care system is due to uncontrolled mental health, substance abuse disorder, and domestic violence and the reason why children remain in the foster care system long term is due to the parent's unwillingness to change. The survey identified from the stakeholder's perception, the services most difficult or families to access are mental health screening and treatment, services to address concerns for the child's social, emotional, and/or behavioral development, affordable/quality child care, and sufficient food, housing, and clothing. From the stakeholder's perception, the biggest barriers for families to access mental health/substance abuse services were cost, transportation, waiting list, and the family does not know what is available. Barriers for substance abuse services also included the parents work schedules and lack of available facilities in their community. Region 1 and 6 Stakeholders reported the biggest resource in their community is substance abuse and mental health services, followed by; housing assistance, home-based services (parenting education) and home-based services (counseling). They identified the least effective resource in their community as parenting classes. This survey will be implemented statewide on a going basis in conjunction with the office's stakeholder CQI meeting, which is discussed in the CQI and Collaboration sections.

The CQI Core Team surveyed in late 2018 and early 2019 parents whose children are on Trial Reunification or have successfully had their children reunified with them. The purpose of the surveys was to gather information to help improve the CPS provision of services. Parents had the opportunity to voice what their expectations were in working with CPS and if those expectations were achieved. This helped CPS determine quality of services and areas where quality can be enhanced. The initial survey was completed January 2019 and 56% of parents pulled for the survey completed it. Parents identified treatment, visits with their children, transportation, and a positive support system as major contributors for their children returning home to them. The parent survey identified more resources, better communications, and more financial assistance as services they needed, but did not get or here not available to them. A parent survey will be completed annually to assist CPS in continuing to improve services and Outcomes for parents.

Young Voices provided input on how they would like to be involved more in the Child Case Plan and how they wanted it reviewed with them. There were two youth who participated in the Child Case Plan Workgroup. The youth played an important role in the development of the most recent Child Case Plan. This version of the Child Case Plan was implemented in June 2019. Youth provided input on how often the case plan should be evaluated, helped develop the "Life Long Connection" section, and provided ILS section input regarding driver's licenses and transition planning. The youth requested removal of the past trauma history in their case plan as they wanted to focus on the most recent info and did not want to have to continually revisit their past behaviors, choices, or trauma history. In addition, the case plan was updated to enhance strengths-based verbiage. Youth will

continue to be part of the Child Case Plan Workgroup as well as engaged through the ILS program for input.

The NYTD Review has provided guidance on policies and practices related to collecting and reporting timely, reliable and accurate data on youth in transition. The NYTD data has identified strengths in positive youth connections and continued Medicaid coverage after transitioning from foster care. The NYTD data has identified additional support needed in education, employment, substance abuse, and housing. In July 2018, an Independent Living Services Program Survey was administered to 70 youth, 68 of which participated. Youth consistently identified that they had acquired positive independent living skills through DSS, their CPS worker, and their CRP. The NYTD Review has highlighted education and employment as opportunities for youth. The information has been incorporated to the CFSP goals of the ILS program. Staff modules and compliance reports were enhanced to assist staff with monitoring, tracking tasks related to youth in NYTD baseline and to assure youth needing to complete a NYTD survey can be located to complete the survey. The CRPs have access to FACIS and compliance report for cases assigned to them, which assists with meeting the NYTD requirements.

Parenting Education Partners have identified strengths through peer reviews of local Parenting Education providers. The Parenting Education Peer Reviews are comprised of parents, staff of tribal and local service providers, CPS, Head Start, domestic violence providers, and Parenting Education Partners. The purpose is to discuss the strengths and concerns associated with the Common Sense Parenting Program, evaluate the program, and give feedback to the Parenting Education Program. The information sharing among peers ensures consistency in the program delivery of Common Sense Parenting across the state. The peer reviews promote a continued collaboration with the community and how to effectively engage additional participants who would benefit from preventive services. Data collected from parent surveys are discussed during the peer reviews and utilized for delivery recommendations. The peer reviews have helped the program develop an understanding around new ways to engage communities and obstacles that parents face in attending classes such as daycare. Peer reviews provide valuable opportunities to learn from each other regarding what has and has not worked.

Services for Children Under the Age of Five

Children under the age of 5 comprise 37.4% of the population of children in custody. A major goal of CPS to achieve the child welfare system vision in South Dakota is the Candidates for Care state and local teams. CPS has included in their Program Improvement Plan under Goal 1, Strategy 1 a goal to implement regional assessment, consultation, and coaching to evaluate the safety practice and supervision. This goal will look whether children must remain in an out of home safety plan or if they can be maintained in their homes through a safety plan. The reviews will evaluate perspectives of staff related to working with families and permanency, the overall office culture and norms, and fidelity of practice and decision-making. CPS is also piloting in one community in Region 5 a community-based recruitment of in-home safety plan providers. This will assist families implement an in-home safety plan whose 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 is developing, establishing and implementing Best Practice Standards for permanency hearings. The goal is 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 Permanency Roundtable Model was introduced to Child Protection Services in 2016. Permanency Roundtables are a structured, professional case consultation designed to develop an aggressive, innovative and realistic Permanency Action Plan for the child or sibling group. This model was selected to assist Child Protection Services in developing appropriate permanency goals, address permanency related barriers, and to help achieve timely permanency. The above goals pertain to all children served by CPS, including the 37.4% of children who are under the age of 5.

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

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

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

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

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

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 that helps the adults in a child's life learn to help the child develop

- A collaboration with the child's parents, caregivers, childcare providers, professionals and others, not just the child
- A voluntary system

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

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

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

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

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

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

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

Region 1 (Rapid City)

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

- Substance Abuse
- Prenatal Care

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

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

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

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

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

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

OneHeart, Transformational Services (Recovery Team) is located in Rapid City, SD. Recovery Team members work with each assigned adult and family as part of a multidisciplinary service team. Team members are comprised of OneHeart Care Coordinators, Peer/Residential Support Specialists, Housing Liaison, Life Safety Officers, and Provider Partner case managers and team members. Services may be provided both on and off the campus. Team members collectively and collaboratively support each adult or family in their journey towards an overall recovery from the underlying conditions contributing to unstable living situations and assist guests with obtaining and maintaining housing. Transformational Services are provided within a Recovery-Oriented Care (ROC), Trauma-Informed Care (TIC), and Poverty -Informed Care (PIC) framework and include assessment, service referral coordination, advocacy and Person-Centered Planning (PCP). Team members utilize the technique of Motivational Interviewing to support their work with Guests. Additionally, the Recover Team's practices and decision making with

clients are guided by evidenced based assessments and interventions, to include Service Prioritization Decision Assistance Tool (SPDAT), Adverse Childhood Experiences (ACES), Trauma-Focused Cognitive Behavior Therapy, and Functional Therapy. OneHeart Campus is not yet operational but has been awarded substantial funding and the Campus will begin renovations shortly. There will be apartments available for families as well as individuals. They will be able to provide direct services not only to prevent the removal of children from parent's care but to assist in reunification efforts recurring sooner.

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

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

Region 2 (Deadwood, Sturgis, Hot Springs)

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

Region 3 (Pierre, Eagle Butte, Mobridge)

Imagination Library through Capital Area United Way in Pierre, SD offers services to children and families. The Imagination Library is one the Capital Area United Way's Community Impact programs, established to increase access to early learning. The Imagination Library provides free age-appropriate books to any child, age 0-5, in Hughes and Stanley counties, at no cost to them or their family, regardless of family income. Books are mailed to the child's home each month until their fifth birthday. Children will be able to build their own home library and access the joy of reading right from their home. Each book is age appropriate and includes such titles as The Little Engine That Could, The Poky Puppy, The Tale of Peter Rabbit and Favorite Finger Rhymes.

Simply Smiles is a not-for-profit organization that provides bright futures for impoverished children, their families, and their communities. The organization partners with population in need to create physical and emotional environments where suffering is alleviated and from which local leaders can emerge. The work of Simply Smiles instills hope and removes

obstacles, empowering indigenous peoples to chart their own to self-determination and brighter future. About 10 years ago they came to Cheyenne River Sioux Reservation. They were allowed to use space at the community center next to the school in LaPlant. For a few years they have operated a summer camp and after school program for the children in the area. They have a few permanent staff from out of state and the local area. Otherwise they have a different group of volunteers every week who come from all over and with different skill sets. Last summer they provided dental care for a week in LaPlant and Eagle Butte. Last year they were able to get a 99 year lease through the United Church of Christ next to the community center. Their plan is to build a group of foster homes on the land one at a time. They would be kind of a communal foster community and support each other in fostering as well as do something paid or in kind for Simply Smiles to live in the home.

Region 4 (Chamberlain, Winner, Mission)

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

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

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

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

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 that do not have the luxury of sleeping on a bed or even laying their heads on a pillow. Through the wonderful efforts of volunteers and generous donations, bunk beds are built, assembled and delivered to those children who are otherwise sleeping on couches, blankets or even floors. There are 109 Chapters across 38 states and Canada, one of those chapters being in Brookings, SD.

1,000 Books Before Kindergarten is through the Brookings Library in Brookings, SD. The concept is simple, the rewards are priceless. Read any book to your newborn, infant, and/or toddler. The goal is to have read 1,000 books (and you can repeat books) before

your little one starts kindergarten. The Brookings Public Library offers tracking sheets to keep you going and celebrates reading milestones by tracking participation in the Library.

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

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

Plus One Pregnancy Guidance Center in Huron is a non-profit faith based organization 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, Post-Abortion Counseling.

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

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

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

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

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

Region 6 (Sioux Falls)

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

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

This is a Family Visitation Center in Sioux Falls, SD. The Family Visitation Center provides safe supervised visits and exchanges with the goal 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 visits a week. This is also valuable when there are infants or children under the age of five where it is imperative more visitation occur to support reunification efforts.

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

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

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

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

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

C. Efforts to Track and Prevent Child Maltreatment Deaths

South Dakota Codified Law 26-8A-4 mandates that anyone who has reasonable cause to suspect that a child has died because of child abuse or neglect must make a report. The

reporting process required by SDCL 26-8A-4 stipulates that the report must be made to the medical examiner or coroner and in turn the medical examiner or coroner must report to the South Dakota Department of Social Services.

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

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

There are currently two death review teams in the state. The East River Team reviews infant deaths (post hospitalization) that occur in the 44 counties east of the Missouri River. The West River Team reviews infant deaths (post hospitalization) that occur in the 22 counties west of the Missouri River. The teams are multidisciplinary and are comprised of volunteers from law enforcement, CPS, hospital staff, fire departments, Emergency Medical Services, Public Health, Behavioral Health, Forensic Pathology, the Bureau of Indian Affairs, Indian Health Services, the Great Plains Tribal Chairmen's Health Board, and the States Attorney's office. The two teams began utilizing a common data collection tool (Child Death Review Case Reporting System) in 2012 so that data could be reviewed by a state-level advisory group for prevention efforts. The state-wide committee meets annually to review data and make recommendations to help turn tragedies into lessons that can prevent other deaths.

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

An additional goal of the South Dakota Preventable Death Team is to understand the causes of infant fatality to develop targeted prevention strategies.

Promoting Safe and Stable Families Funds

CPS continues to use Promoting Safe and Stable Families (IVB Part II) funds to assist with providing services which help keep children in their homes, support parents to keep children safe when reunification occurs, assure stability of placements with foster parents, kinship parents, and adoptive parents, and facilitate adoptions. CPS views Promoting Safe and Stable Families funds as a critical source for situations where even basic levels of support can make the difference in the success of family preservation. CPS will continue to request approval to use funds to provide:

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

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

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

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

The IVB Part 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 who provide a specific type of service and expertise; FAS screenings by the University of South Dakota Medical School with the expertise in this area.

- Time Limited Family Reunification Services-30%
CPS will be increasing efforts to improve timeliness of permanency and funds will be used in this area to support those efforts.
- Adoption Promotion and Support Services-25%
CPS will be increasing efforts to improve timeliness of permanency and assure stability of adoptions and funds will be used in this area to support those efforts.

No category of IVB Part II is utilized below 20%.

Payment Limitations

CPS does not spend more Title IV-B, Part I for child care, foster care maintenance, and adoption assistance payments in any fiscal year that 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 IV-B Part I funds in FY 2005 for administrative costs. The submitted CFS-101, Part III, includes \$0 for administrative costs.

In FY 2017, 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.

A. Population of Greatest Risk of Maltreatment

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

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

Caseworker Visits

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

Child Protection 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 that can be used by the administration, the Family Services Specialists and supervisor to monitor the level of compliance with caseworker visits monthly. CPS added a caseworker visits compliance report.

CPS's consistently outperforms the National Standard of 95 % of children visited each month and 50% of the visits occurring in the child's residence, in **FY18 97.57 %** of children were visited monthly and **95.03%** of these visits were in the child's residence. CPS will continue to explore opportunities to increase quality assessments of children in care caseworker visits.

CPS utilizes a monitoring process requiring the supervisors and Regional Managers do surveys of foster parents regarding caseworker visits. The information gathered from the foster parent involves frequency of visits, location of visits, quality of visits, and foster parent satisfaction with visits. The information is recorded into FACIS. The Department's Constituent Liaison also completes surveys to foster parents to gather the same information. The Constituent Liaison last completed the survey in December 2018 which found high compliance and high foster parent satisfaction

CPS utilizes visitation centers to supplement parent and child visitation. When CPS staff observes these visits and meet with the children afterwards, it provides another opportunity for the children to feel freer to express feelings and concerns to staff. Caseworker Visits funds will be used to help fund these visits to give CPS another resource related to staff visits of children in care. In FY17 the Caseworker Visits Funds helped serve 166 families across communities in South Dakota.

B. Additional Services Information

a) Child Welfare Waiver Demonstration Activities
Not applicable

b) Adoption and Legal Guardianship Incentive Payments

There are 1,891 children currently on adoption assistance through Child Protection Services. Adoption assistance may include a maintenance subsidy, Medicaid coverage, and a non-medical subsidy that covers services for pre-existing conditions. The amount of a subsidy and types of adoption assistance are negotiated prior to adoption finalization and remain in effect up to the youth's eighteenth birthday. Child Protection Services has been successful in obtaining continued legislative support for the adoption program. The SD Legislature has approved increases to the adoption budget every year for the last five years.

A combination of Adoption Incentive funds, Children's Trust Fund and State General funds support the Post Adoption Contract available to adoptive families in South Dakota. A Request for Proposal (RFP) process is completed every five years, with the next RFP planned for release in November 2019. 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. 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 also available to families involved in Inter-Country adoptions.

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

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

Fifty-one families were served through the Post Adoption Contract in SFY2019. Thirty-two adoptive youth received residential treatment and twelve youth received group care

services. Thirty-one children received tuition assistance for group and residential care. One child entered Child Protection Services custody as their adoption was dissolved after CPS provided services through SD Medicaid prior to the adoption dissolving.

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.

Inter-Country Adoptions

There have been no youth that have entered care that were adopted internationally in the last few years. Currently there is one family that has adopted internationally that is using services provided through the Post Adoption Contract.

V. Consultation and Coordination Between States and Tribes

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

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

Gathering input from the tribes for the development of the 2020-2024 CFSP consisted of multiple methods. After the annual 2019 APSR was approved, it was made available to the tribes along with the 2015-2019 CFSP through the CPS webpage which has a link to the actual documents. The ICWA Program Specialist sent out an email to all the members of

the State Tribal Child Welfare Consultation workgroup with the link on October 26, 2018, along with instruction for the 2020-2024 CFSP with a deadline of May 30, 2019 for feedback. This method provided tribes an opportunity to review and share the document in its entirety, if so desired. A follow up email was sent on March 21, 2019 as a reminder, which included the Program Instruction ACYF-CB-PI-19-02 issued February 26, 2019. The email copied and pasted the relevant instruction for state tribal collaboration along with an explanation of the needs for the 2015-2019 Final Report and the 2020-2024 CFSP. A second method facilitated by the ICWA Program Specialist was individual conversations either in person or by phone to gain input with the tribes. This method proved more productive with the tribes contacted. A few tribes provided feedback. The third method, which is the primary method of gaining feedback from the tribes, is through the State Tribal Child Welfare Consultation (STCWC).

A meeting was scheduled for December 5 - 6, 2018 in Pierre for the STCWC, but it was cancelled due to low tribal turnout and the Casey representative's travel delays. Also, December 5th, 2018, was declared a "National Day of Mourning" in honor of President George H.W. Bush's passing, many tribal offices were closed. The agenda for this meeting focused on a presentation from Jack Trope of Casey Family Programs on the Family First Prevention Services Act and discussions on how it may impact South Dakota. The agenda also included planning for the development of the 2020-2024 CFSP.

The primary avenue for consultation between the CPS and the tribes to inform development of the 2020-2024 CFSP is the STCWC. Tribes and their representatives who provided input into the 2020-2024 CFSP planning process from either an individual conversation or participation in the STCWC meetings are listed below:

- Cheyenne River Sioux Tribe (CRST)
 - Diane Garreau - ICWA Director
- Crow Creek Sioux Tribe (CCST)
 - Marlow Medicine Crow, Jr. -ICWA Director
 - Darlene Medicine Crow - Tribal Representative
- Flandreau Santee Sioux Tribe (FSST)
 - Jessica Morson - ICWA Director/Social Services Director
 - Tess Enstad --FSST Family Services Specialist
 - Kristi Bietz - Tribal Representative
- Lower Brule Sioux Tribe (LBST)
 - Jera Brouse-Koster - ICWA Director
 - Christine Madsen Olson - Tribal Representative
- Oglala Sioux Tribe (OST)
 - Arlyn Eastman – CPS and ICWA Director
 - Darla Black - OST Vice President
 - Michelle Lau - CPS Family Developer
 - Jolene Martin - CPS Supervisor
 - Dakota High Hawk - OST Executive Assistant to the Chief Executive Officer
- Rosebud Sioux Tribe (RST)
 - Shirley Bad Wound - ICWA Director
 - Elizabeth Little Elk – Sicangu Child and Family Services Director
 - Kathy Black Bear - Sicangu Child and Family Services Supervisor
 - Lila Kills In Sight - Tribal Councilwoman
- Sisseton Wahpeton Oyate (SWO)

- Deborah Divine - CPS Director
- Standing Rock Sioux Tribe (SRST)
 - Rebecca Grey Bull - ICWA Director (input through individual contact)
- Yankton Sioux Tribe (YST)
 - Melissa Sanchez - ICWA Director

As result of concerns voiced by both state and tribal partners related to effectiveness of the State Tribal Child Welfare Consultation (STCWC), Casey Family Programs presented an opportunity to contract with consultants Paul and Leslie Kabotie to revitalize both the ICWA Coalition, which is a tribal workgroup consisting of the nine ICWA Directors and other tribal representatives and the State Tribal Child Welfare Consultation workgroup. The first step was a retreat for the tribes in Denver facilitated by the Kaboties to focus on improving the ICWA Coalition. The second step was for the Kaboties to facilitate the June meeting of the STCWC.

The STCWC workgroup met on June 13 - 14, 2019 in Pierre, SD to develop collective intentions for the next three, five and ten years and to use the meeting as the vehicle to develop the 2020-2024 CFSP which will provide the roadmap for future collaboration and consultation between state and tribal partners. The Kaboties outlined the foundational values for the meeting which were; participation, teamwork, creativity, consensus and action. The summary of meeting expectations from those in attendance are listed below.

- Clear direction for the STCWC workgroup
- Continued and increased collaboration
- Bridge gaps for better mutual understanding
- Develop a plan with goals, objectives, actions steps and how to measure progress
- Embrace a shared vision with a commitment actively participate in all meeting
- Planning and focus for upcoming meetings
- Engage with positive dialogue during meetings
- Be a driver of where we are sitting while having a road map
- Strengthen collaboration and relationships between the state and tribes to help care for the children and families
- Leave with an articulate and actionable plan for the next 5 years

Questions posted which emerged as talking points for group dialogue in discussing ideas were:

- What five-year actions will jump start the effort to achieve our collective intentions?
- What makes sense for tribes?
- What makes sense for the state?
- What makes sense for joint collaborative efforts?

The first half day session generated collective information from the group on the history of child protection in South Dakota the past 30 years ago with feedback on how policy trends affected state tribal relationships in child welfare. The second day began with a discussion on data from the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS) presented by Ralph Bayard from Casey Family Programs. The data set the stage for future planning discussions to target three-year accomplishments that would mobilize, promote and build support for the group's efforts that are specific, measurable, action-oriented, realistic and

timely or time limited. Two examples of the ideas that were generated for a three-year timeframe are as follows:

- I. Year One
 - a. Every tribe will have consistent participants at the STCWC meetings with at least two people designated as representatives, ~~se~~ if one person has a conflict then the other could come and represent the tribe.
 - b. Develop a statewide training schedule to be dispersed quarterly to help alleviate the lack of training resources for tribal and state agencies in identified training areas.
- II. Year Two:
 - a. Specific targeted recruitment of resource families for children with a quarterly report of new state/tribal families licensed.
 - b. Create educational processes to help families navigate the system with collaboration between both the state and tribes.
- III. Year Three:
 - a. Implementation of a state/tribal court partnership
 - b. Judges from both the state and tribes convene on a yearly basis

Discussions began towards longer term goals such as five and ten-years, but due to time constraints, the group was not able to have time to collectively come to a consensus on what ideas would inform the goals and strategies for the future, but the ideas from small group work were gathered for review. Five goals for consideration with possible strategies were discussed. Examples of goals generated from the discussion follow:

1. Developing and simplifying processes to locate and engage and inspire kinship care and resource families.
 - a. Promote kinship families to licensed families.
 - b. Research family finding data systems and tools to connect relative search information.
2. Connecting courts and buy-in to child welfare work.
 - a. Identify potential state and tribal judge champions to be involved in change discussions.
 - b. Invite the champion judges to the state tribal meetings to discuss five-year plan.
3. Expanding and enhancing child welfare practices to prevent removal.
 - a. Develop preventive efforts to prevent removal using Present Danger Plans (PDP) and the effectiveness of tribal involvement at this stage, if parental consent is given.
 - b. Engage resource families and alumni to assess agency effectiveness.
4. Renewing commitment to mobilize state tribal collaborations
 - a. Prioritize goals agreed upon and attainable.
 - b. Establish committed relationships with one another.
5. Educating our communities, parents and stakeholders.
 - a. Orient parents to the limitations and support of ICWA and court processes.
 - b. Educate child welfare to community and tribal leaders.

During the June 12, 2019, there was tribal representation from eight of nine tribes:

1. Arlyn Eastman - Oglala Sioux Tribe CPS/ICWA
2. Dakota High Hawk - Oglala Sioux Tribe

3. Diane Garreau - Cheyenne River Sioux Tribe ICWA
4. Elizabeth Little Elk - Rosebud Sioux Tribe Sicangu Child and Family Services
5. Kathy Black Bear - Rosebud Sioux Tribe Sicangu Child and Family Services
6. Lila Kills In Sight - Rosebud Sioux Tribe
7. Shirley Bad Wound - Rosebud Sioux Tribe ICWA
8. Jessica Morson - Flandreau Santee Sioux Tribe CPS/ICWA
9. Tess Enstad - Flandreau Santee Sioux Tribe CPS
10. Kristi Bietz - Flandreau Santee Sioux Tribe
11. Melissa Sanchez - Yankton Sioux Tribe ICWA
12. Marlow Medicine Crow, Jr. - Crow Creek Sioux Tribe ICWA
13. Darlene Medicine Crow - Crow Creek Sioux Tribe
14. Deborah Divine - Sisseton Wahpeton Oyate CPP
15. Christine Madsen Olson - Lower Brule Sioux Tribe

On June 13th, the meeting had tribal representation from seven out of nine tribes in the beginning of the day, but by the end of the meeting there were only four tribes represented.

The STCWC workgroup will meet on October 9-10, 2019 in Sioux Falls, SD with the Koboties returning to facilitate the meeting. The meeting agenda will focus on building consensus on goals, objectives, action steps and progress measurements to achieve outcomes. Invitations will be sent out to each tribe to ensure representative from two people designated by the tribe to attend and engage with the group for the long term.

The state's plan for ongoing coordination and collaboration with the tribes in the implementation and assessment of the 2020-2024 CFSP is to continue STCWC Workgroup. The collaboration has been in place since 2014 and continues to be the best method to bring state and tribal partners together on a quarterly basis.

One barrier to the state tribal consultation process is consistent tribal representatives. Due to turnover of some ICWA Directors and tribal Child Protection directors, along with work commitments, it is difficult for meetings to have participation by consistent members. Casey Family Programs streamlined the registration process for the ICWA Coalition and STCWC meetings which allows participants to register on-line. STCWC meetings are scheduled a year in advance so participants can reserve the dates in their calendars. Through Casey Family Program's involvement, the financial burden of lodging and meals is negated. They also arrange and pay for the meeting space. CPS offers reimbursement for mileage for two members from each tribe; the reimbursement forms are made available at each meeting. Before the next STCWC meeting on October 9-10th, 2019, a joint outreach effort to the tribes with new directors or those who have not been in attendance will occur in hopes of solidifying their participation at the next STCWC meeting and to ensure they are informed of the work completed during the June meeting and expectations for the October meeting. It was agreed Misty Brammer from Casey Family Programs, Jessica Morson, President of the ICWA Coalition and Joseph Ashley, CPS, would provide the outreach via conference call.

Another barrier in collaboration is having a shared vision as demonstrated by the differences in the definition of permanency for children, timeframes to achieve permanency and desired outcomes.

Another way of encouraging engagement in the STCWC meetings is scheduling conference calls to plan and finalize the agenda for each future meeting. Instead of just

setting aside time at the end of the quarterly meetings to discuss agenda items for the next meeting, members are invited to participate in the conference calls to provide input for the agenda.

Collaboration and consultation among the State Tribal Child Welfare Consultation members is more effective when partners come to the table to discuss important issues impacting outcomes for children and families. However, it is not the only means for collaboration, as there are efforts at the local and regional areas between tribes, local CPS offices and State's Attorney offices.

The office and her recommendations being followed by CPS to support ICWA compliance, so in essence her tribal state consultation was more regionally focused. CPS Regional Managers and staff work with tribal ICWA Directors and child protection programs to locate placement resources and services for Indian children under state court custody. Building relationships with tribal programs, tribal courts and other tribal stakeholders to improve processes and outcomes for Indian children and families.

An excellent illustration of local collaborations impacting stateside collaboration is the redesign of the ICWA Director's report. The report is generated by FACIS and distributed to the ICWA Director's monthly. The ICWA Director representing Rosebud provided feedback to the Regional Manager on enhancements which would improve the efficacy of the report. The feedback was discussed at the CPS Management Meeting; the feedback provided the foundation for the redesign which was implemented in May of 2019.

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.

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

participate as a reviewer in PSWB reviews at the June STCWC meeting and will contact those interested to arrange training on the review process.

CPS supports tribal efforts to operate child welfare programs, whether it be through State-Tribal Title IV-E Agreements. The State-Tribal Agreements allow for the pass through of federal funding for the placement costs of eligible children; eligible administrative and training costs; and licensure of tribal foster homes using tribal licensing standards. Four of the nine tribes have a State - Tribal Title IV-E Agreement; one tribe is in the process of having a direct Title IV-E relationship with the federal government; and one tribe is in negotiations to have a Memorandum of Understanding for licensing of foster homes the state CPS would be able to use for placement. Listed below are the tribes with either a Title IV-E Agreement, pursuing direct Title IV-E funding from the federal government or are in the process of pursuing a Memorandum of Understanding.

- **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.
- **Standing Rock Sioux Tribe (SRST)** - Since 1993, SRST has had an agreement with SD to provide Title IV-E funding for children under the custody of Tribal Court. This includes the pass through of Title IV-E funds to Title IV-E eligible children for placement in Title IV-E compliant tribally licensed foster homes costs and Title IV-E administrative costs.
- **Flandreau Santee Sioux Tribe (FSST)** - Since 2000, FSST has had an agreement with SD to provide Title IV-E funding for children under the custody of Tribal Court. This includes the pass through of Title IV-E funds to Title IV-E eligible children for placement costs in Title IV-E complaint tribally licensed foster homes and Title IV-E administrative costs.
- **Oglala Sioux Tribe (OST)** - Since 2008, OST has provided the full array of child protective service programs from intake to adoption and licensing of tribal foster homes. This includes the pass through of Title IV-E funds to Title IV-E eligible children for placement costs and Title IV-E administrative costs.
- **Rosebud Sioux Tribe (RST)** - RST under Sicangu Child and Family Services (SCFS) applied for a planning grant in 2013 under the Fostering Connections to Success and Increasing Adoptions Act of 2008. Their application for a Title IV-E planning grant was approval on September 30, 2013. Since approval, the CPS has collaborated in good faith to help SCFS with their planning grant. Their Title IV-E Plan was approved in July of 2018. SCFS and CPS met in September 2018 to being discussing a action plan for transition of CPS to SCFS with a goal of October 2020. Once the SCFS assumes all child protection services from the CPS, CPS will no longer have a presence on the RST reservation.
- **Crow Creek Sioux Tribe (CCST)** - Negotiations with the Crow Creek Sioux Tribe (CCST) are in its final stages in creating a Memorandum of Understanding (MOU) between the tribe and CPS to share foster homes licensed by the tribe on the reservation for children under tribal court custody. This process began in 2014 with email exchanges, face to face meetings and teleconference calls, but turnover in the tribal leadership and in the ICWA Director's position prevented finalization of an agreement. The MOU, if signed, will be the first MOU of its kind in South Dakota and could serve as a model for the other three tribes to follow if they so desired. Once finalized, there will be a process put in place to oversee licensing compliance by the

ICWA Program Specialist since Title IV-E funds and State General funds could potentially be used to pay for placement costs of the children placed in tribally licensed foster homes by CPS. The final draft was sent to the tribe with a follow-up teleconference call with the tribe's ICWA Director on May 9, 2019 and CPS is waiting for a response regarding the tribe's decision to approve the draft for signatures. The CCST had a State-Tribal IV-E Agreement through state fiscal year 2009 but chose not to sign the FY2010 agreement.

The children whose cases fall under the custody of tribal CPS programs with Title IV-E Agreement are reviewed annually by the ICWA Program Specialist to ensure all cases and foster homes meet licensing requirements. The review consists of a case compliance desk review to ensure data entry of required AFCARS elements, information about caseworker visits, educational information, and compliance licensing requirements for foster homes, all which are outlined in the State - Tribal Agreements. If data is missing, the ICWA Program Specialist notifies the tribal case manager of the missing data, requests it be entered and offers technical assistance if needed.

The ICWA Program Specialist also conducts on-site reviews of both client files and licensing files for tribes with State-Tribal Agreements. Reviews of client files include case plans, narratives, and court orders. Licensing file reviews include safety requirements (DCI/FBI criminal background checks, central registry screenings and sex offender registry screenings), home studies, and ensuring the license is operational. Compliance with requirements are documented in FACIS and the program strengths and areas needing improvement are shared with the director and tribal program staff at the end of the review followed by a written report outlining the review.

The ICWA Program Specialist conducts ICWA compliance case reviews on a quarterly basis. The data reviewed comes from the ICWA Director's Report which is generated monthly of all children identified as being American Indian/Alaskan Native. The quarterly ICWA Compliance Desk Review involves a random selection of 32 children in state court custody less than eight months. The number of case reviews will increase to capture a higher percentage of children. At this juncture in the case, the adjudication process is usually complete and there is sufficient documentation to complete an accurate assessment of ICWA compliance during the initial case stage. If documents are missing, the ICWA Program Specialist emails the FSS/Supervisor/Regional Manager and requests the documents. Most often, the document missing is the ICWA Affidavit used at the 48 Hour hearing. The reviewer also evaluates court reports to determine if active efforts were made to achieve the permanent plan, which in most cases is reunification. A higher number of cases are reviewed from the offices in Region 1 and 6 as they have a higher caseload of Native American children. Although not all data collected during the review is required to meet ICWA compliance, it is data that informs good practice. The following data is captured during the compliance reviews:

- Present Danger Plan
 - Was a PDP attempted, if not then why not? Was the tribe noticed and if so were there tribal efforts?
- Reasons for placement
- Court Circuit

- Initial Placement type
- Placement transitions
 - How many placements occurred?
- Diligent efforts to meet ICWA Placement Preferences
- Relative search efforts as listed in the court report
- Active Efforts listed in the court report
- DSS initial date of notice
- State's Attorney initial date of notice
- Intervention/Transfer motions made
- Transfers made
- Permanency goal
- Siblings placed together
- ICWA Affidavit used at 48 hearing
 - Finding Determination of Physical Damage or Harm to the child
 - Finding Preventive Measures to Rehabilitate the Family
- Number of previous transfers (this was started to be tracked with the April 2018 review)

If compliance issues are found, the ICWA Program Specialist communicates with staff to point out the issue and advise correction according to the CPS Policy and Procedures Manual. Also, general feedback from these reviews is provided in the ICWA Program Specialist's monthly report and if the issue is seen statewide it will be added as an agenda item on a CPS Management Team meeting for discussion to determine how best to address the issue. The ICWA compliance case reviews results are shared with the members of the State Tribal Child Welfare Consultation workgroup.

The lack of Native American placement resources makes it very challenging to follow placement preference and continues to be a high priority of CPS and is discussed during the STCWC meetings. There are many recruitment ideas surrounding this area, which South Dakota Native Foster Care (SDNFC). This group involved both state and tribal members in statewide efforts to recruit Native American foster homes. Casey Family Programs discontinued funding support in 2018 and it is yet to be determined how this group will move forward without a means to pay for meeting costs, lodging, promotional item costs and booth space at major Native American events. This will be discussed at the October 2019 STCWC meeting.

The ICWA compliance case reviews results are shared with the members of the State Tribal Child Welfare Consultation workgroup. Present Danger Plans (PDP), are the most recent topic of discussion which resulted in a request from tribes to receive notification before custody with the parent(s) consent. The tribe's reasoning for notification is to allow tribes the opportunity to support the PDP with services to keep the Indian family intact. The policy change went into effect on January 1, 2019 with an email notice to the tribe's announcing it on January 2, 2019. This protocol will be tracked in future ICWA Compliance reviews to determine frequency, compliance, and impact. These findings will be shared with the STCWC group to determine what, if any, revisions need to occur.

The ICWA Program Specialist will investigate CPS files older than 4 months with an "Unknown" finding in tribal affiliation or "none" when the child is reported as Native American, to protect the integrity of the data involving ICWA compliance and to ensure children are affiliated with their tribe in FACIS. Thus, ensuring tribal collaborations occur in a timely manner with all tribal children in state custody.

CPS will extend an invitation to tribal CPS program directors and ICWA Directors to participate with the ICWA Program Specialist to complete ICWA compliance reviews.

See the “Consultation with Tribes” section of the 6. John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program) for an explanation on how South Dakota provides information on the Chafee Program to the nine tribes.

On a yearly basis the APSR is shared with the tribes in South Dakota. Input is sought and final CFSPs are shared with the tribes in South Dakota during each five year cycle. The CFSP and APSR is hosted electronically on the CPS’s public webpage with a link to access it after it is approved by the ACF. After it is uploaded to the webpage, the ICWA Program Specialist emails link to the nine tribes and their representatives who participate in the State Tribal Child Welfare Consultation (STCWC) workgroup. If any program instruction is issued by ACF concerning the CFSP or APSR, the ICWA Program Specialist will summarize what is being requested and send out a reminder email to the above-mentioned group. The ICWA Program Specialist will make individual contacts with the tribes to gain input for collaboration for future APSR updates. These contacts will be with Tribal CPS Directors and ICWA Directors for the nine tribes.

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

A. Agency Administering Chafee (section 477 (b)(2) of the Act)

CPS is the division within the Department of Social Services (DSS) which provides services and permanency planning for youth placed in the custody of DSS. The state statutes and rules related to youth under the custody of DSS apply to youth until they leave care at age 18. There is a provision in state law requiring the state to provide independent living services to youth age 16 or older that are going to continue in foster care, for a specified period (SDCL 26-8A-26). Independent Living Services (ILS) are provided to youth who are going to be in foster care until they are 18 years of age. CPS will consider providing ILS to youth as young as age 14, depending on what the long-term plan is for the youth. Requirements under the federal Chafee Foster Care Program for Successful Transition to Adulthood expand ILS services to youth who left foster care between the ages of 18 and 21. The Educational Training Vouchers (ETV) program was added later to the federal law for those youth. The Family First Prevention Services Act issued on July 9, 2018, allowed South Dakota to expand to assist young adults that were in foster care at age 18, adopted or placed in a guardianship with kinship at age 16, to participate in the (ETV) program and remain eligible until the young adult reaches 26 year of age.

The ILS Program Specialist oversees Chafee’s services and supports provided by DSS and service partners, the ILS Program, and the LSS Community Resource Program (CRP) contract. The ILS Program Specialist has continuous contact with the CRPs and their supervisor to assist with the delivery of the ILS program. There are ongoing communications via meetings, phone calls, and emails with the CRPs and their supervisor concerning the ILS Program and challenges effecting youth. The ILS Program Specialist provides guidance to CPS staff and CRPs through CPS Policy and Procedure Manual. Trainings and updates to the ILS Policy and Procedure chapter of the manual are made as services, issues, or federal requirements arise. The ILS Program Specialist assigns

youth to the appropriate CRP's caseload within FACIS. These youth could be CPS, Department of Corrections (DOC), Bureau of Indian Affairs (BIA) and tribal youth who the CRP will provide services depending upon their status.

B. Description of Program Design and Delivery

In South Dakota, the Chafee Foster Care Independent Living Program is a state administrated program. The ILS Program supports youth who have experience foster care at age 14 or older in their transition to adulthood. Youth begin receiving ILS at the age of 14 years or older to provide on-going opportunities to engage in age or developmentally-appropriate activities. The state intends to continue delivering and proving programs that support all youth through transitional services such as assistance 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, substance abuse prevention, and preventive health activities; help youth engage in meaningful connections with permanent connections with a caring adult; help youth engage in age or developmentally appropriate activities; provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition from adolescence to adulthood; and to make available vouchers for education and training, including postsecondary training and education, to youths who have aged out of foster care.

CPS has a contract with Lutheran Social Services (LSS) to provide Community Resource People (CRP) to provide support services regarding development of independent living skills for youth ages 16 through 21 in foster care or formerly in foster care to assist in preparing youth to live independently as adults.

CPS provides child welfare services on the following five tribes: Rosebud, Lower Brule, Crow Creek, Cheyenne River and Yankton. CPS has established agreements with the other four Tribes to provide their own child welfare services, which are Pine Ridge, Flandreau, Sisseton, and Standing Rock. Native American youth are involved in all aspects of the ILS program. The ICWA Program Specialist maintains a contact list for each of the tribes. This information is shared with the CRPs. The CRPs are responsible for identifying resources and networking with people on the reservations in their area. Information regarding Chafee services, ETV funds, CRP services, ILS Workshops, Teen Conference and other IL information is shared with the BIA and Tribal Child Welfare Agencies on an ongoing basis.

The South Dakota Chafee Foster Care Independence Living Program Five-Year Plan is designed to assist youth in foster care and to assist youth as they are establishing independence. Youth begin receiving ILS at the age 14 through CPS continue to build on their relationship with youth as they transition to become an adult and living on their own. Over this period, the youth establishes strong connections and trust with the CRPs. The CRP program established a process to continue the support of youth while the youth is in care and after the youth leaves care. The strength of the ILS program is to involve youth in the planning process with their plan as well as asking for their input and feedback through surveys completed at the workshops, teen conference, the exit survey and satisfaction survey. The CRP program has a high staff retention rate, which enhances the relationships between CRP's and youth. A current staff member who serves as a CRP

has personal experience as she was a former foster youth and made it her goal to become a CRP due to her positive experience working with the program as a youth.

One of the purposes of the Child Family Service Plan (CFSP) is to continue to implement a comprehensive approach to achieve permanency. With the ILS program, the goal is to improve practice and coordination of services to assure youth are receiving the needed independent living services to have a positive transition to adulthood. Many of the aspects of the Five-Year Plan focus on the approaches to deliver independent living services to youth and young adults.

The following goals have been identified to strengthen programs for the Chafee program over the next five years.

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

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

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

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

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

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

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

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

Objective 1: Increase youths' employability skills.

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

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

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

In July 2018, an Independent Living Services Program Survey was administered to 70 youth, 68 of which participated. The survey consisted of seven questions revolving around ILS and allowed youth to offer specific feedback.

- Q1: What do you think you need to learn to do to be able to live independently when you leave foster care? Specific input was provided.
- Q2: Do you feel prepared to live on your own as an adult? 40 yes, 11 No, 18 provide specific input.
- Q3: How would you rate the help CPS provide you to prepare for living independently? 24 excellent, 22 good, 17 sufficient, 7 fair, 0 poor.
- Q4: How would you rate the help the Family Services Specialist provided you to prepare for living independently? 28 excellent, 27 good, 10 sufficient, 5 fair, 0 poor
- Q5: How would you rate the help the Community Resource Person provided you to prepare for living independent? 24 excellent, 25 good, 10 sufficient, 11 fair, 0 poor.
- Q6: Has Child Protection Service provided the services and support needed so you could live independently as an adult? 51 yes, 6 no, 13 provided specific input
- Q7: Explain what CPS could do different or better to help you prepare for your independence? Specific input was provided

On January 23, 2019, a Young Voices Meeting was held to give feedback on ILS program for the Five-Year Plan and discuss areas of opportunity. Twenty participants attended this meeting, including 13 youth. The focus of the meeting was based around educational topics and family/community connections. The input that was gathered during this meeting was used for Goal 1: Youth will obtain a high school diploma or GED. The youth provided their input on how this process could be improved which was incorporated to the objectives and interventions of that goal.

On May 2, 2019, an ILS Workgroup Meeting was held to gather input for the ILS Five Year Plan. The ILS Workgroup invited members from the following agencies and organizations including residential treatment and group care facilities, the Department of Corrections, the Bureau of Indian affairs, CPS staff, CRPs, Young Voices members and other youth. Twenty-two participants (fifteen adults and seven youth) attended the meeting. During the ILS Workgroup meeting, information was shared about the Five-Year Plan and asked the members for their comments and suggestions. The ILS Workgroup discussed education, employment, connections, and housing. The group identified their primary concerns as education and employment. The input was used for the Goal 1: Youth are employable after transitioning from foster care and Goal 2: Youth are employable after transitioning from foster care. After the meeting there were questions shared by the members for their input, comments, and feedback. The ILS Workgroup will meet at least twice per year to evaluate progress and realign strategies as necessary on the education and employment of youth.

Positive Youth Development (PYD) is a critical principle encompassed in all aspects of services provided to youth and exemplified through Young Voices. PYD is an intentional, prosocial approach that engages youth within their communities, school, organizations,

peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances young people's strengths; and promotes positive outcomes for young people by providing opportunities, foster positive relationship, and furnishing the support needed to build on their leadership strengths. PYD is incorporated to the training plan and principles of PYD are embedded in the policy and practices of the ILS program. Through case planning, age meetings, and youth groups, an emphasis is placed on engaging youth with meaningful connections.

The National Youth in Transitional Database (NYTD) data was shared at the ILS Workgroup meeting, ILS Workshops, Teen Conference, Young Voices meeting and the CPS Supervisor and Management Team meetings. CPS will continue to share data with the Court Improvement Program Committee, the South Dakota Youth Care Provider Association, BIA and tribal child welfare agencies to obtain their input on the data to improve service delivery and make a difference to youth in the foster care system.

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

C. Serving Youth Across the State

Independent Living Services (ILS) is provided as a supplemental service for youth before the age of 18. If youth still have a plan of reunification with their family, CPS will continue to provide reunification services. Independent Living Services are provided until reunification is successful or until it is determined, reunification is no longer an option. The other permanent plans are adoption, guardianship, permanent placement with a relative, or another planned permanent living arrangement (foster home, treatment facility, etc.) If reunification is successful, CPS continues to be involved until the parent(s) have the capacity to keep the child safe at home. CPS does not provide ILS beyond that time. If reunification is not successful, CPS works toward adoption, guardianship or permanent placement with a relative. CPS continues to work with the youth, the temporary placement resource and the permanent resource until the permanent resource is legally appointed as the permanent guardian of the youth. CPS can provide a subsidy to adoptive parents and families receiving guardianship of the youth until the age of 18.

If youth will be in foster care until the age of 18, CPS continues to provide financial and other supports to the youth and the placement resource, until the youth turns 18 years old. CPS does have an exception in rule allowing CPS to continue financial support for youth in custody, until they complete high school or reach the age of 21, whichever comes first. CPS did not select to extend IV-E funding beyond age 19. However, CPS utilizes state funds to support young adults who remain in placement beyond age 19. In addition, CPS can use Chafee funds to pay a foster home up to \$200 a month for those youth over 18, who are out of school, but continue to reside with their foster parent until the age of 21. If a youth is attending a post-secondary school and dorms are not available, the ILS program can assist with housing off campus if the youth is a full-time student and maintains a 2.0

or higher-grade point average. The amount of the assistance can be up to \$300 per month including the security deposit.

While ILS is provided by CPS to youth at the age of 14, the primary purpose is to assist those youth who will transition to adulthood from foster care. Services include facilitating continued involvement of the placement resource with the youth and maintaining or re-establishing connections with relatives. The services for those youth up to the age of 21 are a safety net mainly for youth who do not have a permanent family and need the continued support after they leave care whether the resource family stays involved or not.

South Dakota provides tribal consultation with the tribes to remind the tribes with an approved IV-E plan or a title IV-E tribal and state agreement have the option to receive directly from ACF a portion of the state's CFCIP and / or ETV allotment to provide services to tribal foster/foster youth (section 477(j) of the ACT). Oglala Sioux Tribe – Pine Ridge has had discussion with CPS on pursuing an agreement; however, it has not been finalized.

CPS is divided into seven Regions providing child welfare services to South Dakota's 66 counties. CPS provides child welfare services for the following five tribes: Rosebud, Lower Brule, Crow Creek, Cheyenne River and Yankton. CPS has established agreements with the other four tribes who provide their own child welfare services, which are Pine Ridge, Flandreau, Sisseton and Standing Rock.

The ILS program services the same areas with the Community Resource People. With the ILS program, a compliance report in FACIS is available to inform staff about the need for the ILS Assessments, the Age 16 Planning Meetings, Age 17 Planning Meetings and Exit Meetings. A compliance report informs staff when youth need to complete the NYTD survey. There is also an email reminder generated from FACIS to inform staff when the youth turns 17 concerning the NYTD survey. South Dakota identifies all youth in CPS custody who are 17 years old and need to complete the NYTD survey, which is a part of the Age 17 Planning Meeting. The Age 17 Planning Meeting and completion of the NYTD survey takes place within 45 days after the youth turns 17 years old.

D. Serving Youth of Various Ages and Stages of Achieving Independence (section 477(b)(2)(C) of the Act)

The ILS program and the CRPs can assist youth from 14 to 18 years old referred to them from the tribal areas and youth who have transitioned from foster care up to age of 21. At age 16, youth are assigned a CRP's who specifically focus on and promote independent living skills. Youth, after attaining 16 years of age, who were placed in with a relative through the Guardianship Assistance Program or were adopted can participate in ILS Workshops and would be eligible for Educational Training Voucher (ETV) funds. Youth, 18 years of age or older, can remain in care up to age 21 to complete their high school education. If youth attend a post-secondary school, the CRP provides support to youth up to the age of 26. The CRP remains in contact with youth identified in the NYTD baseline up to age 21 to meet the NYTD requirement. The CRPs work to support youth referred to them from the tribal areas.

The purposes of the Child Case Plan are to: provide a clear understanding of the child's strengths, child's challenges and related services necessary to address those challenges; and assess how well the placement resource can provide for the needs and safety of the child. Children will experience more stability in an out of home placement when CPS can assess needs and implement services that will achieve positive outcomes for children.

The Adoption and Safe Families Act of 1997 (ASFA) mandates that each child has a case plan that leads them towards timely achievement of permanency. ASFA requires within 12 months of the child's placement into foster care, the court must hold a "permanency hearing" to determine what is best for the child to provide him or her with the best long-term and most secure permanent home. ASFA also allows for concurrent planning to secure permanency for children. Permanency and concurrent planning will be discussed in depth in the following sections. Youth being served through the ILS program have provided valuable input to recent case plan revisions through Young Voices and the Case Plan Workgroup.

The Casey Life Skills Assessment (CLSA) and/or other assessments are used to evaluate a youth's readiness to meet the challenges of adulthood and are designed to provide a picture of a youth's strengths and needs in daily living such as self-care; relationships; communication skills; housing and money management; employment and career and education planning. The CLSA is a free assessment, completed on-line and automatically scored. The CLSA is designed to be free from gender, ethnic and cultural biases and is appropriate for youth regardless of living circumstances. The Community Resource Person and FSS complete the assessment with the youth and share the results at the Age 16 Planning Meeting. At the meeting, the team members discuss the plan utilizing the assessment to strengthen the ILS services needed for the youth.

There are no state statutory and/or administrative barriers impeding the state's ability to serve a broad range of youth and young adults.

E. Serving Youth of Various Ages and Stages of Achieving Independence (section 477(b)(2)(C) of the Act)

The ILS Program Specialist has been appointed to serve on a Youth Council as a subgroup of the South Dakota Workforce Development Council (WDC). The Youth Council subgroup will be an advisory entity offering perspectives from CPS, and other organizations, to DLR and the WDC concerning youth policy to assist the WDC. The Youth Council will be giving recommendation to youth employment and training with establishing linkages with other organizations serving youth. The Youth Council will be meeting two or three times a year.

Department of Labor and Regulation:

The DLR recognizes the importance of reaching out to youth in foster care, especially as they begin to transition to the adult world.

Career Launch SD is a no-cost resource to help youth from 16-24 explore education and career opportunities. Training opportunities include: registered apprenticeships, internships and work experiences, job shadowing, informational interviews, classroom presentations, and career and post-high fairs. Career Advisors will help youth create work experiences. They'll also work with student on soft skills, monitor students, and promote youth job openings. The following site has additional information: <http://careerlaunchsd.com/referral>.

DLR has nine sub-grantee providers of Adult Education and Literacy (AEL) with services available throughout the state. AEL is for individuals over 18 years old and offers instructional courses to

The Adult Education and Literacy Program emphasize skills such as reading, writing, numeracy, financial literacy, English language competency, problem solving, health

literacy and family literacy. These skills bolster workplace readiness, transitions to post-secondary education and a higher quality of life for South Dakotans.

Department of Education:

CPS will work with the Department of Education (DOE) to address the educational issues confronting youth such as credit recovery as youth move from one school district to another. CPS will collaborate with DOE on issues such as challenges affecting their ability to complete a high school education.

The Independent Living Program has collaborated with DOE to provide training to the CRPs, so they can provide SDMyLife. SDMyLife is an online career exploration and academic program for South Dakota students and educators. SDMyLife helps students become prepared for life after high school. SDMyLife's goal is to help students understand how their interests, skills, and knowledge relate to real-world academic and career opportunities. The user-friendly interface helps users satisfy four key career guidance needs: 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 the multimedia interviews with people in those careers. Each youth in SD has an account, if a student does not know their account information the CRP would assist them. The site will allow each youth the ability to take interests inventories and aptitude tests to help determine an area of interest for future career decisions. For example, if a youth is interested in going into Cosmetology, the site will tell them all the schools in the state that offer the program; including the cost of attendance; as well as program requirements. Some of the youth reported they have found the website to be very helpful in completing a resume. This website is available to youth after they graduate from high school for continuing updates on resumes. The CRP will be able to use this program to assist youth in foster care in providing resources to them. Some of the activities the CRPs have used SDMyLife with youth are scholarship search, college search, matchmaker assessment, updating resumes and completing a career inventory. When youth have entered foster care and are placed in group care centers or residential facilities, SDMyLife is not always a part of their education plan. The CRPs work with youth in residential facilities so the youth are familiar with SDMyLife and the resource that are available with the program.

Department of Health:

The Personal Responsibility Education Program (PREP) is a collaborative effort with Department of Health, DSS/CPS, Lutheran Social Services and DOC. The overall goal of this project is to reduce teen pregnancy, and to increase abstinence, contraception to prevent pregnancy and STDs/HIV through intervention. This intervention is designed to increase the knowledge and skills youth have to reduce risky behaviors and help them identify qualities and attributes of healthy relationships between individuals and within families. CPS is using the evidence-based curricula Reducing the Risk, Be Proud Be Responsibility, and Botvin Life Skills Training. PREP also teaches 6 adulthood preparation subjects: healthy relationships, healthy lifestyles, adolescent development, financial literacy, parent and child communication and education/employment preparation skills. The trainings are currently being offered in five psychiatric residential treatment facilities, two intensive psychiatric residential treatment facilities, two group care centers for minors and one independent living program. The PREP program is working with 10 facilities in the state of South Dakota to target DSS youth. However, in some placements, some youth could be in DOC's custody or a school placement.

Court Improvement Program:

The Court Improvement Program is developing, establishing, and implementing Best Practice Standards for permanency hearings. Youth are an integral part of this process and will continue to be involved.

Court Improvement Program Committee is planning the fourth annual Children's Justice Conference. The conference is presented in Rapid City and Sioux Falls. This is a multi-disciplinary training opportunity those involved with youth such as attorneys, judges, CPS staff, DOC staff, CASA, mental health professionals, teachers, medical professionals, etc.

Youth Transitional Impact Program:

CPS provides programming for 12 young adults unable to live independently due to their severe mental illness, who have transitioned from custody. The program will provide specialized mental health services, transitional housing and support services targeted to assist the young adult with employment, independent living skills and development of community supports to enhance their chances for successful transition to adulthood. Referrals to the transition program will be for those youth 18 years of age or older, who have functional impairments because of their mental illness supporting the need for this level of service. In addition, the young adult must understand the transition program and voluntarily consent to receive and participate in services. Individuals referred to this service will be approved by the Department of Social Services, Division of Behavioral Health.

South Dakota Youth Care Providers Association:

CPS and the Division of Juvenile Services under the DOC meet with the South Dakota Youth Care Providers Association, which is comprised of the directors of the intensive residential, residential and group care providers in South Dakota on a quarterly basis. The purpose of this collaboration is to provide information about DSS and DOC initiatives, seek assistance from the Association when needed and assure there is a platform for sharing of information and resolution of issues. Meeting agendas focus on sharing information regarding placement numbers, data regarding the monitoring of restraint and seclusion, data on the utilization of psychotropic medication and efforts to reduce utilization, enhancing the intake process for the reporting of allegations of abuse or neglect in facilities, credit recovery youth in placement, discharge planning, Positive Youth Development, the importance of ILS, and other topics to improve services to youth in placement.

Juvenile Detention Alternatives Initiative (JDAI):

The South Dakota JDAI Mission Statement is to work collaboratively to promote a more effective and efficient juvenile justice system through the implementation of JDAI's juvenile justice best practice standards in South Dakota.

The JDAI Statewide Steering Committee convenes quarterly. The Annie E. Casey Foundation provides technical assistance to South Dakota with the Unified Judicial System and the committee. The JDAI Statewide Steering Committee will impact youth by assisting to prevent youth from entering the UJS system and providing guidance to CPS as a member of this committee.

Public Housing Agencies:

Youth in foster care qualify for the public housing assistance. Community Resource People and ILPP will continue to work with youth to prevent youth from becoming homeless. The ILS Program Specialist will collaborate with the CRPs on public housing

agencies, so youth can assess these services in the state. The ILS Program Specialist will continue to collaborate with the DOE, McKinney-Vento Education of Homeless Children and Youth Program Specialist to assist the ILS program on services that are available in the state.

Post-secondary Schools:

The ILS program collaborates with post-secondary schools when planning the Teen Conference and ILS Workshops. The following are ways that the ILS Program collaborates with post-secondary schools: 1) with the Financial Aid offices when working with youth that will be attending the post-secondary schools with the ETV funds; 2) inviting the post-secondary schools to ILS Workshops and Teen Conference to speak about resources that are available to the youth; 3) connecting with post-secondary schools to host the Teen Conference so the youth have a chance to experience college life during the week of the Teen Conference by having the youth live in the dorms and be on campus.

Public and Private Sector:

The ILS Program collaborates through the CRPs when planning the ILS Workshops and the Teen Conference. In each area, where the ILS Workshop and Teen Conference is held, there are local speakers that assist with presentations to reinforce the ILS skills, which will assist youth to become an independent adult. The following are some examples: Medical Facilities have provided healthy living and healthy eating; military has presented on career opportunities; a foster parent has spoken on grocery shopping budgeting; another foster parent has shown youth how to scrapbook and using the youth's Lifebooks when scrapbooking; banks have spoken on budgeting and credit; fitness clubs have talked about fitness; local police officers have talked about drugs and alcohol; FBI agents have talked about making wise choices and career opportunities; Consumer Credit Counseling have discussed budgeting, saving and checking accounts; Department of Labor for job opportunities; and South Dakota Housing discussing on housing opportunities and the process behind housing in different areas.

Medicaid – Former Foster Care Medical Assistance Program (FFCMAP):

CPS and Medical Services developed a referral process to assure youth register with the Former Foster Care Medical Assistance program. A report generated each month through the CPS data system, FACIS, provides the names of young adults eligible for this program who reside in the state. After the age of 18, the Former Foster Care Medical Assistance Program sends youth an annual renewal mailing to continue their eligibility for the program until the age of 21 years old. There are no income or resource limits. On January 1, 2014, the Former Foster Care Medical Assistance Program (FFCMAP) began serving youth up to the age of 26. The program can expand because of the Patient Protection Affordable Care Act of 2010 (ACA). The CRPs continue to educate young adults over age of 21 about the program and assist them with enrollment.

F. Determining Eligibility for Benefits and Services (section 477(b)(2)(E) of the Act)

DSS/CPS utilizes objective criteria for determining eligibility for benefits and services under the programs, and for ensuring fair and equitable treatment of benefit recipients. In general, Chafee services are available to youth who experience foster care at age 14 or older. DSS/CPS ensures that children who are likely to remain in foster care until age 18 can engage in age or developmentally appropriate activities. The program serves youth who are likely to remain in foster care until age 18, youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption, and young adults ages 18-21 who have "aged out" of the foster care system. See section D. Serving Youth of Various

Ages and Stages of Achieving Independence (section 477(b)(2)(C) of the Act) for specific program eligibility descriptions. See section I. Education and Training Voucher (ETV) Program section below for eligibility requirements specific to the ETV Program.

G. Cooperation in National Evaluations (section 477(b)(2)(F) of the Act)

DSS/CPS will cooperate in any national evaluations of the effects of the programs in achieving the purposes of Chafee.

H. Chafee Training

Chafee training is incorporated into the training information discussed in the Training Plan (see section D7) for the 2020-2024 CFSP and is identified as pertaining to Chafee.

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)).

I. Education and Training Vouchers (ETV) Program (section 477(i) of the Act)

DSS/CPS is the state agency responsible for administering, supervising and overseeing the ETV Program. The ETV Program is set forth under Section 477 (a) (3) “to help children likely to remain in foster care until 18 years of age prepare for and enter post-secondary training and educational institutions”.

CPS implements policies and procedures to ensure South Dakota provides fair and equitable treatment of recipients in the ETV Program. The State will continue to assure and oversee the expansion of equal and fair treatment for current foster youth and youth who have transitioned from the foster care system. CPS is committed to improving the participation and success of youth who have exited foster care and are participating in educational and post-secondary training programs. The authorized ETV Program will give South Dakota the financial capability to encourage and support youth in completing educational goals and/or post-secondary training programs.

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 level of education makes a big difference in where and how youth will live as well as the type of employment for which youth will qualify. It is therefore critical youth graduate from high school or receive a GED and continue to post-secondary education or training. CPS will use ETV funds to assist youth in making the transition from foster care to self-sufficiency. The Family First Prevention Services Act issued on July 9, 2018, allowed South Dakota to expand to assist young adults in foster care at age 18, or adopted or placed in a guardianship with kinship at age 16, to participate in the (ETV) program and remain eligible until the young adult reaches 26 year of age, as-long-as a young adult is enrolled in a post-secondary education or training program, maintain a 2.0 grade point average, and are making satisfactory progress toward completion of the program. In no event will a young adult participate in the program for more than five years.

In accordance with the Chafee Foster Care Independent Program, a youth may apply for assistance through the State’s ETV program. The level of education makes a big

difference in where and how a youth will live as well as the type of employment for which he/she will qualify. It is therefore critical that youth graduate from high school or receive a GED and continue to post-secondary education training. CPS will use ETV funds to assist youth in making the transition from foster care to self-sufficiency.

The FACIS database will ensure the total amount of educational assistance to a youth under the federal assistance program does not exceed the total cost of attendance as define in section 472 of the Higher Education Act of 1965. The ILS Program Specialist monitors the ETV funds along with the youth that are eligible youth with the ETV funds.

Recruitment plan:

- ETV Program information and the application process is on the DSS website - <http://dss.sd.gov/childprotection/independentlivingprogram/educationtraining.aspx>
- ETV Program information is provided to BIA and Tribal Child Welfare Agencies, the DOC, Lutheran Social Services, all eligible youth, CRPs, the Department of Labor and Regulation and CPS staff.

Application process:

The CPS website has information about the application and process. The following documents are required to be included with the application.

- A signed statement from post-secondary institution regarding the justification for funds including the cost of attendance.
- School transcripts
- Goals and motivation statements from youth.
- Acceptance letter from the school or vocational institution.
- A cover letter from the youth's FSS or adoptive parent.
- Last semester grades for subsequent applications.

Criteria for eligible youth:

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 if they meet the following criteria:

- 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.
- Youth participating in the ETV Program, before their 26th birthday, are eligible for the ETV, if they are enrolled in a post-secondary or training program and are making satisfactory progress toward completion of the program.
- Youth who accept the responsibility for completing their part of the educational planning and educational program.
- Youth who maintain positive documentation of progress by demonstrating at least a 2.0-grade point average and submit their grades each semester to the ILS Program Specialist. Youth may be granted a probation period on an individual basis.

- Youth who demonstrate their willingness and commitment to live up to their ETV Program responsibilities.

Funding for eligible youth:

- Funds for post-secondary education (plus the costs of supporting completion of their educational plan) shall not exceed \$5,000 per youth, per year.
- Funds can be used for the purchase of the following “cost of attendance” items.
 - Dorm room supplies (linen, etc.)
 - Books
 - Supplies (lab equipment, etc.)
 - Meal plan
 - Bus tokens – parking permit
 - Tuition
 - Student fees - activity card
 - Room/housing costs
 - Transportation costs (if needed for school attendance)
 - Tutoring
 - Employment-related necessities
 - Childcare
 - Tools necessary for the trade
 - Computers
 - On-line education/internet fees
 - Special study projects

These funds will be used after the Pell grant, and other financial aid assistance has been utilized. Education and Training Voucher funds will supplement existing financial assistance with the total amount not to exceed the “cost for attendance” for each post-secondary institution.

Educational assistance included:

- South Dakota approves cost for higher education that shall not exceed \$5,000 or the total “cost of attendance”, whichever is the less as defined in sections 472 of the High Education Act

The ETV data is shared and will continually be shared at the ILS Workgroup meeting. Youth will be involved with the information that is shared and will ask the youth for their input with the ETV funds in South Dakota. Young Voices will be involved with the ETV data by encouraging other youth to participate with the ETV funding. The ILS website will also be a way to continue to share the information concerning the ETV scholarships.

South Dakota collaborates with each of the nine tribes in South Dakota, so they are aware of ETV program and the registration process. An email is shared with the BIA and tribal child welfare agencies from the ICWA Program Specialist in the spring, summer, and fall with the ETV funds. The CRPs will continue to contact the tribes to let them know about the ILS services and how youth can apply for the ETV funds. The CRPs will assist the youth with the ETV registration; applying at the post-secondary school and other services.

J. Consultation with Tribes

CPS will continue efforts to work collaboratively with the South Dakota Tribes to improve child welfare outcomes and services for Native American youth and families. The ICWA Program Specialist is a liaison to the tribes and is responsible for collaborating and coordinating with the tribes to assure effective provision of services to tribal youth and families that comply with the federal and state mandates and tribal codes.

CPS will continue written and verbal contact with the BIA or tribal child welfare agencies from each of the nine tribes to discuss program issues and gain input related to the coordination of ETV, Chafee Foster Care program funding and services to eligible youth and staff on the reservations.

Native American youth between the ages of 14 up to age 21 are invited to be involved in the Chafee Foster Care program in the following ways:

- Invited to attend the ILS Workshops;
- Invited to attend the ILS Teen Conferences;
- Invited to be members of the Independent Living Workgroup;
- Invited to attend Young Voices meetings;
- Invited to participate in the ETV funding to continue post-secondary education;
- Access to services provided by the Career Learning Centers (job mentors, job skills, writing resumes and pre-employment education);
- Invited to provide input regarding the ILS Five-Year Plan;
- Utilize Starter Kit funding; and
- Utilize PYD with youth.

The Community Resource Program will continue to collaborate with each tribe and offer assistance and support to youth with IL services. The CRPs are responsible to identify resources and to network with youth on the reservations in their area. The CRP will continue to meet with BIA and tribal agencies individually to ensure their awareness and encourage participation in the program. Information regarding Chafee services, ETV funds, Community Resource Program services, ILS Workshops, Teen Conference events and other IL information and options will continue to be provided to the BIA and tribal child welfare agencies.

The Independent Living Program Specialist will work jointly with the CPS ICWA Program Specialist in the state office to enhance communication and ways to share information relating to the ILS program with BIA and the tribal child welfare programs. The ICWA Program Specialist will provide information to the appropriate contacts within the tribal areas so youth in foster care are aware of the services. The ICWA Program Specialist is also part of the CPS Permanency Well-Being Workgroup and ILS Workgroup and is working on the Child and Family Service Plan. Having the ICWA Specialist in the same office and with these workgroups will continue to strengthen the connections for consulting and coordinating with the tribes about the ILS Program.

The Independent Living Program Specialist was added as a member of the State Tribal Child Welfare Consultation workgroup and will start attendance on October 9-10th, 2019. As the group continues its planning discussions at that meeting, the Independent Living Program Specialist will provide valuable input around preventing children from entering the foster care system and provide information on the Independent Living Program to the group which is pertinent to all youth in state, tribal or BIA custody.

