

# **SOUTH DAKOTA**

## **ANNUAL PROGRESS AND SERVICES FINAL REPORT 2020-2024**



South Dakota  
Department of  
**Social Services**

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## General Information

### Public Access to the 2019-2024 Child and Family Services Plan (CFSP) Final Report

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

Questions about the availability of the Final Report can be directed to:

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

### Collaboration

To create a shared vision across the broader child welfare system to support prevention and better outcomes for children and families, CPS collaborates consistently with the internal and external partners in the development, assessment, modification, and monitoring of the CFSP, as well as the progress reported in subsequent APSRs. These collaborative efforts are not seen as an event, but an ongoing process to continually identify more efficient and effective ways to improve outcomes for children and families who encounter the child welfare system. Majority of the collaborative efforts towards accomplishing the 2020-2024 Child and Family Services Plan goals and objectives have continued and expanded throughout the 5 years, those collaborations are reflected on the 2025-2029 Child and Family Services Plan.

CPS had internal collaborations, multi-disciplinary team collaborations, and CPS team members, committees, and group collaborations. Each of these collaborations are utilized in all aspects of the CFSP/APSR, including, but not limited to, development, assessment of agency strengths and areas of improvement, review and modification of goals, objectives, and interventions and monitoring of progress. When collaborating, the CPS team ensures diversity of families and young adults being served who have been historically underserved or marginalized, and those adversely affected by persistent poverty and inequality in the child welfare system. Enhancements in collaboration and current collaboration are reflected in the 2025-2029 Child and Family Services Plan.

The following collaborations are shifting focus or no longer occurring:

- Permanency Workgroup was formed in April 2019 comprised of stakeholders involved in the child welfare system in South Dakota. Four members of the South Dakota ICWA Coalition are among the membership of this workgroup. The purpose for the workgroup is to consult, inform, and develop plans for permanency practice in South Dakota. The large permanency group had not met in SFY 2023. However, there is a kinship workgroup, which



is a subgroup to the main permanency group. A tribal representative has been invited to be a member of the kinship group, which has met quarterly since December 2021. The Kinship Workgroup continues to meet to help inform enhancements in policy or training related to the Kinship Policy. Local CQI teams will address permanency outcomes at the local level.

- 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 gradually became inactive after Casey Family Programs pulled away from the partnership that was created and now the collaboration between the Tribes and State is gathered through the Stronger Families Together initiative which is made up of workgroups with tribal membership at various levels. In 2018, Casey made the decision to fund only the ICWA Coalition and the STCWC workgroups due to a shift in their work strategies with states even though the SD recruitment group was doing well.
- Codington County adopted a level of court for Abuse and Neglect hearings, referred to as Momentum Court, with the purpose of focusing on timely referral of services (with regard to substance abuse and mental health) to parents and less time for children in out of home care. This group consists of the Abuse and Neglect Judge, State's Attorney, CIP coordinator, Birth to Three, Interlake's Community Action Partnership, parent's attorney, child's attorney, CPS, CASA, Human Service Agency, and The Center for Children and Family Futures. The group has attempted to get a tribal representative; however, this has not been achieved. The Outcomes Management Program Specialist spoke to the group about CPS' vision to collaborate on local projects to help enhance outcomes for children and families while adhering to the continuous quality improvement (CQI) process when collaborating and identifying measurable outcomes. A high-level overview of CQI was provided to the group. Local county and/or office data was presented around Present Danger Plans, Present Danger Threats, Impending Danger Threats, children served in the home versus children served in foster care, children discharged from foster care, percentage of children with less than three episodes in care, Native American children served, and the number of ICWA cases. The Outcomes Management Program Specialist also presented South Dakota's observed data indicators for safety and permanency and how Codington County compared to the state. The data presented helped inform the group's measurable outcomes and metrics. Momentum Court was implemented in August 2022. Momentum Court hearings are conducted every two weeks. There are currently nine cases in Momentum Court. In October 2023, a Justice from the Supreme Court reached out to the Abuse and Neglect Judge on Momentum Court, requesting that Momentum Court not take any new cases until a clear policy handbook and implementation guide is created and approved. The future of this collaboration is unknown and will not be captured on the 2025-2029 CFSP. If this project does continue, it will be captured on subsequent APSR's.

# Update on Assessment of Performance, the Plan for Improvement and Progress to Improve Outcomes

## Assessment of Performance

### Child and Family Case Review Outcomes

#### *Safety Outcome 1:*

South Dakota had an 87% strength performance in the Round 3 Child and Family Services Review. South Dakota re-established their baseline in 2019 prior to Program Improvement Plan implementation and was at an 81% strength performance. This safety outcome was achieved by meeting the improvement goal of 85% in August 2021 and was removed from the Program Improvement Plan. South Dakota received their last data profile February 2024 and remain statistically no different than the national performance for maltreatment in foster care and below national performance for recurrence of maltreatment. Please see the 2025-2029 Child and Family Services Plan for additional information and data outlining performance.

The major focus on Safety Outcome 1 in the 2020-2024 CFSP was the implementation of centralized screening and fidelity reviews of centralized screening. CPS refocused intake and screening into one unit overseen by the Administrator of Services for Families. On February 9, 2020, CPS hired an Intake Supervisor who is under the direct supervision of the Protective Services Program Specialist. A second Intake Supervisor was hired in April 2023. The Intake Supervisors are responsible for supervision of four Lead Family Services Specialists (Screeners) and twelve Family Services Specialists (Intake staff). This creates consistency in information collection, screening decisions and response times. This new structure was initially piloted in South Dakota's two largest regions, Rapid City and Sioux Falls. Over the course of the year, additional regions were added. Full implementation occurred on June 2, 2020. CPS also hired an Administrative Assistant in April 2024. This additional assistance improves the timeliness of responses to reporters and enhances data quality.

In November 2020, CPS contracted with ACTION for Child Protection for a case review regarding reports received related to substance-impacted infants. A total of 513 reports were selected for the case review based on reported allegations of prenatal use of controlled substances. Of the 513 reports initially selected, 466 reports were evaluated; and 47 reports were excluded from the evaluation due to being a duplicative report on the same family. Of the 466 reports evaluated, 83 reports (17.81%) were screened in and assigned for an Initial Family Assessment. Of the 466 reports, 332 reports were screened by the Centralized Intake Screening team. The other 134 reports were screened by a Supervisor or their designee. Of the 83 reports that were screened in, 100% of these reports were screened correctly. Of the 383 reports that were screened out, 11.78% were assessed to be incorrectly screened out based on the intake information. The reviewers determined there was compelling information in the report regarding negative family conditions that if confirmed to be accurate based on a full assessment of the family, the newborn could be considered unsafe. The information regarding these reports has been reviewed by the centralized screening team for purposes of development and further training.

To further improve efficiency and quality of the Intake Assessment process, in January 2023, South Dakota Child Protection partnered with Action for Child Protection to increase the Intake Assessment fidelity by examining practices of Intake Specialists and Screening Specialists as

they receive calls, document the concerns, and process decision making for screening and determining response time.

In doing so, Action for Child Protection staff began a fidelity review by reviewing a sample of the Intake Assessments, reviewing approximately 20 reports per Intake Specialist that were provided to them. In May 2023, Action staff met in person with the Intake Specialists, Screeners, and the Intake Supervisors for the final step in gathering data related to practices. Action finalized the project by providing analysis and recommendations to South Dakota regarding their findings. The goal of this fidelity project was to assist Child Protection in increasing efficient information collection, enhancing accurate decision making, and decreasing the rate of abandoned calls, as well as gaining further insight regarding workload, competency, and intervention fidelity.

Intake coaching is scheduled to occur in SFY2025, please see the 2025-2029 Child and Family Services Plan for more details.

### *Safety Outcome 2:*

South Dakota had an 82% strength performance for Item 2 (Services to family to protect child(ren) in home and prevent removal or re-entry into foster care) and 40% strength for Item 3 (Risk assessment and safety management) in the Round 3 Child and Family Services Review. South Dakota re-established their baseline in 2019 prior to Program Improvement Plan implementation and was at an 92% strength performance for Item 2 and 73% strength performance for Item 3.

Item 2 was removed as an item requiring measurement due to performance above 90% during the 2019 baseline year. Item 3 was achieved by meeting the improvement goal of 78% in April 2022 with a strength performance of 82% and has been removed from the Program Improvement Plan.

The major focus on Safety Outcome 2 in the 2020-2024 CFSP was the Implementation of PIP Goal 1, Strategy 1 in Regions 1 and 6, fidelity reviews of Safety Plan Determination and Conditions for Return, and Candidates for Safe Care Project, which includes Stakeholder meetings to help determine the correct safety response for children, i.e. the correct children are coming into protective custody.

Region 1 leadership had conversations with the Abuse and Neglect Judge regarding utilizing four questions during 48-hour hearings. All 48-hour court reports shall include information justifying the need for emergency custody with a response to the following four questions to hold CPS and the child welfare system accountable for efforts made to keep children safe and out of state custody.

- What can we do to remove the danger instead of the child?
- Can someone the child/family knows move into the home to remove the danger?
- Can the caregiver and child go live with relative/fictive kin?
- Could the child move temporarily to live with relatives or fictive kinship?

Consultations occurred on how the Family Service Specialist answered each of the four questions to prevent children from entering protective custody. In the majority of the cases consulted on, there may have been additional questions to clarify decision-making; but ultimately there was agreement the children needed to enter protective custody and the worker made efforts to implement a less intrusive plan. The Comprehensive Safety Workgroup completed a case review on cases with Present Danger Plans, capturing the sufficiency of the Present Danger Assessment

Plans and what efforts were made to implement a Present Danger Plan prior to the child being placed in protective custody.

Consultation, coaching, and skill development started in 2019 and ended in 2022. Consultations occurred between the Ongoing and Protective Services Program Specialist and Regional Managers on the Comprehensive Safety Intervention model. The Regional Managers all completed the same instrument to determine the accuracy of the decisions and the sufficiency of information collected to complete the process of the Protective Capacity Assessment. The results showed the Regional Managers were consistent in their evaluation of the fidelity and decision-making of the Protective Capacity Assessment. Starting in March 2022 the focus shifted to Present Danger decisions. The Ongoing and Protective Services Program Specialists conduct conference calls with the Regional Managers to provide consultation around present danger decisions. The consultations were completed every other month with the expectation during the months in between, the Regional Managers complete the same process with their supervisory team, then the Supervisor will complete the same process with their field staff.

A sub-workgroup from the Comprehensive Safety Workgroup was formed to develop the Out of Home Safety Plan Without Custody policy and procedure. This group met quarterly to gather data to help inform policy. This subgroup developed the framework and worked through the logistics of what services could be provided to this population. The subgroup completed a statewide review of all Out of Home Safety Plans Without Custody cases. This policy was incorporated into the policy Action was contracted to update, which is described below.

Child Protection Services has contracted with ACTION for Child Protection to revise policy for the Comprehensive Safety Intervention Model and complete a statewide assessment of Child Protection Services in South Dakota. Through the case review it was determined the policy and procedure needed enhanced regarding the documentation on the assessment of the Present Danger Plan Provider and Safety Plan Provider, specifically when the Safety Plan Provider was not the Present Danger Plan Provider. Also, policy needed clarified of when to change the Safety Plan to custody or guardianship due to the parent's lack of progress or when they cannot be located. The policy is due to be released in SFY2025, where training and coaching will be provided to staff. Please see 2025-2029 for additional details on how Safety Outcome 2 is going to be supported for the next 5 years.

The Candidates for Care project is outlined in more detail under the plan for enacting the State's vision.

#### *Permanency Outcome 1:*

South Dakota had a 70% strength performance for Item 4 (stability of foster care placement), 60% strength for Item 5 (permanency goal for a child), and 29% strength performance for Item 6 (achieving reunification, guardianship, adoption, and APPLA) in the Round 3 Child and Family Services Review. South Dakota re-established their baseline in 2019 prior to Program Improvement Plan implementation and was at a 67% strength performance for Item 4, 65% strength performance for Item 5, and 50% strength performance for Item 6.

Item 4 was achieved by meeting the improvement goal of 73% in February 2021 with a strength performance of 74%. Item 5 was achieved by meeting the improvement goal of 71% in October 2020 with a strength performance of 72%. Item 6 was achieved by meeting the improvement goal of 56% in October 2020 with a strength performance of 58%. South Dakota received their last data profile February 2024 and is statistically no different than national performance in

permanency in 12 months in permanency in 12 months (entries), 12 months (12-23 months), permanency in 12 months (24+ months), and reentry into foster care. South Dakota is statistically worse than national performance placement stability. Please see the 2025-2029 Child and Family Services Plan for additional information and data outlining performance.

The major focus on Safety Outcome 2 in the 2020-2024 CFSP was the implementation of the Permanency Roundtable process, implementation of Program Improvement Goal 2, Strategy 3, and exploration of feasibility to utilize Title IV-E funding for reimbursement for high-quality legal representation for children and parents by 2023.

The process to implement Permanency Roundtables (PRT) statewide in South Dakota is completed as all seven CPS Regions have received training to implement PRTs. PRT training was incorporated into Pre-Certification and Permanency and Wellbeing Certification Training in July 2022. This has allowed all new staff to complete the initial training regarding the values of PRTs. A PRT Training plan was created to provide direction and guidance to Regional Managers and Supervisors to develop and grow the skills of all staff involved in the PRT process.

The Program Improvement Goal 2, Strategy 3 is the Court Improvement Plan (CIP) Project regarding court hearing observations. This project will continue on the 2025-2029 CFSP, please see this plan for more details.

CPS and UJS are in the process of gathering and analyzing data regarding court room observations. If fair representation for the agency, tribes, children and parents is identified as an area of improvement, South Dakota will consider utilization of IV-E funds for fair representation if there are necessary resources to provide agency oversight, and this will be reflected in the 2025-2029 CFSP.

#### *Permanency Outcome 2:*

South Dakota had a 69% strength performance for Item 7 (placement with siblings), 58% strength for Item 8 (visiting with parents and siblings in foster care), 61% strength performance for Item 9 (preserving connections), 67% strength for Item 10 (relative placement), and 58% strength performance for Item 11 (relationship with child in care with parents) in the Round 3 Child and Family Services Review. South Dakota re-established their baseline in 2019 prior to Program Improvement Plan implementation and was at an 88% strength performance for Item 7, 78% strength performance for Item 8, 77% strength performance for Item 9, 69% strength performance for Item 10, and 85% strength performance for Item 11. There were no improvement goals for the Permanency Outcome 2 items. Please see the 2025-2029 Child and Family Services Plan for additional information and data outlining performance.

The major focus on Permanency Outcome 2 in the 2020-2024 CFSP was the implementation of a family time policy and practice to define frequent and quality parent/child visitation, development and implementation of foster parents mentoring birth parents' model in Region 7, and enhancing the relative searching process and outcomes. All these initiatives are being carried over to the 2025-2029 CFSP.

The updated Family Time policy has been implemented statewide since December 1, 2022. The 2025-2029 CFSP will capture case review to ensure fidelity of the policy as well as technical assistance individual offices or stakeholders need to ensure accurate application of the policy.

The foster parents mentoring birth parent model in Region 7 shifted to the Stronger Families



Together Campaign. This campaign's messaging focuses on recruiting foster families who can support children in foster care and their birth families. Instead of having two separate projects regarding foster parents supporting birth families, it was decided to merge these efforts together. Please see the 2025-2029 CFSP for more details.

Enhancing the relative searching process and outcomes remains in the CFSP including fidelity reviews on the policy and practice of relative searching, the most recent fidelity review results are captured on the 2025-2029 CFSP. In addition to enhancing relative searching, there is a focus on overall relative engagement and supports. Please see the 2025-2029 CFSP for additional details.

#### *Well-Being 1:*

South Dakota had a 36% strength performance for Item 12 (needs and services to child, parent, and foster parent), 51% strength for Item 13 (child and family involvement in case planning), 84% strength performance for Item 14 (caseworker visits with child), and 34% strength for Item 15 (caseworker visits with parents) in the Round 3 Child and Family Services Review. South Dakota re-established their baseline in 2019 prior to Program Improvement Plan Implementation and was at an 60% strength performance for Item 12, 67% strength performance for Item 13, 86% strength performance for Item 14, and 62% strength performance for Item 15.

Item 12 was achieved by meeting the improvement goal of 64% in February 2022 with a strength performance of 64%. Item 13 was achieved by meeting the improvement goal of 72% in February 2022 with a strength performance of 84%. Item 14 was achieved by meeting the improvement goal of 89% in October 2020 with a strength performance of 91%. Item 15 was achieved by meeting the improvement goal of 67% in February 2022 with a strength performance of 76%. Please see the 2025-2029 Child and Family Services Plan for additional information and data outlining performance.

The major focus on Well-Being Outcome 1 in the 2020-2024 CFSP was yearly fidelity reviews of the Non-Maltreating Caregiver case plans, Protective Capacity, and Protective Capacity Evaluation, fidelity reviews of the Child Case Plan, both narrations to review the process of developing the case plan and the document, the Regional Managers and Supervisors incorporating periodic practice exercises during office/unit staff meetings to assist with sustainability of the motivational interviewing model, and fidelity reviews of the parent and child caseworker visit narrative tabs.

As the fidelity reviews were completed on the Non-Maltreatment Caregiver case plans and Protective Capacity Assessments it was decided to contract with Action for Child Protection to revise the Comprehensive Safety Interview Model policy. Fidelity reviews were put on hold until after the new policy is completed and staff are trained in the enhanced changes. Yearly fidelity reviews regarding the CSI model will occur yearly and any adjustments to policy, practice, or training will be made if needed. Please see the Quality Assurance section of the 2025-2029 CFSP for details of when these reviews will occur and how information gathered during the reviews will be shared.

The results of the Child Case Plan and Parent and Child Casework Visit Narrative fidelity review showed further coaching and training is necessary to increase the sufficiency of the Child Case Plan and parent or child narrative. The Permanency Program Specialist and Administrator of CQI and Outcomes reported data to the Supervisor Advisory Group (SAG) in June 2022 regarding the outcomes of the 2022 fidelity review. Outcomes from the past three years were also shared. A

plan was created to provide quality training and skill-building to CPS field caseworkers and supervisors on an ongoing basis. Four training opportunities were held in February and March of 2023 regarding the Child Case Narrative and Parent Narrative. These trainings had attendance from Family Services Specialists, Supervisors, and Regional Managers. The training was offered to all field staff. Core objectives of the training focused on quality documentation of monthly in-person visits with children and parents. A skill-building activity was used to measure the understanding of training participants. Please see the 2025-2029 for additional plans to enhance capacity and skills in the development of the Child Case Plan and caseworker visits.

When Motivational Interviewing (MI) was initially implemented, Supervisor's lack of confidence to train their staff, even after completing MI Level I and MI Level II, was identified as an area of development and continues to be monitored and measured. An MI trainer completed Zoom training once a month, lasting approximately 20 minutes. There were specific MI adherent exercises and coaching offered for Supervisors statewide which they then repeat with their staff. Since implementation of the monthly activities, Supervisors have reported an appreciation for the guidance and focus. The first training occurred January 6, 2020, and ongoing trainings have subsequently occurred on the first Monday of each month in 2020. Towards the end of 2020 the training day and time was reevaluated and as a result, the MI trainings were moved to the first Wednesday of each month starting February 2021. This change was made due to other recurring meetings scheduled on Monday's. Supervisors found value in having monthly trainings as they appreciated the structure and organization of the monthly meetings. Each monthly activity was stored in One Note and is dedicated towards the MI monthly training for the Supervisors who were not able to attend the Zoom training. Supervisors found the activities were easy to follow if they were not able to attend the meeting and relied on One Note for the information. In January 2022, the MI monthly meetings were discontinued as the changes in prior years with implementation of Motivational Interviewing and ongoing skill-building techniques, supervisors reported more confidence in their ability to train and enhance staff's understanding of motivational interviewing. MI training activities can be made available as needed/requested. A team of MI trainers performs training of newly hired staff twice yearly or as requested. These trainings were conducted via Zoom, however, in 2024, and ongoing, these trainings will be delivered in person to enhance practice, relationship-building, and confidence. CPS is exploring securing a contractor to lead the agency's Motivational Interviewing practice including integration with model fidelity and ongoing skill building.

#### *Well-Being 2:*

South Dakota had an 89% strength performance for Item 16 (educational needs of the child) in the Round 3 Child and Family Services Review. South Dakota re-established their baseline in 2019 prior to Program Improvement Plan implementation and was at a 97% strength performance for Item 16. There were no improvement goals for the Well-Being Outcome. Please see the 2025-2029 Child and Family Services Plan for additional information and data outlining performance.

The major focus on Permanency Outcome 2 in the 2020-2024 CFSP was the Independent Living Program Specialist incorporating improvements to policy and practice of the management (tracking and planning) of educational credits for youth in care, provide education to staff and residential facilities on the management of educational credits for youth in care completed by the Independent Living Program Specialist and Group and Residential Program Specialist on an ongoing basis, and fidelity reviews of the credit tracking management process being completed by the Independent Living Program Specialist and Group and Residential Program Specialist twice a year.

The ILS Advisory Workgroup continues to discuss information collected in the ILS screen and to make update recommendations as necessary. CPS has collaborated with the Department of Labor and Regulation to ensure continuity of employment training services are offered to ILS youth. The Department of Labor and Regulation presented at the Teen Conferences and Workshops regarding available services. Ongoing fidelity reviews of the credit tracking management process are completed by the Independent Living Program Specialist and Group and Residential Program Specialist twice a year. During this reporting period an update was made to send out automated notification when the grade status information does not match in the ILS Screen and the Education Assessment Screen. ILS narratives are often entered by Community Resource People and the education screen is updated by CPS staff. This discrepancy notification will ensure the most accurate information is reflected in both screens. These continue to be the focus to support educational needs and services for youth. Please see the 2025-2029 CFSP for current data.

### *Well-Being 3:*

South Dakota had a 75% strength performance for Item 17 (physical health needs of the child) and a 65% strength performance for Item 18 (mental/behavioral health needs of the child) in the Round 3 Child and Family Services Review. South Dakota re-established their baseline in 2019 prior to Program Improvement Plan implementation and was at an 94% strength performance for Item 17 and 67% strength performance for item 18. There were no improvement goals for the Well-Being Outcome 3 items. CPS' plan regarding physical and behavioral/mental health performance is outlined in the Health Care Oversight and Coordination. Please see the 2025-2029 CFSP for additional information and data outlining performance.

## *Seven Systemic Factors*

### *Information System*

Child Protection Services' Comprehensive Child Welfare Information System (CCWIS) is called FACIS (Family and Child Information System). Quality data collection, both qualitative and quantitative, is a strength for CPS as evidenced by the information available through reports that readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care. During the 2016 Child and Family Services Reviews; the CPS information system was rated as a strength and found in substantial conformity. CPS submits the required Adoption and Foster Care Analysis and Reporting System (AFCARS), NYTD and National Child Abuse and Neglect Data System (NCANDS) reports on time and with minimal errors noted. CPS utilizes the FACIS data reports to submit each year's budget request for funding CPS.

### [AFCARS Requirements](#)

CPS dedicated significant technology resources to developing programming to capture the new additional AFCARS requirements. CPS focused first on adding data fields to capture sibling placements and multiple Tribal affiliations for children in foster care. Screens were updated to capture multiple Tribal affiliations in August 2020. FACIS captures all legal hearings and all placements for children in foster care. Other additional elements were evaluated as to what information is required and how best to document the information. Over the past year, fields and screens have been added or updated to capture information for the following data elements:

- victim of sex trafficking and report to law enforcement
- removal home information
- placement reasons
- discharge information
- pregnant/parenting youth
- demographics for guardianship caretakers
- adoptive mother/father changed to 1<sup>st</sup> and 2<sup>nd</sup> adoptive caretaker
- child's tribal enrollment
- inquiry if child is Native American
- determination ICWA applies
- ICWA notification to tribes
- prior guardianship
- prior adoption
- health exam or assessment.

System edits were also enhanced where applicable to increase data accuracy and quality. Case Compliance reports were updated with additional information to assist staff and managers in oversight and timeliness of data entry for AFCARS reporting.

### [Comprehensive Safety Intervention Reporting](#)

CPS has a robust, functioning comprehensive safety intervention practice model. CPS completed the process to incorporate in the identification of danger threats present at the time of intake, danger threats identified during the initial family assessment and during the protective capacity assessment process into FACIS. The project to add these fields is complete. The additional protective capacity assessment fields were implemented in May 2020. The fields to capture danger threats associated with Intake and Initial Family Assessment were implemented in June 2020. Data reports began incorporating the information in time to report information as of July 1, 2020. Data fields and screens for Initial Family Assessment were implemented July 2020. Fields and screens for Protective Capacity Case Plans and Evaluations were implemented January 2021. Data collection and reports began August 2020 and February 2021 respectively which allows the state to understand the dangers to children in the state to allow for a more comprehensive understanding than that provided by incident (substantiation consultations) to plan for ongoing prevention efforts.

### [Fictive Kinship Placements](#)

CPS added two new placement setting selections to capture and report data related to fictive kinship placements to better understand policy and practice trends. Fictive Kinship and Foster Family (Fictive Kin) were added on February 14, 2020. Report updates were completed to capture new information. TO better understand policy and practice trends.

### [Power BI](#)

CPS utilizes Microsoft Power BI for the purpose of sharing data in a user-friendly, visual format. Power BI interfaces with CPS CCWIS (FACIS) system to draw the data directly without the need

to manually enter the data, thus reducing the possibility of errors. Data can also be drawn from other resources such as the census. Once the data is drawn down into Power BI it can be easily refreshed to ensure current data is utilized and displayed. The information can then display in various visual formats such as line, bar, pie graphs or maps.

### Qualified Residential Treatment Programs

The Family First Prevention Services Act introduced Qualified Residential Treatment Programs (QRTPs); a specific category of non-foster family home settings allowable for Title IV-E reimbursement under the new restrictions. For QRTF settings, FFPSA establishes additional claiming requirements related to child assessment and court approval of the placement. New data entry screens and processes were developed, and staff compliance reports were updated in June 2022 to allow for these changes. CPS payroll was updated, and automated claim adjustment process developed to adjust prior claims based on QRTF requirements. These changes were implemented in September 2022. This process is working smoothly since implementation. The claim adjustment process is correctly reading the new screens and accurately adjusting claims.

#### *Case Review System*

South Dakota CPS did not meet Substantial Conformity in the Case Review System based on information from the statewide assessment for the 2016 Child and Family Services Review. The Case Review System was the only systemic outcome out of conformity.

South Dakota CPS received an overall rating of Area Needing Improvement for the child's written case plan. The Family Services Specialist Compliance Report alerts them when the Child Case Plan and evaluation is coming due for each child in protective custody. Policy states the Child Case Plan will be completed within 60 days of initial placement. The Child Case Plan is reviewed every 6 months from the date the child or placement resource signs the plan.

Please see Well-Being Outcome 1 for details regarding Child Case Plan Fidelity reviews to ensure requirements of the IV-E Pre-Print were followed and Well-Being 1 items that capture of parent engagement in case planning. CPS implemented Level I and II of Motivational Interviewing into Certification Training. This was a specific initiative on the Round 3 Program Improvement Plan to enhance parental engagement in case planning. Please see Well-Being 1 for more details regarding implementation and ongoing support and training. Child Case Plan fidelity reviews and Motivational Interviewing Training continue to occur and are reflected in the 2025-2029 CFSP.

The Family and Children Information System (FACIS) tracks children in CPS custody who have a completed Child Case Plan. CPS Supervisors and Regional Managers are provided a compliance report that identifies children who have been in care for at least 60 days and have no Child Case Plan. The table below shows children in care at least 60 days or more with a completed Child Case Plan as of May 31<sup>st</sup> of each State Fiscal Year:

SFY2020	SFY2021	SFY2022	SFY2023	SFY2024
77%	79%	72%	76%	79%

South Dakota CPS received an overall rating of Area Needing Improvement for periodic reviews based on information from the statewide assessment and stakeholder interviews for the 2016 Child and Family Services Review. Information in the statewide assessment and collected during interviews with stakeholders indicated periodic reviews occur by courts and by administrative review. Changes were made to the FACIS case compliance screen for Permanency Planning



Review Team (PPRT) tracking. The definition has been updated to consider the new Permanency Review checkbox on the Client Legal Screen. If a legal hearing has this box checked, Case Compliance will read this as satisfying the PPRT requirements. Offices that have regular hearings on a timely schedule will no longer need to add separate legal hearings - one of the hearings and a PPRT Administrative Review. The initial PPRT or review hearing is due six months after a child is in care. Subsequent review hearings or PPRT's are due six months from the previous review hearing. If the review hearing or PPRT is late, the six months starts counting from the date of that review. Children will show on the Case Compliance screen four months before the PPRT or review hearing to allow time to schedule the review hearing or PPRT.

South Dakota CPS received an overall rating of Area Needing Improvement for permanency hearings based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment were collected during interviews with stakeholders revealed permanency hearings are happening regularly for children in State Court. However, Tribal Judges reported they generally do not have a consistent, formalized process for scheduling permanency hearings and that permanency hearings do not occur timely for children in Tribal Courts. CPS has contracted with a private attorney to assist with achieving permanency in Lower Brule and Crow Creek Tribal Courts. CPS will evaluate the effectiveness of contracting with a private attorney towards achieving permanency to determine next steps with other Tribal Courts jurisdiction in South Dakota. However, tribes are sovereign and have different beliefs/definitions timeframes regarding achieving permanency. CPS is open to partnering with the Children's Bureau and tribes to develop strategies on how to achieve timely permanency for children in Tribal Court.

Permanency hearings are captured in South Dakota's Program Improvement Plan under Goal 2, Strategy 3: Enhance the quality and ensure timeliness of permanency hearings. Quality and timely permanency hearings support the achievement of permanency for children. Goal 2, Strategy 3 in the Program Improvement Plan states best practice standards will be developed, implemented, and measured in Minnehaha County and Brown County. The court and the agency will work on improving hearing quality and timeliness of the permanency hearing to improve timely achieving of permanency goals. The South Dakota Guidelines for Judicial Process in Child and Abuse Neglect Cases was updated in October 2019 and distributed in January 2020. This update included best practice standards for both pre-dispositional permanency hearings and post-dispositional permanency hearings. The guidelines were updated by the Court Improvement Program Committee, which includes stakeholders statewide. The effectiveness of the guidelines will be measured through the court room observation process. The Court Improvement Program Coordinator and Deputy Division Director reviewed court room observation instruments from Nevada, Arizona, Virgin Islands, and the National Center for State Courts in preparation for drafting South Dakota's court room observation instrument. The instrument has been approved by the CPS Division Director and Administrator for South Dakota Court.

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

The overall goal of the court hearing observation is to get a baseline of how the child welfare system is operating and to better understand the strengths and opportunities to improve the system's handling of child welfare cases. This is not a sole assessment on the Judge or the UJS, the observation is of the child welfare system as a whole. The counties selected for the observation are Brown, Codington, Minnehaha, and Pennington. These counties were selected as a reasonable representation of rural and urban areas and have an adequate number of cases to observe. An independent agency, Action for Child Protection, will conduct the observations, compile the reports, and submit a final report to the Chief Justice, DSS, Court Improvement Program (CIP) and Presiding Judges. Please see the 2025-2029 CFSP for additional details regarding this project.

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

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

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

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

CPS has a written policy regarding the "Notice to Out of Home Providers". This policy can be found in the Legal section of the CPS Procedures Manual. The policy states: "It is the FSS

responsibility to assure that the foster parent, pre-adoptive parent, or relative caregiver, receives written notice of all hearings regarding the child placed in their home. The provider must also be given the opportunity to provide a verbal presentation or a written statement or report to the court.” Placement Resources and stakeholders are surveyed on how often placement resources are informed being informed of PPRT meetings and court hearings regarding children placed in their homes to ensure CPS continues to meet conformity in this area.

### *Quality Assurance System*

Please see Quality Assurance System section for details.

### *Staff Training*

Staff Training was found to be a strength in both initial and ongoing training in the 2016 CFSR. CPS has enhanced the training even more since the 2016 CFSR. During Regional Reviews stakeholder interviews and during stakeholder meetings, staff training was not often mentioned as a concern. CPS staff have commented during reviews and meetings that the training helps them do their jobs, but it is more an issue of not having enough time on the job before being trained. CPS has refresher training as part of the current training plan and that training is underway.

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

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

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.

Thirty hours of training is provided for all prospective foster and adoptive families in the State of South Dakota. Training is facilitated through a combination of online and classroom sessions to provide added flexibility for families. Training is based on the philosophy that the value of family life for children, however family is defined, is compelling. Because of this, knowledgeable and skilled foster and adoptive parents are integral to providing quality services.

Please see the 2025-2029 for additional information regarding staff and provider training.

### *Service Array*

Service Array was found to be in substantial conformity in the 2016 Child and Family Services Review. CPS continues to make efforts to ensure access to services for families and children. CPS identifies children and family’s needs beginning with the Intake and through the IFA process. At the conclusion of the IFA, the safety evaluation process determines which families are in need of intervention based on child safety. The IFA is a bridge to the PCA which is the ongoing intervention process. The PCA provides the Family Services Specialist with a structured approach for engaging and involving caregivers and children in the case planning process. Intervention services are no longer focused on compliance, but rather on behavior changes. Services to

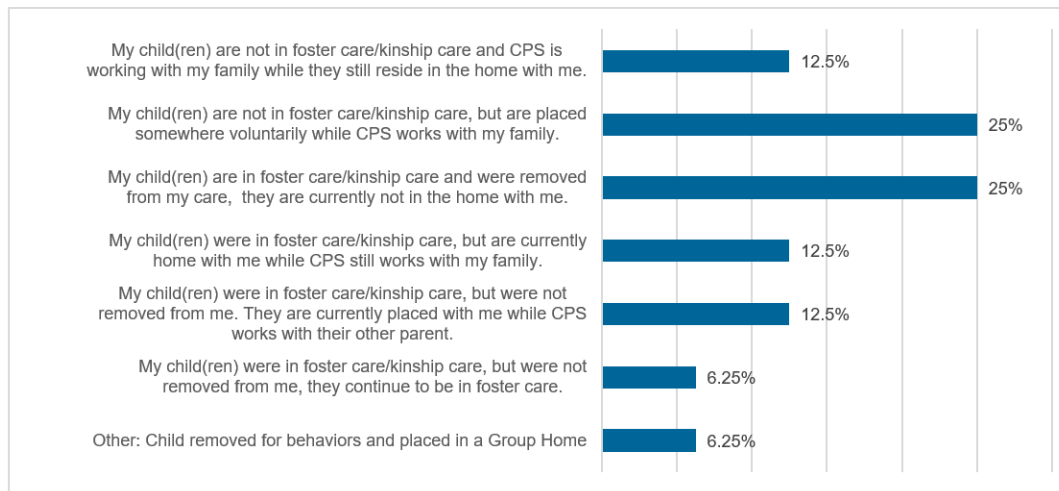
children and families are provided by CPS, as well as community partners through contractual agreements or referral.

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 particular 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, and permanency planning services. 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. CPS seeks input from stakeholders, parents, and youth about service array and delivery in their area. There are seven Regional Reviews held each year where the Outcomes Management Program Specialist provides a stakeholder survey to several community partners, including State Court Judges, Tribal Judges, State's Attorneys, Tribal Prosecutors, child's attorneys, parent's attorneys, CASA directors, mental health directors, domestic violence shelter directors, drug and alcohol service providers, ICWA directors, BIA Social Services directors, law enforcement officials, family visitation center directors, court services officers, parole agents, schools and residential/group care facility representatives.

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

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

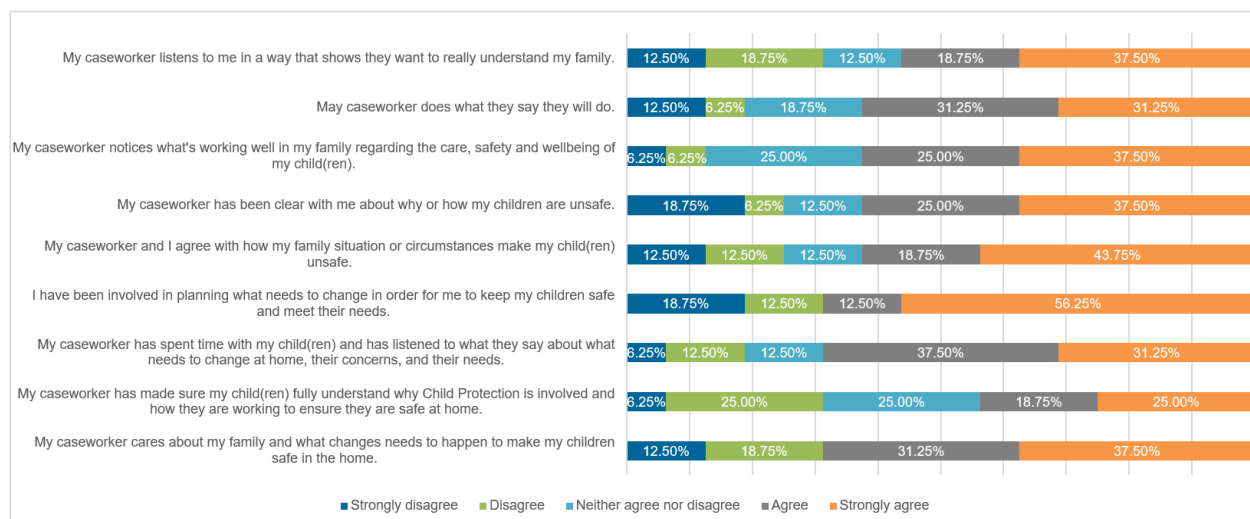
The following types of parents responded to the survey:



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

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

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





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

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

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

Areas of opportunity were explored to enhance engagement with parents. Please see the 2025-2029 Child and Family Services Plan for additional details and next steps.

Incorporating Positive Youth Development in the foundation of the South Dakota Independent Living Program, the Young Voices Program serves to ensure that practices are guided by youth input and experience. Youth have learned to speak about their life stories and experiences in a way which leads to positive changes in themselves and others. Young Voices meetings give youth the opportunity to engage with their peers and enhance policies and practices of the child welfare system. Input is continually sought from this group and has led several changes noted in subsequent paragraphs. Some members also contributed to a youth advocacy group to prevent homelessness, which met two times per month virtually.

#### *Agency Responsiveness to the Community*

Agency Responsiveness to the Community was found to be in substantial conformity in the 2016 Child and Family Services Review. CPS is committed to collaborating with community partners to prevent child abuse and neglect. Please see collaboration section in the 2019-2024 Final Report and the 2025-2029 CFSP on collaboration efforts and consultations with stakeholders.

Please see the 2025-2029 CFSP for how CPS coordinates CFSP Services with Other Federal Programs as nothing has changed and no significant updates have occurred.

#### *Foster and Adoptive Parent Licensing, Recruitment, and Retention*

There have not been any significant changes to South Dakota Codified law regarding standard of licensure and adoption approval. The same standards are applied for licensing kinship and non-kinship homes. DSS administrative rule allowing exceptions to the status and number of children care for by foster families and criminal background requirements for prospective foster and adoptive parents has remained the same as well. CPS policy requires home studies requested by another State for prospective foster and adoptive homes or kinship providers be completed and submitted to the other state within 60 days. The only exception to this time limit is if circumstances are beyond CPS's control (e.g., delays in receipt of Federal Agency background checks). CPS then has an additional 15 days to complete the study and report to the requesting

State., this has remained consistent throughout the 2019-2024 CFSP. Please see the 2025-2029 CFPS for more details regarding specific processes outlined in the Foster and Adoptive Parent Licensing, Recruitment, and Retention outcome requirements.

## Plan for Enacting the State's Vision

### Goals

1. Goal 1: The child welfare system is robust, engaged, and working towards a shared vision.
2. Goal 2: Prevention interventions are utilized by child welfare system partners to ensure only children requiring alternative care to secure safety are placed in State custody.
3. Goal 3: Interventions are utilized by the child welfare system to achieve timely and suitable permanency outcomes for children.

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

Final Report Update:

### Goal 1, Objective A

CPS planned to incorporate reviewers from outside CPS into the Regional Review process. Reviewers from the areas of legal and judicial, service providers, CASA, other state agencies, state or district school system, etc., partnered with CPS to review and evaluate the effectiveness of the current child welfare system. CPS at all levels, field and program, recruited stakeholders to participate in reviews. The Administrator of CQI and outcomes contacted interested stakeholders and explained the process in detail and provided training to those expressing their commitment to participate in a review. Training was provided to stakeholders to prepare for the Regional Review process, including the Onsite Review Instrument Instructions (OSRII), interviews, justification of findings, and navigating the Online Monitoring System. Stakeholders were partnered with CPS staff who are experienced and demonstrate competence in the completion of the Regional Reviews. The Administrator of CQI and Outcomes was available during onsite reviews to provide technical assistance. A survey was sent to stakeholders after they completed the review to obtain their feedback on the training they received prior to the review and their experience the week of the review. Responses were positive about training and mostly positive regarding the experiences. Stakeholders consistently expressed not realizing how much CPS does for children and families and how impactful the child welfare system as a whole influences outcomes for children and families. Below is a breakdown of progress each year.

- End of Year One: Non-CPS reviewers comprised 4.5% of the Review Team, just under the 5% goal for Year One. South Dakota was on target to meet this benchmark; however, the Region 1 review moved from June 2020 to September 2020 due to COVID-19, falling in the 2022 Progress Report timeframe. South Dakota would have had 5.9% of stakeholders in the Review Teams if Region 1 had remained as scheduled.
- End of Year Two: Non-CPS reviewers comprised 9.7% of the reviewers from July 1, 2020 - June 20, 2021, just under the 10% goal for Year Two. In SFY 2021 the following types of stakeholders participated in the reviews: two members from the Minnehaha County State's Attorney Office, an ICWA representative, Lutheran Social Services, Center for the Prevention of Child Maltreatment, DSS Office of Licensing and Accreditation, and CASA. A survey is administered to stakeholders following a review. All stakeholders reported

finding the experience positive, having a better understanding of how CPS serves families, and having adequate training to complete the Regional Reviews.

- End of Year Three: Non-CPS reviewers comprised 5.4% of the reviewers from July 1, 2021 – March 31, 2022, which is under the 15% Year Three goal. In SFY 2022 the following types of stakeholders participated in the reviews: Center for the Prevention of Child Maltreatment; CASA; Psychiatric Social Worker; School Counselor; and Birth to Five Learning Specialist. A survey is administered to stakeholders following a review. Stakeholders described the process as intensive, especially when they do not know the day-to-day work of Child Protection Services; however, reviewers expressed having a better understanding of the expectations of Child Protection Services after the review. The reviewers in SFY 2022 would more than likely not do another review due to how intensive they are; however, would recommend others to experience the process. The Outcomes Management Program Specialist educates stakeholders on the review process and invites them to participate during speaking engagements. A director of a domestic abuse shelter completed the Region 6 review in April 2022. There are two different law enforcement agencies are interested in participating in a review in 2023 and a parent attorney who requested more information about the process. Stakeholders that completed a review in year one expressed interest in completing another review in 2023. CPS will continue to invite and encourage stakeholders to participate in the Regional Safety, Permanency and Well-Being Reviews.
- End of Year Four: Non-CPS reviewers comprised 3% of the reviewers from July 1, 2022 – June 30, 2023, which is under the 20% Year Four goal. In SFY 2023 both stakeholders who participated in the reviews were from the Center for the Prevention of Child Maltreatment. Please note there were less reviews completed in SFY23 as South Dakota had to schedule all their reviews for calendar year 2022 from January 2022 through August 2022 due to the PIP. There were several stakeholders signed up for reviews from July through December of 2023. These include Law Enforcement, State's Attorney, Parents Attorney, and another member from the Center for the Prevention of Child Maltreatment. There is another Law Enforcement agency in South Dakota interested in completing a review, however, has not committed to a review yet. There is also a sitting Judge who has expressed interest, but also has not committed to completing a review. CPS will continue to invite and encourage stakeholders to participate in the Regional Safety, Permanency and Well-Being Reviews.
- End of Year Five: Non-CPS reviewers comprised 8% of the reviewers from July 1, 2023 – June 30, 2024, which is under the 20% Year Five goal. In SFY 2024 stakeholders who participated in the reviews were a Law Enforcement Lieutenant, parent attorney, and deputy states attorney. There is also a sitting Judge who has expressed interest but could not commit due to scheduling conflicts. CPS will continue to invite and encourage stakeholders to participate in the Regional Safety, Permanency and Well-Being Reviews.

CPS reviewed and analyzed stakeholder involvement in the Regional Reviews. There were a lot of interest from stakeholders to complete reviews, however, there were often scheduling conflicts. This included stakeholders only being able to review the Region they were providing services in, which is against South Dakota's conflict of interest policy. CPS is pleased with the turnout each year with stakeholders as reviewers as well as the variety of stakeholders who participated.

## Goal 1, Objective B

CPS developed a dashboard outlining the status of outcomes of children and families to be published on the CPS home page. The report includes basic data, i.e., number of abuse and neglect reports; number of Present Danger Plans implemented; number of families served through in-home services; number of children in out of home care, including the number of children in kinship care; number of children discharged from CPS custody; number of children adopted; number of children free for adoption; number of resource homes, both foster and kinship; and a list of tribes with IV-E agreements. The first data profile published January 2021 and is released October of each year thereafter. The data dashboard can be found at the following website. <https://dss.sd.gov/keyresources/statistics.aspx#CPS>. There were no barriers towards implementation or keeping the dashboard current. This webpage is provided during CPS presentation to inform stakeholders where they can find the dashboard.

## Goal 1, Objective C

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

The Administrator of CQI and Outcomes consulted with the Regional Managers to assist with planning for local CQI meetings. CQI meetings with stakeholders were initially scheduled to begin September 2020, following Regional Reviews. The Administrator of CQI and Outcomes implemented the stakeholder survey in January 2020; data will help develop the meeting format as the findings will be incorporated into the meetings. The meeting format was completed August 2020. The meeting format was reviewed by the CPS Management Team for final revisions. In starting the CQI process with the CQI Core Team and individual Regions, it was evident there needed to be more education and skill development regarding CQI. The Administrator of CQI and Outcomes and Family First Program Specialist, and FACIS Program Specialist researched CQI training curriculum through the Capacity Building Center for States and reached out to the liaison through the Capacity Building Center for States regarding CQI training and support. Administrator of CQI and Outcomes collaborated with the Capacity Building Center for States and the Children's Bureau on a data workshop, focusing on the Plan-Do-Study-Act Cycle of Change. This collaboration started in preparation for individual Regions starting Continuous Quality Improvement (CQI) efforts at the local level. Child Protection Services' goal was to enhance all staff skills in the CQI process. Data workshop planning started in January 2021 and ended in August 2021. The planning team included two FACIS Program Specialists, the Administrator of CQI and Outcomes, the Capacity Building Center for States, and the Children's Bureau. Three data workshops occurred on August 19, August 26, and September 9, 2021. All three workshops focused on the Plan-Do-Study-Act Cycle of CQI. The August 19 sessions focused on the "Plan" phase of the cycle, which consists of problem exploration and developing priorities for system improvement. This cycle works on setting improvement goals, predicting what will happen, planning the cycle, and deciding what data to gather. The August 26 workshop focused on the "Do" part of the cycle for carrying out the plan, documenting any problems and observations, gathering data, and preparing a means to detect and measure change. The September 9 session focused on the "Study" and "Act" parts of the cycle. The "Study" focused on analyzing data from intervention, comparing data to predictions, and compiling discoveries. The "Act" focused on what changes needed to be made, implementing the improvement, scaling up whatever is needed,

combining interventions, sustainability, and long-term monitoring. All three workshops used the Fatherhood Project to apply the CQI process when practicing how to apply the skills of each phase throughout the workshops. The workshops included members of the CPS Management Team, which includes the entire CQI Core Team

Starting with Spring 2021 reviews, the Administrator of CQI and Outcomes developed Regional Assessments to capture performance outcomes of the latest Regional Review as well as results of fidelity review, stakeholder survey results, parent survey and staff survey results. This will give a comprehensive view of how each Region operates and what areas to focus CQI Plans on. Fidelity reviews completed include Child Case Plan, Parent/Child Caseworker Visit documentation, Present Danger Planning, Initial Family Assessment, Protection Capacity Assessment, Safety Plan Determination/Conditions for Return, Relative Searching, Psychotropic Medication, Sibling Connections/Placement, ICWA Compliance, and Intake/Screening. When stakeholder CQI meetings begin, these assessments were to be presented at the meetings as well to obtain stakeholder input on CQI plans. CPS completed an internal capacity assessment by ACTION for Child Protection, in which CQI recommendations were made regarding the enhancement of the CQI System. It was decided due to capacity that scheduled CQI meetings and CQI plans would be put on hold until a CQI team could be developed to help support those efforts. The Administrator of CQI and Outcomes position was created in March 2022, which the current Outcomes Management Program Specialist assumed. The Data Analysis Program Specialist was hired in April 2023. CPS received approval to hire five CQI Program Specialist, two of those positions were filled in February 2024. A CQI tool kit has been started, which includes the CQI plan template, theory of change template, Logic Model Template, and Regional Assessments. Regional Assessments are due to be released in the Summer of 2024 with local CQI meetings starting in Year 1 of the 225-2029 CFSP, please see the 2025-2029 CFSP for more details.

Even though formal CQI meetings have not been scheduled, there are ongoing CQI efforts with stakeholders at the local level. Below outlines examples of local CQI efforts with stakeholders.

Regions 1, 3, and 4 developed community groups to help enhance foster care recruitment and retention. There are representatives from Child Protection Services, Office of Licensing and Accreditation, Foster Parents, South Dakota Kids Belong. Education on what CQI is, what the CPS CQI system is comprised of, and data to help identify the problem and target population has been shared with the recruitment teams in Regions 1, 3 and 4. The Foster and Adoptive Home Recruitment Program Specialist leads the recruitment meetings, and the CQI Team provides technical assistance on the CQI process. In the Spring of 2024 one of the CQI Program Specialist became a permanent member of the Region 1 team and there are currently efforts being made to integrate them into the Region 3 and 4 teams as well. These recruitment efforts are captured on the CFSP 2025-2029 Diligent Recruitment and Retention Plan.

Region 5, specifically Codington County, adopted a level of court for Abuse and Neglect hearings, referred to as Momentum Court, with the purpose of focusing on timely referral of services to parents and less time for children in out of home care. This group consists of the Abuse and Neglect Judge, State's Attorney, CIP coordinator, Birth to Three, Interlake's Community Action Partnership, parent's attorney, child's attorney, CPS, CASA, Human Service Agency, and The Center for Children and Family Futures. The group has attempted to get a tribal representative; however, this has not been achieved. The Administrator of CQI and Outcomes spoke to the group about CPS' vision to collaborate on local projects to help enhance outcomes for children and families while adhering to the CQI process when collaborating and identifying measurable outcomes. A high-level overview of CQI was provided to the group. Local county and/or office



data was presented around Present Danger Plans, present danger threats, impending danger threats, children served in the home versus children served in foster care, children discharged from foster care, percentage of children with less than three episodes in care, Native American children served, and the number of ICWA cases. Administrator of CQI and Outcomes also presented South Dakota's observed data indicators for safety and permanency and how Codington County compared to the state. The data presented helped inform the group's outcomes and metrics. The future of this collaboration is unknown and will not be captured on the 2025-2029 CFSP. If this project does continue, it will be captured on subsequent APSR's.

Region 7, specifically the Yankton community, established a prevention program through their school district. CPS, the Yankton School District, Lewis and Clark Behavioral Services, and the Division of Behavioral Health have been collaborating on a prevention program since January 2021. System of Care was expanded to include a System of Care Child Protection Services position. Through data collections and analysis, it was determined the target population for families at high risk of abuse or neglect to be families who are new to the community and do not have a support system, and families who have emerging risky behaviors within the family unit. Criteria outlining the emerging behaviors within the family unit to help inform who high risk families are was developed. Program goals, metrics and deliverables were developed and agreed upon by all members of the team. The program was implemented August 2021 when the 2021-2022 school year began in Yankton. The group meets monthly to discuss program progress, with a small group of leads from each agency meeting more frequently as needed.

In SFY2023, The System of Care-Child Protection Services (SOC-CPS) project in Yankton group leads met throughout the summer to review data from the 2021-2022 school year and developed proposed changes to the pilot program.

- Number of Families Reported by the Yankton School District to Child Protection Services
  - 69 Families
- Number of Reports Assigned
  - 11 reports (10%)
  - 1 report refer to another agency (1%)
- Number of Reports Screened Out /Reason for Screen Out
  - 98 reports screened out (89%)
    - 96% met criteria for screening out
- Names of Families Referred by the Yankton School District to Lewis and Clark Behavioral Health Services.
  - 4 families referred
- Names of Families Not Accepting Services by Lewis and Clark Behavioral Health Services.
  - 1 family did not accept services
- Names of Families Accepting Services from Lewis and Clark Behavioral Health Services.
  - 3 families accepted services

The below proposed changes were presented and accepted by the group. These changes will be implemented with the start of the 2022-2023 school year in Yankton. Dr. Stanage from Lewis and Clark Behavioral Services commented on how impressed he was with the transparency and communication between the Yankton School, Lewis and Clark Behavioral Services, Division of Behavioral Health, and Division of Child Protection Services.

- School can apply the criteria to families with or without a screened-out Request for Service from CPS
- Examples were added to the emerging behaviors within a family to help guide if criteria are met
- Emerging behaviors were added under the corresponding Life Domain
- CPS will attend monthly meetings with the school counselors/ Lewis and Clark Behavioral Health Services.
- CPS will complete monthly/quarterly reviews of the referrals to SOC-CPS for Quality Assurance.
- The core team will develop the Quality Assurance review process.

A meeting took place late November 2023 to discuss ongoing work with Yankton School, Behavioral Health, Lewis and Clark, and CPS. The data sharing agreement was reviewed and updated based on program needs/changes. Expectations for meetings and collaboration ongoing were laid out, the team will resume meeting monthly with the Family First and Prevention Program Specialist taking over as lead from CPS. The Data Analysis Program Specialist was added to the group to ensure any data needs were met. Criteria was changed to not differentiate the original SOC from the CPS SOC program, but instead refer families as normal and make on the intake form if the family is involved with CPS so data can be collected on what families have had child welfare interview or currently have a case. Lewis and Clark updated their system to capture this data point and the data sharing agreement was updated so they can share it with the team.

Lutheran Social Services received a family stabilization grant and is implementing the CARES model in Region 5 (specifically Watertown) and Region 6. This evidence-based model is geared towards prevention of families in the child welfare or juvenile justice system by identifying families early providing a case manager and family advocate to walk alongside them through their at-risk situation. This program started receiving referrals from the Watertown and Sioux Falls school district in January 2022 and as of mid-February had six family referrals from each location they are attempting to engage in the service. Lutheran Social Services has collaborated with CPS throughout the process of securing the grant and implementation. There have been preliminary discussions regarding data sharing and metrics to help measure outcomes for the program. There is a data sharing agreement pending that will allow CPS, Lutheran Social Services, and each local school district to collaborate further on this project. Lutheran Social Services has collaborated with CPS throughout the process of securing the grant and implementation. There have been ongoing discussions throughout SFY23 and SFY24 regarding data sharing and metrics to help measure outcomes for the program.

In SFY2024 LSS CARES has reached over 100 referrals and over half of these caregivers have enrolled and participated in the program. Through their outreach the referrals are becoming more appropriate; referring sources are largely schools, self-referrals, and DSS. There was a technical review of the CARES program completed this summer and two necessary elements prohibiting the program being scored as well-supported. CARES is working with the University of South Florida to go through the research and remedy the two elements. This process, however, will take eight to twelve months to work through both the university work and includes the three to six months projected for the Title IV-E Child Welfare Clearinghouse review. LSS is anticipating a grant extension through 2024 but only at 70% of prior grant amount. Division of Behavioral Health is focused on the Systems of Care work and the similar models of wraparound prevention services are similar and navigation of these focus areas is cautious. A meeting with LSS and CPS was held in March. LSS shared that data review with the clearinghouse has been delayed a few

months. LSS has recruited staff for the Sioux Falls office but are still in the training phase so coverage from Watertown persists. The majority of families involved have been from the Sioux Falls area and there are other families involved from Watertown. As the program is fully staffed, the waitlist of families to join the program in Sioux Falls is expected to be reduced in coming weeks. LSS does continue to closely monitor funding for their program as they are not able to be fully funded by current streams of funding available within LSS. Their wraparound parent company continues to promote achieving a well-supported rating through the Title IV-E Clearinghouse so that IV-E can be explored for funding the program ongoing.

### Goal 1, Objective D

CPS explored the development of a Child Welfare Advisory Council, but it was not identified as a priority during the 2019-2024 CFPS period. The Child Welfare Advisory Council would have included the leaders of CPS, Unified Judicial System, Department of Education, Department of Health, Department of Human Services, Department of Corrections, parent, youth, placement resources, law enforcement, tribal relations partner, Governor's Office Policy Advisor, State Representative, State Senator, State's Attorney, parent's attorney, child's attorney, prevention partner, Center for the Prevention of Child Maltreatment, and others.

*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.*

Final Report Update:

### Goal 2, Objective A

A Candidates for Care team functioned at a state level and supports Candidate for Care teams locally in Rapid City and Sioux Falls. The Candidates for Care team was a collaboration of disciplines in the areas of child protection services, medical and mental health systems, public health, housing, faith-based agencies, domestic violence agencies, legal and judicial systems, school systems, private agencies, and substance abuse treatment programs. An area of specific focus is prevention efforts to avoid any unnecessary placement of children into foster care. In year one, state and local child welfare leaders and policy makers were invited to a meeting to share perspectives on the potential to utilize other interventions to keep children safe outside of custody; share national and local data to confirm the potential to implement; provide a forum for discussion of varied perspectives and call for commitment to continue the discussion and form teams in the communities of Sioux Falls and Rapid City. December of 2019 Statewide team members identified and confirmed. Biannual meetings (May and November) scheduled. Group purpose confirmed October 2019. Contract with facilitator for state level group as budget allows October 2019. Local groups identified and confirmation of membership. Group purpose confirmed August 2019.

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

care.

On November 1, 2019, CPS contracted with Sage Consulting to provide facilitation and project coordination services for the Candidates for Care Plan. The statewide meetings were scheduled for June 10, 2020, and November 4, 2020, in Pierre, SD. Due to the COVID-19 pandemic the June 10, 2020, meeting was postponed. Rapid City held their first meeting with community agencies on March 6, 2020. Their objectives are as follows:

- Objective 1: Engage stakeholders in the child welfare process of Present Danger Plans to prevent children from coming into custody versus staying safe in their homes. (Child Welfare System)
- Objective 2: Provide support for families from community resources to increase caregiver's capacity to keep children safe and thriving. (Family First Evidence-Based Prevention Programs)
- Objective 3: Provide access to resources for families and their children in crisis. (Capacity is needed)

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

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

- Objective 1: Educate key stakeholders of CPS process roles and how Present Danger Plans are developed and executed. Our teams connected CPS training to members of the Candidates for Care teams and other community entities. Continued training and communication will help strengthen understanding between CPS and key stakeholders. In Rapid City the Judges were educated on and implemented Present Danger Plans. Family Services Specialists provide the answers to four questions when custody is being requested. The four areas that must be assessed prior to the Judge granting custody are:
  - The Department made the following active efforts to remove the danger instead of the child.
  - The Department assessed the following individuals to move into the child's home/environment to ensure the child is safe.
  - The Department made the following active efforts to assess whether the child and caregiver could go live with a safe relative or fictive kinship provider.
  - The Department made the following active efforts to assess whether the child could go live with a safe relative or fictive kinship provider.
- Objective 2: Provide support for families from community resources to increase the caregiver's capacity to keep children safe and thriving. Teams created resource lists for the Sioux Falls and Rapid City areas. These resource lists included information on immediate services, along with current gaps in services and where team members and other community stakeholders could fill in those gaps. Discussion was also held regarding how key stakeholders can provide resources to kinship families before they go into CPS' care.
- Objective 3: Provide immediate access to resources of families and their children in

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

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

<b>Request for Services Statewide</b>	<b>SFY 2019</b>	<b>SFY 2020</b>
Total Number Received	15185	14662

<b>Request for Services</b>	<b>SFY 2019</b>	<b>SFY 2020</b>
Sioux Falls	4886	4706
Rapid City	2707	2553

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

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

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

### Goal 2, Objective B

CPS collaborated 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, this objective focused on notification to tribal partners when a Present Danger Plan was implemented.

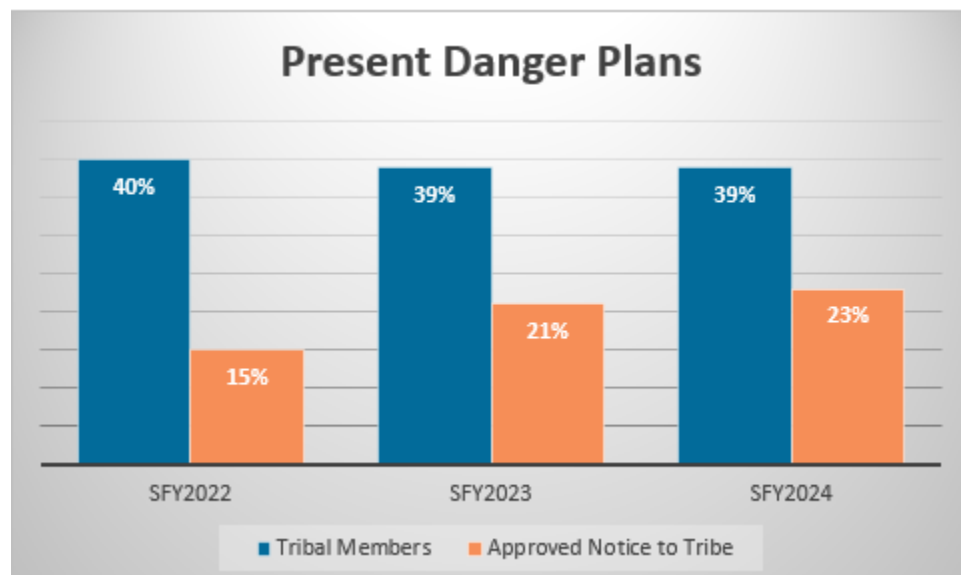
The Present Danger Plan is an immediate, short-term plan to keep the child(ren) safe when they have been identified as being in danger because of the actions of their caretaker(s). It is an alternative to court custody and placing children in foster care. This plan is developed in cooperation with the child(ren)'s parents or caretakers. The use of these plans is a part of active

efforts to prevent removal and keep children connected to their families. As a result of feedback from the tribes, the Present Danger Plan process was changed to allow a parent the choice to have their Tribal ICWA Program notified or not.

CPS Present Danger Plan policy was revised, and Present Danger Plans were redesigned to capture parental authorization allowing ICWA contact on January 1, 2019. Native American parents are informed and asked to authorize CPS' notification of applicable tribe's ICWA Director of Present Danger Plan. FACIS data was enhanced started in SFY2022 to track all children who enter a Present Danger Plan; all Native American children who enter a Present Danger Plan; Native American caregivers who authorize tribal notification; and Native American caregivers who do not authorize tribal notification.

The ICWA Program Specialist (ICWAPS) monitored, report, analyze outcomes, and develop necessary practice or reporting enhancements. Family Services Specialists were 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. Future efforts to collaborate with tribal partners regarding notice of Present Danger Plans will be captures in the Tribal Collaboration section of the 2025-2029 CFSP.

This chart reflects the percentage of Present Danger Plan each State Fiscal Year where the parent identified as being a tribal member and out of those parents, the percentage who agreed to have their tribe notified of the present danger plan. CPS does not currently collect data on the reason why a parent would decline notice to the tribe or what the tribal response was.



## Goal 2, Objective C

CPS and the Department of Health (DOH) explored avenues to partner to enhance Safe Care Plans and Home Visiting Program. South Dakota applied for and was selected as one of nine states to attend the 2020 Practice and Policy Academy: Developing a Comprehensive Approach to Serving Infants with Prenatal Substance Exposure and their Families. The purpose of the academy is to enhance the capacity to meet the needs of infants who are affected by prenatal exposure of substance use and to receive technical assistance in mobilizing a comprehensive

team in developing Plans of Safe Care. Currently, the State of South Dakota's data and information collection is specific and limited to children who meet criteria for assessment through CPS. South Dakota desired to collaborate and bring together cross-agency partners to develop, implement, and monitor Plans of Safe Care for all infants affected by substance use, not just those infants who meet criteria for child welfare intervention. South Dakota has three large health care facilities (Avera Health, Monument Health, and Sanford Health), which are all represented on the team.

South Dakota's team completed the Policy Academy on August 27, 2020. South Dakota's Team was comprised of representatives from CPS, the Division of Behavioral Health, Division of Family and Community Health, University of South Dakota Sanford School of Medicine Center for Disabilities, South Dakota Indian Child Welfare Act Coalition, Avera Health, Monument Health, Sanford Health, Great Plains Tribal Chairmen's Health Board, Unified Judicial System, Bethany Christian Services of Western South Dakota, and the National Center on Substance Abuse and Child Welfare. Preliminary goals for South Dakota included advocate and encourage birthing hospitals and providers to utilize standardized substance use testing; develop definitions of what 'affected by substance abuse' means; develop an oversight committee to guide changes in organizations to include practice and protocols; develop a pathway for monitoring; and provide education regarding Plans of Safe Care and the need to engage parents and their families in services.

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

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

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

The purpose of this national initiative is to train interdisciplinary teams on emerging knowledge and evidence-based practices in screening, monitoring and interdisciplinary care for children

impacted by neonatal abstinence syndrome (NAS), trauma, or related exposure. Core curriculum included current research on brain development, developmental outcomes of prenatal exposure to opioid and other substances, trauma informed care, provider secondary trauma stress and strategies to support caregivers. This initiative was intended to improve outcomes by linking research to practical application in local communities, providing opportunities to share knowledge and findings with national networks and federal agencies, and providing recommendations for future interventions.

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

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

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

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

In SFY 2023, an oversight committee was developed to guide changes in organizations to include practice and protocols. Child Protection Services continued to team with Department of Health to encourage reporting of substance exposed infants to the Plans of Safe Care program through the Helpline Center. The goal was to ensure all infants born with substance exposure receive follow up services and referrals for services, as needed, not just those infants who meet criteria for intervention with Child Protection Services. Oversight was provided by the Helpline Center, Child Protection Services, and additional partners, such as South Dakota Association of Health Care Organizations.

The Plans of Safe Care project had been on hold from September 2022 to May 2023 due to the Department of Health started a similar project. The two agency's met to discuss collaborating and determining next steps. Re-engagement of the project was difficult following the delay; however, progress was being made, to include a presentation on September 15, 2023, at West River Child



Death Committee and a meeting on October 2, 2023, to reconvene the core Plans of Safe Care team and continue to push the initiative forward. On October 11, 2023, Plans of Safe Care was again paused, as the work surrounding Plans of Safe Care will be aligned with a new Medicaid program focused on connecting pregnant mothers with supports and resources, with a focus on ensuring prenatal care. South Dakota State University received a HRSA grant related to Plans of Safe Care. The BIRTH-SD-AIM (Bridging Information and Resources to Transform Health of South Dakota parents - Assessing need and Implementing Maternal health safety bundles) was received in September 2023 and the grant period is for four years. Over those four years, the goal is to implement sets of patient safety standards in birthing hospitals across the state and the first set of standards that is being worked on is for pregnant individuals with substance use disorder.

### Goal 2, Objective D

CPS focused on ensuring 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. A case review was completed October 2019 revealed Region 1 needs to enhance the accuracy of present danger determinations and improve diligence in exploring all alternatives through present danger planning to avoid children coming into agency custody unnecessarily. During a January 14, 2020, coaching session, the supervisory team identified inconsistencies in decision-making and varying levels of expertise and confidence in safety determination as root causes of the inconsistent decision-making and lack of present danger planning. In order to develop Supervisor expertise and confidence, follow up coaching sessions occurred after January 14, 2020, through March 2020 to target present danger determination and planning. In SFY2021 a fidelity review was completed to determine if the process of Present Danger Assessment and Present Danger Planning was completed with fidelity and if the Present Danger Decisions were accurate. The review identified areas needing further development in the Present Danger Assessment and planning process.

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

The fidelity review of the Present Danger Assessment process shows the policy and practice is being followed in more cases than not. Some of the data indicates a lack of documentation rather than a trend in practice. The data shows most Present Danger Decisions are accurate and the decision is justified and specific. Region 2 and Region 4 ranked the highest in taking custody instead of placing the children in a Present Danger Plan without custody; however, in Region 2 only one case out of eight indicated there were no efforts to complete a Present Danger Plan without custody. In Region 4 only two out of eight cases indicated there was no effort to complete a Present Danger Plan without custody. It appears those two Regions are attempting to complete Present Danger Plans without custody prior to taking custody. Region 6 and Region 3 ranked the highest in cases where there was no documentation or efforts to complete a Present Danger Plan without custody. In Region 6 there were 14 cases out of 25 cases (cases where Present Danger Plan was custody) or 56% that indicated there was no documentation or there were no efforts made to complete a Present Danger Plan without custody. In Region 3 there were six cases out of six cases where the Present Danger Plan was custody, or 100%, which indicates there was no documentation nor were there efforts to complete a Present Danger Plan without custody. There

were 28% of cases in which the reviewers determined the Present Danger Plans were not sufficient, meaning they were either too intrusive or the Plan was not intrusive enough. This percentage could be affected by the 17% of Present Danger Assessments that were not documented or were not specific or detailed enough for the reviewer to determine which type of plan would be appropriate.

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

In SFY2022 Child Protection Services continued to enhance decision-making for Supervisors and staff. The Rapid City office had a turnover in Supervisors in 2021. In October 2021, the Division Director and Protective Services Program Specialist completed follow up consultation with Rapid City. Each Supervisor in Rapid City brought cases to be reviewed in which an Initial Family Assessment was assigned, and the Family Services Specialist identified danger or children entered protective custody. Consultations consisted of how the Family Services Specialist answered each of the four questions to prevent children from entering protective custody and what efforts were made to implement a less intrusive plan. Ongoing consultation will be completed as needed.

Consultation, coaching, and skill development continued with Regional Managers on the Comprehensive Safety Intervention model. The Regional Managers all completed the same instrument to determine the accuracy of the decisions and the sufficiency of information collected to complete the process of the Protective Capacity Assessment. The results showed the Regional Managers were consistent in their evaluation of the fidelity and decision-making of the Protective Capacity Assessment. Starting in March 2022 the focus shifted to Present Danger decisions. The Ongoing and Protective Services Program Specialist conduct conference calls with the Regional Managers to provide consultation around present danger decisions. The consultations were completed every other month with the expectation during the months in between, that the Regional Managers complete the same process with their supervisory team, then the Supervisor will complete the same process with their field staff, similar to what was completed during the Protective Capacity Assessment reviews. The Ongoing Program Specialist consulted with each Region to review the results of the present danger review. Prior to the meeting the Program Specialist went through each case to ensure consistency on the review of the cases. All Regions met the requirements of the present danger review. After the meeting the Program Specialist provided each Region with a report of the findings and opportunities for growth.

In SFY2024 Child Protection Services contracted with ACTION for Child Protection to update and revise policy and procedures for the Comprehensive Safety Intervention model. The Comprehensive Safety Intervention Model Assessment Curriculum was received from ACTION for Child Protection on February 13, 2024. Implementation and training are being developed and fidelity reviews were put on hold until after the new policy is completed and staff are trained in the enhanced changes.

### 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. CPS program staff and Bureau of Information and

Telecommunications (BIT) staff made enhancements to FACIS by developing screens and reporting necessary for data collection and analysis. Present Danger Threat screens implemented July 1, 2020, as planned. Data collection and reporting implemented August 2020. These reports are used monthly, no data or report errors have been identified.

### Goal 2, Objective F

Feedback loops were established between danger data and CBCAP Parenting Education Advisory Board for Parenting Education Program. The Program Specialist leading the CBCAP efforts joined the Candidates for Care team and participated in planning meetings, organizing, and participating in all activities and meetings, which were held virtually during the COVID-19 pandemic.

Data sharing is ongoing with the CBCAP Advisory Board at least twice yearly. The Family First Prevention Services Act updates have also been shared with the CBCAP Advisory Board at least twice annually. There are members of both the CBCAP Advisory Board and the FFPSA planning teams as well and involved in ongoing efforts.

South Dakota CBCAP State Lead Agency Program Specialist and contracted consultant participated in the Outcome and Accountability training September 13th and 14<sup>th</sup> 2023 in Oklahoma City, OK.

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

Final Report Update:

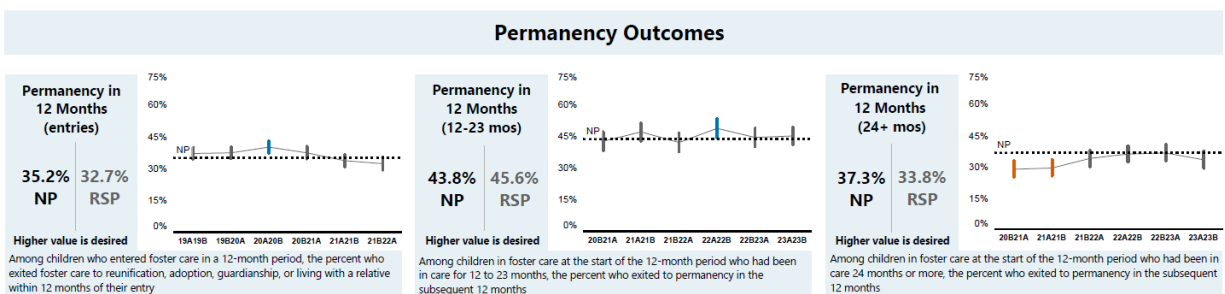
### Goal 3, Objective A

Concise, clear, and indisputable data provides a foundation for an understanding of how children are experiencing the child welfare system in South Dakota. All the partners achieving permanency for children have significant demands on their time and attention. Data that provides clear analysis builds consensus on performance and areas needing improvement. Data points to be highlighted include time from initial custody to adjudication, time from adjudication to final disposition, time from petition for termination to final dispositional hearing, time from final dispositional hearing to permanency finalization, and in cases with appeals, time between appeal and Supreme Court decision. One of the major focuses CPS had with stakeholders was to determine, design, and distribute engaging and meaningful data outlining the child welfare system's performance in achieving permanency for children.

The CPS Assistant Division Director and CIP Coordinator attended the 2019 National Child Welfare Evaluation Summit Leveraging Data and Evaluation to Strengthen Families and Promote Well-Being. The summit includes a variety of topics relevant to legal partners including how court and child welfare data can be linked to amplify systems assessments and target improvement efforts and how to present data and enhance stakeholder understanding of performance. The Assistant Division Director and CIP Coordinator coordinated with the CPS FACIS team to utilize information from the Evaluation Summit into design and development of updating data sharing with judicial partners. Data reports were developed and tested in the CCWIS system and on track to be implemented July 1, 2020.

CPS Division Director and CIP Coordinator presented reports and information to presiding judges during September 22, 2020, meeting. Updated reports were provided to presiding judges in January 2021. CPS was given the opportunity to present the CFSR Data Indicators and how South Dakota compared to the National Performance in October 2022, March 2022, and October 2023, April 2024 to help inform the judicial partners strengths and areas of growth for South Dakota's child welfare system. CPS extended the invite to present the same presentation of data to all incoming Judges to the A&N docket if they were interested. There is now a standing agenda item on the CIP committee agenda for CPS to present data and have an open discussion regarding what trends the data is showing.

The overall measurement for this goal was for the length of time to achieve permanency will decrease by 10% by Year Three and by 15% by Year Five. Please see South Dakota's most recent data profile for details regarding timely permanency. Additional analysis and efforts to achieve timely permanency is outlined in the 2025-2029 Child and Family Services Plan.



### Goal 3, Objective B

This objective focused on implementing a Community-Based Recruitment of In-Home Safety Plan Providers pilot program. In April 2019, the Huron community was selected to be the first pilot site for the community-based recruitment of in-home Safety Plan Provider. In June 2019 the Huron Family Services Specialist, Supervisor and Regional Manager developed a list of potential participants to be trained as a Safety Plan Provider. A letter was distributed to eighty individuals and local businesses detailing the Department of Social Services' mission statement, the Safety Plan recruitment project, and details about the informational meeting. On August 19, 2019, two community informational meetings were held. Fifty percent of attendees submitted commitment to know more about being a Safety Plan volunteer. Those individuals were invited to attend the Safety Plan Provider Training. Twenty participants attended the training, consented to central registry screening, agreed to confidentiality statements, and completed a "Get to know you" form. The "Get to know you" form provided basic information about volunteers and who they thought would be good fits and more challenging matches in Safety Planning. The information is utilized to match volunteers and families.

In the beginning stages of the project, the Ongoing Program Specialist, Regional Manager, and Huron staff had monthly phone calls to monitor the project. The Huron office saw a decline in the number of cases requiring in home Safety Plan Providers outside of the family. In order to maintain the interest of the volunteer Safety Plan Providers who were trained, the Huron office sent out monthly newsletters informing the Safety Plan Providers of what is occurring in the Huron office, trainings they could attend, and other various tidbits. The Regional Manager, Ongoing Program

Specialist, and the Huron staff explored other options the Huron office could use for the Safety Plan Providers such as for mentorships while the kids are in foster care. Huron is located in Beadle County, which is one of the counties most impacted by COVID-19 in South Dakota; therefore, impacting all areas of child welfare practice.

In SFY 2021, Child Protection Services was able to utilize the Safety Plan Provider bank on nine cases, two of those cases children could not have returned to the home on an in-home Safety Plan as the family did not have natural supports. CPS in Huron saw a decrease in the number of children coming into care reducing from 69 to 47 for SFY 2021 and a decrease in the amount of time children were in care prior to going home on trial reunification. The average of 145 days decreased to an average of 99 days in care for SFY 2021. In-home cases showed an increase of 20% for SFY 2021. CPS was able to meet the goal of children not re-entering care once the case was closed.

The Regional Manager for Region 5 (Huron, Brookings, Aberdeen, and Watertown) implemented the project in Brookings and Aberdeen. In September of 2021, the Regional Manager began discussions of starting a Safety Plan provider bank in the Aberdeen Office. In February 2022 the Brookings Office started holding information sessions and recruiting safety plan providers.

A survey was administered to the family and the Safety Plan Providers to gather feedback on the project. As of April 2023, there have been three responses from the safety plan providers and two from the parents. The parent survey indicates the following results:

- 10% of parents found the safety plan providers helpful
- 50% of parents stated a safety plan meeting held
- 100% of parents remain in contact with their safety plan provider as a support system
- 100% of parents would recommend using safety plan providers who are unknown to you at the time of CPS involvement to others who may need the services

The safety plan provider survey indicates the following results:

- 67% of safety plan providers had opportunity to be a safety plan provider for a family
- 100% of safety plan providers felt what they would be responsible for to support the family was well explained and that they had a clear understanding of expectations
- 50% of safety plan providers had concerns for the child's safety while they were involved with the family.
- 67% of safety plan providers had regular contact with the Family Services Specialist who was assigned to the family. 67% of safety plan providers continue to stay in contact with the family they were a safety plan provider for.

In SFY2024 The Safety Plan Provider pilot project was determined to be successful and have a positive impact on families served. Region 5 has consistently has the highest number of in-home cases in the state, as of March 31, 2024, having 65% more in home cases than Region 6, who has the second highest number of cases. Policy will be developed, and the strategy will be implemented in additional regions and service areas. This project is reflected in the 2025-2029 CFSP under Safety Outcome 2.

Community	Number of Trained Volunteers	Number of Impacted Children	Number of Impacted Families
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Huron (began 2019)	14	34	19
Brookings (began 2022)	7	10	4
Aberdeen (began 2022)	3	1	1

### Goal 3, Objective C

CPS program staff and Bureau of Information and Telecommunications (BIT) staff consulted to make necessary enhancement in FACIS to develop FACIS screens and reports to allow for analysis of Conditions for Returns prohibiting children from moving to trial reunification. Conditions for Return data fields and screens for Initial Family Assessment were implemented in July 2020. Fields and screens for Protective Capacity Case Plans and Evaluations were implemented January 2021. Data collection and reports began August 2020 and February 2021 respectively. Reports are currently generated and utilized on a monthly basis.

### Goal 3, Objective D

Year of the Father Project, an initiative to enhance engagement towards fathers in areas of safety, permanency, and well-being for children was implemented in Year 2 of the 2019-2024 Child and Family Services Plan.

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

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

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



An extra assignment was for staff to recreate a picture with their father from their childhood and submit it to the Program Specialist.

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

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

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

CPS safety assessment policies and practices were enhanced related to the parent with no impending danger. This practice will ensure parents who do not have impending danger are not missed in the Child Protection process.

Through the State's Regional Reviews there was a trend that showed CPS was not assessing father's safety or needs to determine if there was impending danger and/or if services needed to be provided. The revision will help enhance our engagement with those fathers. Items 12, 13, and 15 of South Dakota's Program Improvement Plan were met in January 2022. Prior to achieving these goals, Child Protection Services completed an analysis to determine why these items were not met. It was revealed engagement towards fathers was the main cause of poor performance. There were several barriers towards engagement with fathers, one being South Dakota Codified Confidentiality Law ,26-8A-13. This law was amended starting July 1, 2021, removing the barrier to notify the parent who did not initiate CPS involvement for in home cases. In addition to the law, there was a lack of engagement towards fathers, particularly those whom the children were not removed. The Fatherhood Initiative kicked off in July 2020 to focus on engagement with fathers and how important they are in their children's lives. In each of these item's CPS made a significant jump from reporting in August 2021 (reviews from July 1, 2020 - May 2021) and reporting in January 2022 (reviews from January 2021 - November 2021). For needs and services to children, parents, and foster parents we saw an increase from 52% to 64% and the area of Child and Family Involvement in Case Planning increased from 65% to 84%. Caseworker Visits with Parents also saw an increase from 64% to 76%.

in SFY 2023, Footsteps Counseling in Aberdeen submitted a proposal to pilot 24-7 Father, a curriculum for the promotion of fatherhood and parenting education focused on fathers. A Positive Indian Parenting trainer from the Yankton area is interested in participating in the pilot as well. Data on utilization of parenting education classes is reviewed quarterly and annually. A collaboration with a representative of the Great Plains Tribal Leaders Health Board has yielded positive momentum in developing additional options for fathers regarding parenting education. A male instructor has been recruited through the Black Hills Special Services Co-Operative and upon completion of training this summer will begin delivering classes. A trainer is entering into a contract with CPS this summer as well, to deliver Common Sense Parenting classes to parents, but as a father himself, he brings a unique perspective which he can offer to other fathers and male caregivers. A goal for the upcoming year is to help discover the champions of fatherhood as it is important for fathers to feel supported by other fathers and receive training from them rather than traditionally receiving instruction from only female instructors.

Training during Foundation week has been enhanced to include the Importance of Fathers in a child's life. The training providing exercises and lecture on worker bias, how to locate fathers, and how to engage fathers. This training was first trained in March 2023 and is an element of the curriculum ongoing.

## Quality Assurance System

South Dakota CPS received an overall rating of Strength for the quality assurance system based on information from the statewide assessment in the 2016 Child and Family Services Review. In the statewide assessment, CPS provided enough information to show the quality assurance system is functioning in the jurisdiction where the services included in the CFSP and APSR are provided. CPS conducts quality assurance reviews and uses reports from CCWIS to evaluate the process. Reports are accessible to all staff and Child Protection uses the reports and case review results to implement improvements and monitor progress. The CFSR was completed on September 30, 2016, and the CFSR Final Report was issued on February 1, 2017. CPS began to analyze items where the State underperformed. CPS submitted an initial PIP to the Children's Bureau on May 22, 2017. CPS and the Children's Bureau had several discussions, negotiations,



and revisions to the PIP. CPS submitted the final version of the PIP to the Children's Bureau on February 26, 2019. The PIP was approved as of March 6, 2019. In February 2021, South Dakota completed all required PIP goals and necessary strategies related to the CFSR outcomes and system factors found to be in non-conformity at the time of the CFSR. South Dakota met all their PIP performance measurement improvement goals April 2022.

## Continuous Quality Improvement

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

CQI was instrumental in identifying trends and implementing solutions to increase performance outcomes while South Dakota CPS was under a Program Improvement Plan. CQI Core Team gathers data on outcomes, analyze data to determine next steps, and initiate any policy change needed. CQI is completed at the regional levels, with both the staff and stakeholders in the community, to improve outcomes CPS underperformed in, to be improved as an entire child welfare system. The CQI Core Team has created a stakeholder survey to receive feedback on the jurisdiction's strengths and challenges in serving children and families who are in the child welfare system. CPS, along with community stakeholders, will develop a CQI plan to improve safety, permanency, and well-being outcomes in their jurisdiction. Stakeholder CQI meetings were scheduled to start in Fall 2020; however, in starting the CQI process with the CQI core team and individual regions, it was evident there needed to be more education and skill development regarding CQI. The Outcomes Management Program Specialist collaborated with the Capacity Building Center for States and Children's Bureau regarding CQI training and support. A data workshop was completed in September 2021, which included three separate sessions that focused on the Plan-Do-Study-Act Cycle. This workshop included members of the CPS Management Team, which included the entire CQI Core Team.

## Review of the CPS Continuous Quality Improvement (CQI) Program

### Foundational Administrative Structure

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

To assist all staff with enhancing their knowledge of CQI, CPS developed a training program which is initially presented to staff in the local offices prior to the development of their "team" and staff are expected to adhere to application of the philosophy. An identified need for South Dakota's CQI system is ongoing training and capacity building for staff at all levels on the CQI System and to understand how the CQI philosophy is integrated into South Dakota's policy and practices. South Dakota completed an internal capacity assessment by ACTION for Child Protection, in which CQI will be discussed and a recommendation from the assessment regarding CQI will also

be considered. The Department contracting with a vendor to support each division on a quality improvement model will be a good opportunity for CPS to enhance initial and ongoing training on the CQI process for staff at all levels.

The Administrator of CQI and Outcomes, formally the Outcomes Management Program Specialist, took over oversight of SAG starting May 2022. The SAG group analyzed ways to revitalize SAG to ensure the group is functioning at their full potential and applying the CQI philosophy to projects. The first step in revitalizing SAG was to get a baseline on how the group functions and how they are utilizing CQI for their individual projects. Goals and strategies were developed and formalized with the group as a result of what was learned from their baseline. SAG was revised to no longer have a staggered rotation, this change was to support consistency amongst group members and to not delay projects when new members rotated on and off. The new SAG group started meeting January 2023 and developed the following vision statement and goals.

Vision:

- Support SD CPS CQI System through seeking to identify, describe, and analyze strengths, problems, and propose solutions to promote stronger families in South Dakota.

Goals:

- Streamline processes to help reduce workload
- Collect more information from staff as to what is causing barriers for them in their daily work
- Establish the gaps in policy and practice section of monthly report as a standing agenda item at SAG
- Create policy on how SAG is to operate:
- Create guiding principles of SAG that align with the CQI Process
- Communication: Create feedback loops
- Create flow chart and referral process
- Create onboarding plan for new members
- Skill building in the CQI process:
- Initial CQI training
- Enhance CQI skills

In addition to revitalizing the SAG tier of the CQI System, the Administrator of CQI and Outcomes worked to build capacity in the CQI Core Team. There are several new members of the CQI Core Team since the completion of the 2019-2024 CFSP and others who need more guidance in maintaining the philosophy of CQI within their program areas. The Administrator of CQI and Outcomes created a Team under Microsoft Teams to keep open communication with the team and stored a CQI Tool Kit for the group. The CQI Core Team started meeting again consistently in February 2022. At that meeting the team established the vision of CQI for CPS. This vision includes building capacity in all tiers in the CQI System to confidently apply the philosophy of CQI.

Below are examples of how the Outcomes Management Program Specialist has started to build capacity. The goal is to build the CQI Tool Kit each month so the Core Team can learn, apply, and retain the resources in a way that is sustainable.

- The CQI Team was educated on utilizing a sample size calculator and applying a confidence level and interval to support reliability that their sample size is representative to the population. Between the February 2022 and March 2022 meetings several CQI Core Team members reported on utilizing the sample size calculator and felt confident

they were getting accurate results with having methodology applied to their random sampling pull.

- The CQI Core Team was provided with information on designing surveys, information taken from the Wisconsin Child Welfare Professional Development System, and Child Welfare Capacity Building Collaborative. The CQI Core Team debriefed the information and discussed take-a-ways. The group found the information useful and expressed the need to apply what they learned when drafting surveys.
- The Core Team has been tasked with exploring the Child Welfare Gateway Library. They will research material in their program areas to explore what is being done across the country in program areas similar to theirs. This was debriefed at the April 2022 meeting.
- The CQI Core Team is completing the Change and Implementation in Practice Series as a team. The team completes the workgroup and debriefs each section as a team. There has been good discussion around strengths and areas to grow program areas using concepts from the series.

The strength of CPS' CQI practice lies in several facets. First, the Division leadership have a strong commitment to utilizing the CQI lens to seek improvement in achieving the Department's mission. The concept of CQI being a shared responsibility allows for and encourages staff buy-in and ownership. Every staff member has been exposed to CQI through training and ongoing CQI projects within the local offices as well as at the regional and state levels. The various tiers of CQI systems have been developed (local teams, SAG, CQI Core Team) and are operational.

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

- In March 2023 an Administrator of CQI and Outcomes positions was developed.
- In April 2023 a Data Analysis Program Specialist was hired.
- In February 2024 two CQI Program Specialists were hired.

There are goals outlined in the 2025-2029 to continue to grow the foundational administrative structure of CQI within CPS, please see 2025-2029 Child and Family Services Plan for more details.

## 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.

Starting in January 2020 surveys were administered as part of the Regional Reviews, to solicit input from Supervisors, Family Services Specialists, and other stakeholders regarding systemic factors such as training needs for staff and resource providers, quality of services provided by CPS, and service array. This information is summarized in an office final report submitted to the Division Director, Assistant Division Director and Regional Manager. These surveys are continually enhanced as feedback is received. Please see the 2025-2029 CFSP for more details.

The CQI Team completes quality assurance on reports developed within the FACIS system to ensure accurate and timely data is being collected. Please see 2025-2029 for more details.

### Case Record Review Data and Process

The Regional Review, previously known as SPWB review, process began in April 2009. The 2016 CFSR Onsite Review Instrument and Instructions was used to review cases until January of 2023 when the 2022 Onsite Review Instrument and Instructions was used. The review process has evolved over time based on feedback from reviewers and the staff in the offices being reviewed. Program Specialists, Regional Managers, and Supervisors were required to participate in one review each year. Family Services Specialist are also given the opportunity to participate in the review process.

CPS moved from doing Office Reviews to Regional Reviews. The Regional Review process creates a more accurate sample of cases across the region instead of pulling every in-home case from an office; there is a true “sample” not 100% pull. From February 2019 - November 2019, CPS created a new baseline to measure outcome progress for the Program Improvement Plan. During this time, 65 cases were pulled. January 2020 started the PIP Measurement Year One, in which 72 cases were pulled that year as well as PIP Measurement Year Two and Three. Please see the 2025-2029 of how the review week is structured and an overview of policy for the review week.

A survey is sent to stakeholders in the Region in conjunction with the onsite review and are completed within two weeks of the date the survey is sent. The survey gathers information relating to service array, permanency, and staff/foster parent training. CPS started administering surveys instead of individual stakeholder phone calls in January 2020, at the beginning of the PIP Year 1 Measurement Year. The surveys can reach more stakeholders and provide more data on how the child welfare system functions within that Region. Surveys have been sent to the following individuals: State Court Judges, Tribal Judges, State’s Attorneys, Tribal Prosecutors, child’s attorneys, parents’ attorneys, CASA directors, mental health directors, domestic violence shelter directors, drug and alcohol service providers, ICWA directors, BIA Social Services directors, law enforcement officials, family visitation center directors, court services officers, parole agents, schools and residential/group care facilities. All stakeholder feedback is provided to the Regional Manager, Assistant Division Director, and Division Director.

Reviewer Training was implemented in January 2014. Prior to the new training, the training was conducted via conference calls and through various documents provided to the reviewers. The training was conducted annually in June for all staff scheduled to review cases within the upcoming year. However, due to COVID-19 the training in June 2020 did not occur and it was revised to offer the training via Zoom before each review to increase reviewer retention of the information. The participants are first trained on the review process, the definition of all the items and how to rate them on the Online Monitoring System. There is also discussion on how to write

Strengths, Areas Needing Improvement, and when an item does not apply. Any material needed for the training is provided to participants prior to the training and are stored on the public folder for them to access at any time. Reviewers are provided examples of previous case write up of de-identified cases to promote consistent language in the case review write ups.

The 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.

In addition to the Regional Reviews, CPS has developed instruments to complete case reviews to determine performance in certain areas of policy and practice. Please see the 2025-2029 with what specifics of when these case reviews occur and the specific areas of policy.

### Analysis and Dissemination of Quality Data

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

Sharing of statewide and local data with stakeholders for their analysis and use and eliciting feedback on their analysis and conclusions is an important component of CPS' CQI philosophy and a major focus on the 2019-2024 CFSP. In previous sections of this report, it has been detailed how information is shared with internal stakeholders and their feedback is sought. There is a shift from holding meetings across the state to share results with stakeholders to involving stakeholders in the offices CQI process and efforts towards change. Please see 2025-2029 CFPS for more details.

### Feedback to Stakeholders and Decision-Makers and Adjustment of Programs and Process

Collecting and analyzing the data are important steps within the CQI process. However, the agency and the stakeholders must then use the information to drive change to improve outcomes for children and families. One of the overarching goals of the 2020 - 2024 Plan was 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.

The intention for CPS was for the Administrator of CQI and Outcomes to release Regional Assessments. The template to the assessment was developed, however, due to staffing constraints, this has been identified as a long-term goal as a CQI Team needs to be developed to help support sustainability for this project. Once implemented, Regional Assessments will capture the performance outcomes of the latest Regional Review as well as results of fidelity

review, stakeholder survey results, parent survey, and staff survey results. This gives a comprehensive view of how the Region operates and what areas to focus CQI plans. South Dakota utilizes the Online Monitoring System (OMS) Reports to identify performance outcomes and trends associated with the Regional Reviews. CQI plans will be monitored by the Administrator of CQI and Outcomes. The Regional Assessments will be provided to stakeholders and included in the office's CQI meeting with stakeholders. The Regional Assessments will be completed in July 2024. One of the major goals for the 2025-2029 Plan for Enacting the State's Vision is for the development of local CQI teams and for those teams to utilize the Regional Assessment, along with other data, to develop local CQI plans. Please see 2025-2029 CFSP for more details.

The Court Improvement Program and CPS actively collaborate on enhancing practice to achieve better permanency outcomes. The Administrator of CQI and Outcomes presented to the CIP committee in October 2021, March 2022, and October 2022, October 2023, April 2024 about Safety, Permanency, and Well-Being performance outcomes from South Dakota's CFSR Data Profile as well as performance outcomes from the onsite reviews. The Administrator of CQI and Outcomes became a full-time member of the CIP committee to provide updates on trends relating to child welfare outcomes. Please see 2025-2029 CFSP for how the feedback loop with CIP will continue.

## Final Update/Report on Service Description

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

CPS provides a full range of child welfare services statewide. Services are provided in the tribal jurisdictions either directly by CPS or under agreements in which the Tribe provides the full array of services. The services provided by CPS include intake for child abuse and neglect reports, 24/7 emergency response, assessment of abuse and neglect and child safety, ongoing protective services, reunification services to families, independent living services, permanency planning services, licensing of child welfare agencies, and parenting education. CPS uses the Comprehensive Safety Intervention (CSI) model to respond to reports of abuse and neglect, assess child safety, and provide ongoing services to families. The CSI is a safety driven model integrated throughout the components of the services to families. CPS coordinates these services with community and tribal providers. Please see the 2025-2029 CFPS for additional details.

### Services for Children Adopted from Other Countries

DSS provides Medicaid coverage to support mental health treatment or a placement in a psychiatric residential treatment center. Specific services a child receives through placement include individual therapy, group therapy, medication management, medical appointments, and educational services. When a child from another country enters custody, CPS staff provide case management to support the connection between a child and the family during treatment. CPS completes monthly visits to assess the readiness of the youth to transition out of residential care. Other services can be provided if needed to meet the child's safety, permanency, or well-being needs, however, no other services were needed in the past 5 years as this is a very low population of children.



## Services for Children Under the Age of Five

Children under the age of five at the time the 2019-2024 CFSP was developed comprised of 37.4%, currently it is at 34.3% of the population of children in custody of CPS. A major goal in reducing the length of time children under the age of five are in foster care without a permanent family is the Candidates for Care state and local teams. After year two was completed, Candidates for care dispersed as the goals which were set out for Candidates for Care were completed. An increase in Present Danger Plans were seen in both the Sioux Falls and Rapid City areas as noted under the year two strategy. CPS included in their Program Improvement Plan under Goal 1, Strategy 1, a goal to implement regional assessment, consultation, and coaching to evaluate safety practice and supervision. This goal will consider whether children must remain in an out of home Safety Plan or if they can be maintained in their homes through a Safety Plan. The reviews will evaluate perspectives of staff related to working with families and permanency, the overall office culture and norms, and fidelity of practice and decision-making. CPS piloted in Region 5 a community-based recruitment of in-home Safety Plan Providers. This will assist families to implement an in-home Safety Plan when the only barrier to an in-home Safety Plan is a support system. The Program Improvement Plan Goal 2, Strategy 3 focuses on the timeliness and quality of permanency hearings for children. The Court Improvement Program developed, established, and implemented Best Practice Standards for permanency hearings. The goal was to create a standardized process for judges, attorneys, and CPS to follow for permanency hearings to ensure parents and youth receive quality engagement and representation and thorough court discussion focused on strategies and barriers to achieve the child's permanent plan in a timely manner. The South Dakota Guidelines for Judicial Process in Child and Abuse Neglect Cases was updated in October 2019 and distributed in January 2020. The Permanency Roundtable model was introduced to Child Protection Services in 2016. Permanency Roundtables are a structured, professional case consultation designed to develop an aggressive, innovative, and realistic Permanency Action Plan for the child or sibling group. This model was selected to assist CPS in developing appropriate permanency goals, address permanency related barriers, and to help achieve timely permanency. The above goals pertain to all children served by CPS, including children who are under the age of five.

Please see the 2025-2029 CFSP for current statewide and region-specific services who serve children under the age of 5.

## Services provided in the four areas under the MaryLee Allen Promoting Safe and Stable Families Program (title IV-B, subpart 2):

CPS continues to use Promoting Safe and Stable Families (IV-B, Subpart II) funds to assist with providing services that help keep children in their homes; support parents to keep children safe when reunification occurs; ensure stability of placements with foster parents, kinship parents, and adoptive parents; and facilitate adoptions. CPS views Promoting Safe and Stable Families funds as a critical source for situations where even basic levels of support can make the difference in the success of family preservation. Emergency funding for Promoting Safe and Stable Families allowed CPS to assist families with the same services for a longer period as CPS often depletes the funds well before the allotted timeframe. There have been no changes to the methodology on how these funds are used, please see the 2025-2029 CFSP for more details.

## Populations at Greatest Risk of Maltreatment

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

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

The above policies have remained consistent through the 2019-2024 CFPS and will continue the next 5 years. Please see 2025-2029 CFSP for additional details.

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

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

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

Since the initial round of Kinship Navigator grant, South Dakota has utilized Kinship Navigator funds to expand resources to South Dakota kinship families and provide concrete supports and services such as counseling services, childcare expenses, groceries, clothing, furniture, gas reimbursement, appliances, and other services needed by families to care for their relatives or fictive kin families. Kinship Navigator funds have also been utilized to provide funding for guardianship legal fees to achieve permanency for children living with relatives. The funding has provided outreach to kinship families who are involved with CPS, as well as families who providing care without CPS involvement. CPS had partnered with schools, tribal agencies, mental health providers, and other community resources to provide funding to kinship families across South Dakota. The funding aims to support and assist kinship families to obtain benefits or services to enhance their ability to provide safe and quality care for children.



The Department of Social Services created the Kinship Workgroup in December 2021. This workgroup consists of Child Protection caseworkers, supervisors, and regional managers. It also includes contracted kinship staff, tribal representatives, kinship caregivers, and others with lived experience. The Kinship Workgroup will help provide input and consultation as needed to expand the services available to Kinship families. South Dakota continued to utilize the kinship workgroup in FFY23 to support kinship families and identify high quality, culturally competent, and language appropriate services to address the unique needs of kinship families.

In October 2022, the CPS Permanency Program Specialist provided a presentation on the Kinship Navigator Funding and other kinship services to the Community Response to Child Abuse Conference. This conference included over 500 multidisciplinary team members from multiple professions including: child welfare caseworkers, behavioral health professionals, healthcare staff, business owners, educators, community advocates, students, legislators, attorneys, and other professionals. Other presentations have been given throughout the state as well to increase the outreach to kinship families that are not involved in the child welfare system. In March 2023, The CPS Director of Program Services provided a presentation on Kinship Navigator Funding to the Court Improvement Program's Training Series. There is consideration to add a link the SD Unified Judicial System website to help families obtain information who are not working with the child welfare system on accessing brief legal services through the grant funding.

In grant year 2022, CPS received \$200,000 and spent all funding prior to the end of the federal fiscal year in September 2023. CPS received \$200,000 again in October 2023 and has already obligated or utilized all funding as of May 2024. South Dakota is utilizing funding at a much faster rate and averages \$22,068 per month to assist kinship families. Funding for grant year 2024 has not yet been announced but if announced will not be awarded until October 2024.

South Dakota received an additional \$200,000 in the fifth round of Kinship Navigator funding. South Dakota has continued to use the Kinship Navigator funding to provide concrete supports and services to the kinship caregivers in South Dakota. CPS coordinates with other state or local agencies to identify families that need services. The Department of Social Services consists of Child Protection Services, Child Care Services, Child Support, Economic Assistance, and Medical Services. All these agencies work together to support kinship families and ensure services are being provided to those families in need. CPS has provided outreach to tribal agencies to provide kinship assistance to families living on the nine South Dakota Native American Reservations.

The Department of Social Services has also provided outreach to kinship families through school counselors, community mental health providers, tribal leaders, and child protection staff, by providing information on the eligibility and assistance available to kinship families. The new kinship navigator will seek out opportunities to present information related to kinship navigator funding. When CPS makes placement with kin, the kinship caregivers needs are assessed to help provide services and supports to the family to stabilize the placement. The CPS Permanency Program Specialist oversees the spending of Kinship Navigator Program funding and approves payment for concrete services provided. If a family is not currently working with the child welfare system, they are referred to the funding by other community resources, medical providers, mental health providers, schools, or tribal agencies. The CPS Permanency Program Specialist discusses the services needed and approves this funding as well.

A contract was signed in January 2024 for a full-time Kinship Navigator position through a private agency. This navigator will provide statewide assistance to kinship caregivers who are seeking supports or services to help them care for their kin. The Kinship Navigator will assist by promoting effective partnerships between kinship caregivers and providers to ensure kinship families are

served within their community. South Dakota plans to use FFY23 funding to create a website that will provide direct access to resources and services for kinship families. This will help CPS outreach to new families and promote equitable access to services for underserved populations. The navigator will help provide concrete supports and services for kinship caregivers to improve child wellbeing, kinship family wellbeing, access to services, referrals to services, and satisfaction with programs and services. Kinship Navigator funding will continue to assist kinship families with legal services, so families are able to complete family-driven plans of legal guardianship for relative children. It is South Dakota's intent to continue looking into resources to increase outcomes of relative placement in South Dakota. The navigator will work towards expanding the funding to more communities and additional kinship families needing support.

## Monthly Caseworker Visit Formula Grants

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

Family Services Specialists complete caseworker visits via video conferencing for children in any placement setting only when they are not able to complete in person visits due to COVID-19, otherwise all caseworker visits are completed face-to-face. Children being served by CPS in the home are still receiving face to face caseworker visits. Starting June 1, 2023, caseworkers are no longer able to complete caseworker visits virtually and must complete them face to face (in person).

CPS consistently outperforms the National Standard of 95% of children visited each month and 50% of the visits occurring in the child's residence. CPS utilizes visitation centers to supplement parent and child visitation. When CPS staff observe these visits and meet with the children afterwards, it provides another opportunity for the children to feel freer to express feelings and concerns to staff. Caseworker Visits funds will be used to help fund these visits to give CPS another resource related to staff visits of children in care, this will continue for the 2025-2029 CFSP.

## Adoption and Legal Guardianship Incentive Payments

Adoption and Legal Guardianship Incentive funds are used for a variety of services for children and families. A good share of the funding is used to fund a portion of the Post Adoption Services contract and Wendy's Wonderful Kids (WWK) contract. Please see the 2025-2029 for more specifics of services the contract provides.

Adoption and Legal Guardianship Incentive funds have been used to pay for child specific home study updates, adoptive placement supervision services for youth matched with adoptive families living outside of South Dakota, who are approved through private adoption agencies. Funds have been used for individual services and items requested by families. Some examples are legal fees, home modifications, travel reimbursement, applied behavioral analysis, and various other miscellaneous items.

## Adoption Savings

CPS tracks adoption savings through the CCWIS Program. All subsidized adoptions are entered in FACIS. When a funding source is determined and approved, IV-E adoption subsidies based on the provisions of Fostering Connections to Success and Increasing Adoptions Act of 2008 are identified as a “Fostering Connection’s” case. The Subsidized Adoption Summary Details report identifies the calculated paid claims for eligible cases under “Fostering Connections”. CPS calculates the state/federal match and determines the actual adoption cost savings. CPS’ method has been approved by the Children’s Bureau and reports the actual savings. There have been no changes to the methodology. Please see 2025-2029 for more details regarding Adoption Savings carrying over to the next 5 years.

## Family First Prevention Services Act Transition Grants

With the approved delay of implementation, CPS began working towards development of the State Prevention Plan by utilizing Family First Prevention Services Act (FFPSA) transition grant funds towards an experienced consultant, Action for Child Protection, who completed a comprehensive capacity evaluation and readiness assessment including workload, structure, communication strategies, and compensation analysis. The recommendations outlined through this workforce analysis are in the implementation stages in some areas and other focus areas are in the planning stages.

The process to develop the State Prevention Plan is a multi-step process, involving stakeholder participation, data analysis, and outcomes evaluation. CPS selected ICF as the vendor to assist with a three-year implementation plan for the IV-E Prevention Plan as required by the Family First Prevention Services Act (FFPSA) as well as assisting in selecting evidence-based programs from the assessment of programs and implementation, utilizing the majority of the remaining transition grant funding.

Efforts to create the State Prevention Plan have involved robust teaming, collaboration, data analysis, program selection, plan development, plan approval, implementation planning, rollout, and outcomes evaluation, as well as technical assistance regarding Title IV-E parameters for program billing and exploring other funding streams.

ICF assisted South Dakota in exploring evidence-based, culturally relevant, and other related prevention programs for selection for implementation, involving tribal entities and matching the unique characteristics of South Dakota’s population with South Dakota’s needs, as based on findings of the statewide assessment.

ICF has drafted the state’s prevention plan and is providing technical assistance through the federal approval process and partnering with the state in implementation.

## Chafee and ETV

### Chafee:

At the conclusion of the 2024 CFSP, the CPS Independent Living Program continued to provide the following services:

- Assignment of Community Resource Persons
- South Dakota Youth Advocacy - Young Voices
- Independent Living Services Workshops
- Teen Conference
- Independent Living Assessments and Case Planning
- Independent Living Planning Meetings
  - Age 16 Planning Meeting
  - Age 17 Planning Meeting
  - Transitional Independent Living Planning Meeting
- Housing Support
  - Independent Living Preparation Programs
  - Foster Youth to Independence (FYI) Initiative
- Starter Kit Funds
- Driver's Education
- Youth Organizers
- Independent Living Services Workgroup
- Former Foster Care Medical Assistance Program (FFCMA)
- Division X Additional Funding from the Supporting Foster Youth and Families Through the Pandemic Act. We exhausted all ILS Pandemic Funds as of May 2022
- Collaboration with Other Public and Private Partners

**Supporting Foster Youth and Families through the Pandemic Act:** The State of South Dakota provided the certification in Attachment C of ACYF-CB-PI-21-04, providing assurance that the agency will implement the provision related to transitioning out of, re-entry into, and eligibility for Title IV-E Foster Care as outlined in the program instructions. Two hundred and seventy-eight youth received \$719,668.99 of pandemic funds from July 1, 2022, through May 31, 2023, for immediate, critically needed assistance.

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

- John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee program)
- Additional Funding and Flexibilities; Education and Training Vouchers (ETV) Program Additional
- Funding and Flexibilities; and Financial and Reporting Information for the Chafee and ETV Program
- Additional Funding (Chafee - \$1,374,601.00 ETV - \$199,797.00)

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

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

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

### Education and Training Vouchers (ETV):

The funding received from the Federal ETV Program, which is used to support post-secondary education and training costs, including the cost of living and attendance, are provided to eligible

youth. In accordance with the John H. Chafee Foster Care Program for Successful Transition to Adulthood (CFPSTA), a youth may apply for assistance through the State's ETV Program. The ILS Program Specialist administers the ETV funds and is the liaison for youth eligible for the program.

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

### Goals:

There were two goals for Independent Living Services identified on the 2019-2024 CFPS, both these goals are going to continue through the 2025-2029 CFSP, please see that plan for more details. The two goals are:

- Goal 1: Youth will obtain a high school diploma or GED.
- Goal 2: Youth are employable after transitioning from foster care.

## Consultation and Coordination Between States and Tribes

The ICWA Program Specialist contacted all nine Tribal ICWA and CPS Programs each spring requesting the Tribe's input for the APSR and CFSP as well as a reminder for individual meetings with the Tribes. After each APSR was approved, it was made available to the tribes. The Administrator of CQI and Outcomes presents data twice a year to the Court Improvement Program Committee regarding the 2019-2024 CFSP goals and initiative as well as CFSR outcome data and data profile. There are two members of CIP who are ICWA Directors with two of the nine tribes in South Dakota. There have been, on average, monthly attempts each year to collaborate with the tribes. Please see the 2025-2029 Child and Family Services Plan for details of ongoing collaborations that carried over to the next 5 years.

As result of concerns voiced by both state and tribal partners related to effectiveness of the State Tribal Child Welfare Consultation (STCWC), Casey Family Programs presented an opportunity for the group to work with Indigenous Collaboration Inc, to revitalize the State Tribal Child Welfare Consultation workgroup. These outside consultants participated in the meetings held in June 2019 and October 2019 to collaborate and create a new strategic plan entitled, Strategic Plan for Unified Advocacy and Action.

There are five sections to the Strategic Plan:

1. **Organizational History:** Looking back at Indian Child Welfare over a 30-year timespan from both the state and tribal perspectives and on the current environment.
2. **Practical Vision:** This ties into the accomplishment of the agreed upon target goal which wasn't completed but this is where the group's consensus and motivating image of the future is stated.

3. **Underlying Contradictions Workshop:** Group's analysis of issues and obstacles blocking progress toward the Vision to ensure development strategies are grounded in reality.
4. **Strategic Directions Workshop:** Looking at 5-year target goals to provide the group with clear statements of priorities driving decision-making.
5. **Implementation Calendar-Next Steps:** Looking at practical 3-year target goals and detailed efforts targeting achievements in the next 12 months.

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

Strategies for 2019-2024:

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

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

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

The COVID-19 pandemic hindered the process of collaboration, taking away the ability to meet face to face and in its place, meetings were held via Zoom. While there are benefits to virtual meetings such as travel restrictions, which were a barrier at one point for some tribes, it is not the same as sitting around the table discussing topics on the agenda. All nine tribes were invited with multiple reminders sent out beforehand to bolster attendance.

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



In preparation for the implementation of the Family First Prevention and Services Act, the Tribes were asked to be involved in this process at the first quarterly STCWC meeting as the Title IV-E Prevention Plan is created. A link was shared, <https://preventionservices.abtsites.com/>, and Tribes were asked to look over the programs available and give input on what will be included in the Plan. One Tribal member shared that “the interaction reminds her of a time of collaboration in years past when there was less red tape and more swift action.” Again, the Tribes expressed how an ICWA Advocate could be involved in the early stages of a case when Present Danger Plans are being created. As reported in the CFSP 2020 - 2024, parents have the option of CPS notifying their Tribe for preventive services if they choose this and the same Tribal member stated she would like to be active in the early stages of intervention.

At the first quarterly meeting of the STCWC in 2021, an overview of the Kinship Navigator Program was given. It was explained that funds are available to help establish guardianships if financial barriers are preventing a guardianship or kinship placement. If those exist, the offer was extended to contact State Office for help.

In 2022, the consultation process continued, but changed from what was previously followed. The pandemic disrupted the in-person meetings and required virtual meetings by Zoom. As this new method of delivery played out, it became obvious that it was less effective than in-person meetings, as meaningful discussions deteriorated. The agendas were tailored to fit a two-hour time block and the meetings were more of an informational meeting with updates from the state and tribe. The tribe’s view was that the past agendas were not productive and there was a need for a change. The Core Group met on August 12, 2022, with all team members attending. It was determined discussion on the broad goal of “Disproportional Entry Rates of Native American Children into Custody and Determine What Prevention Efforts Are Needed” from the Strategic Plan for 2019-2024 may be too broad of a topic to concentrate on and more realistic to work on goals that are mutually agreeable and would help both the tribes and the state. The two goals that were discussed and finalized:

- Relative Search and improving the process of identifying relatives promptly. There are times parents are uncooperative and tribal input is crucial to assisting the State comply with ICWA.
- Communication at various levels and what does that look like. The Core Group would be discussing systemic barriers/issues and pass on important news.

A STCWC meeting was held on January 27, 2023, in Pierre. The changes regarding the format of the meeting structure were explained. The tribes provided updates on what they are currently dealing with in their respective areas and sought input from the state and each other on ways to address various problems in child welfare. Casey Family Programs can be involved in this process of bringing a national perspective to the table. They will continue to have a supporting role in the consultation process between the state and tribes, but they explained their parameters if they are going to continue to fund the work. Goals/objectives need to be achievable/measurable because they are accountable for the funding invested in South Dakota. Their involvement would not be on the same scale as they were previously involved. There were several areas of concern that were brought up in this meeting.

- Preservation of the Indian family
- Mental health due to the pandemic
- Rampant drug usage with a high number of meth and fentanyl cases
- Recruitment/retention of foster homes and sharing of resources



- Additional training is needed to help placement resources manage behaviors of children who have ADHD, birth defects, and autism as these behaviors are beyond what a placement resource can handle.

Tribes have faced high rates of staff turnover which has impacted consultation between the State and the tribes. In the period between 2020-2024, there were eighteen different acting/permanent hires for the ICWA Director's position between the nine tribes. With the four tribes that have State Tribal IV-E Agreements, there were eleven different acting/permanent directors within this prior four-year period. Staff turnover has negatively impacted consistency for meetings, consultation, and clear understanding of staff's roles. The Department continues to work to overcome this barrier and consistently reaches out to the Tribe to facilitate collaboration.

CPS works collaboratively with the tribe to ensure when children are placed outside of ICWA placement preferences that the tribe has been actively involved with the diligent relative search and agrees with the good cause to place outside of ICWA placement preferences. This collaboration is ongoing through Good Cause Case meetings. A structured format for the meetings was developed to ensure that Family Service Specialists are prepared for the Good Cause case meetings and will continue to be utilized. The meetings include the tribe, as well as the Adoption Program Specialist, Patricia Reiss, and the ICWA Program Specialist. As this new policy enters its second year of implementation, the process has become more prevalent and streamlined. Please see the 2025-2029 Child and Family Services Plan for more details. Since the implementation of the Good Cause policy, there has been numerous virtual meetings with the tribes, both in state and out of state, to discuss Good Cause cases. In some cases, the meetings are reoccurring for cases where the tribe's wishes are being explored. In other cases, where feedback from the tribe has not been on record, the ICWA Program Specialist has reach out to the tribe to set up a meeting.

In 2024, attempts to schedule a STCWC meeting in the first half of the year were not successful until June 18, 2024, for a two-hour virtual meeting is scheduled. Please see attachment 1 for a description of attempts to collaborate with the tribes during the 2019-2024 CFSP years.

## CAPTA State Plan Requirements and Updates

### CAPTA State Liaison

The State Liaison for CAPTA is:

JoLynn Bostrom, Administrator  
Department of Social Services  
Division of Child Protection Services  
2200 W. Main Street  
Sturgis, SD 57785  
E-mail: [JoLynn.Bostrom@state.sd.us](mailto:JoLynn.Bostrom@state.sd.us)

### CAPTA 2023 Progress Update

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

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

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

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

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

CPS continues to train new staff through the Certification Training Program, which provides comprehensive knowledge and skill training to CPS staff. CPS provides ongoing and advanced training on safety, permanency, and well-being to all staff. (See the APSR section on Training.) CAPTA funds were used to purchase training resources to help support some of these training activities.

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

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

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

## Intake Restructure

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

To continue to advance the centralized process, Child Protection Services implemented the centralized screening. This centralized process reduced the number of Supervisors and Family Services Specialist that are responsible for screening referrals. The new process includes four centralized screeners who are solely responsible for the decision-making of referrals statewide, regardless of the location of the family. This new structure was initially piloted in South Dakota's two largest offices, Rapid City and Sioux Falls. Statewide implementation occurred on June 1, 2020.

Centralized intake and screening staff were also combined into one unit overseen by the Administrator of Services for Families. On February 9, 2020, CPS hired an Intake Supervisor who is under the direct supervision of the Administrator. A second Intake Supervisor was hired on April 23, 2023. The Intake Supervisors are responsible for supervision of four Lead Family Services Specialists (Screeners) and twelve Family Services Specialists (Intake staff). This creates consistency in information collection, screening decisions and response times.

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

In reviewing data from SFY 2023, the distribution of the calls remains steady in comparison to the prior year. Within the intake unit, there is some variance regarding skill level amongst the staff. In comparing the last two state fiscal years, there has been a decrease in abandoned calls. Calls have been answered quicker and the average delay to an abandoned call also decreased.

To further improve efficiency and quality of the Intake Assessment process, South Dakota Child Protection partnered with Action for Child Protection to increase the Intake Assessment fidelity by examining practices of Intake Specialists as they receive calls, document the concerns, and decision making for screening and determining response time. In doing so, Action for Child Protection conducted a fidelity review and analysis of Intake Assessment reports and interviewed Intake Specialists to gain further insight regarding workload, competency, and intervention fidelity.

The final report recommended the following:

1. Ensure Intake staff understands policy and procedures governing their work. Implement standardized Intake Unit training. Implement an overview training for all CPS staff focusing on Intake roles, responsibilities, process, and procedures.
2. Increase the sufficiency of information collection by consistently using the Intake

Assessment Interviewing Protocol. Increase knowledge and skill application of Intake screening criteria, including Present Danger and Impending Danger.

3. Create a system that allows for support or “back up” for other Intake staff when there are staff on leave or there are staff vacancies. Examine whether an additional Intake Screener position is warranted to address additional call and Intake Screener volume when Intake unit staff are absent.
4. Implement Intake Supervisor Consultation and Coaching to increase competency, effectiveness, and efficiency across the Intake unit. Implement routine individual supervision for all Intake staff.
5. Implement a process with the Continuous Quality Improvement (CQI) team to routinely examine the accuracy of screening decisions. Complete an outside agency fidelity review of SD Intake nine to twelve months after staff training and implementation of Supervisor Consultation and Coaching.

The Division of Child Protection Services submitted a Request for Proposal for consultation and coaching for the intake staff. Effective consultation and coaching were identified by the fidelity review and the CPS team as the highest need to continue to support the child protection workforce. The work is complex and requires both technical knowledge and adaptive skills that are challenging to learn in a one-time training. Coaching will be used to reinforce knowledge and skills, connect Supervisors and Family Services Specialists to the agency practice model, and support professional development so staff are accurate, precise, and effective in their roles. Coaching also has significant positive effects on coping, performance and skills, well-being, customer satisfaction and work attitudes. Supporting staff in these areas will assist in improved retention, which is vital to effective child protection practice and improves the practice with the children and families we serve.

In addition, Child Protection Services will be upgrading the automated call center phone system. Currently, the calls are routed through landlines to actual telephones. When staff work remotely due to storms or other events, they are unable to take live calls. The new phone system is web-based and if staff have access to power and internet, they would be able to take live calls. Not only does the upgraded system offer flexibility for staff during emergencies or remote work situations, but it also enhances accessibility for callers. With this system in place, it ensures that critical calls can be attended to promptly, regardless of the circumstances. It's a great step forward in ensuring the continuity of services and the safety of children in need.

## Drug Affected Infants

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

The South Dakota Health Department has guidelines defined in South Dakota Administrative Rule [44:65:02:01](#) and [44:65:02:02](#) that require reports by physicians or hospitals to the Health Department in situations where a diagnosing physician attends to a person suspected of having

FAS or when hospital personnel are aware of a person who is suspected of having FAS was served by the hospital. The rules also state that reporting under these provisions does not relieve the physician or hospital from the obligation to report FAS as child abuse or neglect.

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

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

The increase in the State's CAPTA funds will assist in continued efforts to support and address the needs of infants born and identified as being affected by substance use or withdrawal symptoms resulting from prenatal drug exposure. Funding will be utilized to assist parents with drug assessments and subsequent treatment if recommended, and/or ongoing monitoring in the form of substance use testing. Safe Care Plans developed for the infants to avoid the child being placed in custody may include additional case management services and costs for the alternative providers. These services may include, but are not limited to, temporary daycare for the child or training related to providing care for the infant's medical needs.

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

South Dakota was selected as one of nine states to attend the 2020 Practice and Policy Academy: Developing a Comprehensive Approach to Serving Infants with Prenatal Substance Exposure and their Families. The purpose of the academy was to enhance the capacity to meet the needs of infants who are affected by prenatal exposure to substance use and to receive technical assistance in mobilizing a comprehensive team in developing Plans of Safe Care. Currently, the State of South Dakota's data and information collection is specific and limited to children who meet the criteria for investigation through Child Protection Services. South Dakota desires to collaborate and bring together cross-agency partners to develop, implement, and monitor Plans of Safe Care for all infants affected by substance use, not just those infants who meet the criteria for child welfare intervention.

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

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

A challenge currently is the State of South Dakota's data and information collection is specific and limited to children who meet criteria for investigation through Child Protection Services. South Dakota desires to collaborate and bring together cross-agency partners to develop, implement, and monitor Plans of Safe Care for all infants affected by substance use, not just those infants who meet criteria for child welfare intervention.

The Plans of Safe Care team has defined infants affected by substance use and established guidelines for when to make a report to Child Protection Services and when a notification report should be made. To continue this initiative, South Dakota State University received a HRSA grant related to Plans of Safe Care. The BIRTH-SD-AIM (Bridging Information and Resources to Transform Health of South Dakota parents - Assessing need and Implementing Maternal health safety bundles) was received in September 2023 and the grant period is for four years. Over those four years, the goal is to implement sets of patient safety standards in birthing hospitals across the state and the first set of standards that is being worked on is for pregnant individuals with substance use disorder. The projects will be in "bundles" and the first year is focused on implementing the "Care for Pregnant and Postpartum People with Substance Use Disorder." Another goal of the bundle is to create resources for birthing persons who are concerned about testing positive for substances.

Because of the nature of these bundles, one recommendation is to increase screening for substance use disorder both during prenatal care and at the birth of a child. One of the barriers noted was the stigma around substance use disorder, namely the fear of having children removed in situations where someone with a substance use disorder is pregnant and is not receiving prenatal care. Administrator of Services for Families has provided information related to reporting of substance affected infants to Child Protection Services, as well as the implementation of present danger plans, rather than court order custody or removal of a child from their parent(s). Child Protection Services continues to team with Department of Health to encourage Plans of Safe Care program statewide and to ensure all infants born with substance exposure receive follow up services and referrals for services, as needed, not just those infants who meet criteria for intervention with Child Protection Services.

The team will be discussing next steps moving forward in terms of AIM bundle implementation and to leverage this opportunity to result in the most benefit for hospitals and the state.



## CAPTA Amendments - Sex Trafficking

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

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

## Citizen Review Panel Report – FY 2024

The Justice for Children's Committee (JCC) Task Force members thoroughly discussed the Three-Year Recommendations for Federal Fiscal Year 2024. The assessment involved a focused review and evaluation of the requirements outline in Section 107(d) of the Act. The results of the review and recommendations are incorporated in this report.

The development of the Three-Year Recommendations is an ongoing process that occurs during the meetings held through the calendar year. The recommendations are a standing agenda item, and new developments and updates are presented at each meeting. Each member of the Justice for Children's Committee Task Force is encouraged to provide presentations to the Task Force about current projects and issues relevant to the assessment. Members are given opportunities to ask questions and solicit more information regarding the information presented. Those presentations include the work of the Court Improvement Program Committee, law enforcement's experience with the rise in methamphetamine and sexual abuse cases, legislation related to family violence, discussion about a task force created to study policy, and practice and laws related to child sexual abuse in South Dakota. The presented topics, including the outcomes of the Child Family Services Review (CFSR) and Program Improvement Plan (PIP), are considered when developing the goals and tasks for the upcoming year.



What follows are the discussions, recommendations, and action steps agreed upon by the Task Force. The Task Force will continue to further develop action steps as needed over the next three years related to the recommendations.

## 2024 Three-Year Recommendations

The operation of the Justice for Children's Committee Task Force is required by the Children's Justice Act (CJA) to be eligible for grant funds. To assure the continued operation of the Justice for Children's Committee Task Force, CJA funds will be used to pay for expenses and administrative costs related to activities within the scope of the CJA grant program.

### Recommendation I: Mandatory Conference Attendance

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

#### Action Steps:

1. Task Force Member(s) attends the annual CJA grantee meeting in Washington DC.
2. Attendance contingent on approved funding.
3. Reimburse Task Force members for expenses to attend quarterly meetings

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

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

### Recommendation II: Continuation of the Out of Home Investigation Contracts

It is often contradictory for Child Protection Services staff to have the dual role to investigate reports of abuse and neglect while providing support to families and children. During a previous three-year assessment, the Task Force recommended the roles should be handled by separate entities whenever possible. The Task Force continues to recommend assistance be provided to Child Protection Services staff to respond to reports of abuse and neglect for children in out-of-home care. Child Protection Services has experienced improved timeliness in the completion of Out-of-Home investigations from outside consultants. These investigations continue to benefit Child Protection staff and the children and families involved, by providing a less adversarial role and are a more neutral approach.

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

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

**Action Steps:**

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

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

Recommendation III: Sexualized Behaviors Training

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

**Action Steps:**

1. Explore the options of development and cost of a community and stakeholder training model.
2. Explore other states' use of training regarding responding to problematic sexualized behavior.
3. Explore curriculum to be used in conjunction with Enough Abuse campaign.
4. Collaborate with the Child Advocacy Centers and South Dakota Center for the Prevention of Child Maltreatment regarding the selected program.

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

Recommendation IV: Continued Support of Intake System Restructure:

Continue to support and sustain the Child Protection Services Intake System. This includes supporting ongoing costs of maintaining the system, additional equipment as needed, training of staff, and improvements. The use of the funds will continue to provide quality assurance efforts, improve consistency, improve customer services, improve sufficiency of information for more informed screening decisions, and decrease overall stress put on the Intake Specialists in offices with a larger volume of abuse and neglect reports.

**Action Steps:**

1. Continue utilizing CJA funds to support centralized intake and screening.

2. Support fidelity reviews of the intake system, information gathering, and make recommendations for additional training.

#### Recommendation V: Support Plans of Safe Care:

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

#### Action Steps:

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

#### American Rescue Plan Act Funding (ARPA):

The increase in the State's CAPTA funds through the 2021 American Rescue Plan assisted in continued efforts to support and address the needs of infants born and identified as being affected by substance use or withdrawal symptoms resulting from prenatal drug exposure. Funding was utilized to assist parents with drug assessments and subsequent treatment if recommended, and/or ongoing monitoring in the form of substance use testing. Safe Care Plans developed for the infants to avoid the child being placed in custody may include additional case management services and costs for the alternative providers. These services may include but are not limited to temporary daycare for the child or training related to providing care for the infant's medical needs. The ARPA funds will be utilized to support staff in coaching for initial and ongoing safety assessment. There are currently no barriers in utilizing the funds.

## Section F: Statistical and Supporting Information

### CAPTA Annual State Data Report Item

#### Information on Child Protection Services Workforce

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

Based on demographics of a rural state, turnover, staffing, and the number of small offices, it was determined by management that caseload standards would be difficult to establish and maintain. All CPS staff share a rotation for emergency response, therefore, are trained and complete intake, screening and safety assessments.

#### **Child Welfare Workforce Analytics Institute 2.0**

South Dakota applied in December 2021 to participate in the Child Welfare Workforce Analytics Institute 2.0. South Dakota, Child Protection Services was informed in February 2022 they were

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

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

Representatives from Child Protection Services and Bureau of Human Resources attended a workshop May 10-12, 2022 and started an action plan to focus on retaining Child Protection Services Staff. Below is an outline of South Dakota's goal and action plan. The action plan is still in the process of being developed to establish start and end dates, milestones, evidence of achievement, resources or data required and desired outcome for each action steps.

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

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

The Department of Social Services created a strategic plan to focus on staff recruitment and retention, it was decided to focus on the strategic plan instead of working to separate plans to enhance staff recruitment and retention, therefore, South Dakota decided to withdraw from the Child Welfare Workforce Analytics Institute 2.0.

### **Strategic Plan:**

The Department of Social Services goal was focused on recruiting, developing, and retaining quality staff. The main focus was to work towards enhancing recruitment efforts that target quality candidates who align with the agency's mission, invest in ongoing and individualized professional growth and skills training of staff, and create a culture focused on engaging and empowering staff.

### **Emergency Response Analysis:**

Child Protection Services is currently collecting data to measure the impact emergency response has on CPS field staff and supervisors, both with their day-to-day work as well as work/personal life balance. CPS is assessing consistency in emergency response practice across the state for CPS field staff and supervisors.

The first phase was to gather baseline data from staff who are on the emergency response rotation in their office, this was completed in the summer of 2022. Staff were asked to consider the typical pattern from their perspective. The response rate from the survey was 92%, which indicates staff are invested in the emergency response assessment.

A meeting was held January 27<sup>th</sup> where findings of the baseline emergency response survey were presented to the CPS supervisors as well as next steps.

The second phase of this process is for staff and supervisors to complete a survey after each time they respond in person to an emergency response to capture real time data on how often they are called out, how long they are out for, how long it took them to get to the family's home, how long it took to find placement, etc. The survey was piloted in the Rapid City office January 6<sup>th</sup> until January 23<sup>rd</sup>, 2023. The Administrator of CQI and Outcomes revised the survey based on feedback from pilot.

February 6, 2023, a survey was sent out to capture real time data regarding emergency response began. It was active until June 30, 2023. This survey helped gather information about staff and Supervisor experiences when responding to an emergency response in person. After completion of the survey, data analysis occurred to identify trends to find areas of opportunity to improve the Emergency Response process to support staff and Supervisors. The Administrator of CQI and Outcomes met with the Division Director of CPS, both Assistance Directors, and Regional Managers. The results of the survey were discussed, it was determined additional data points were desired in order to fully understand the impact of emergency response. An additional survey was administered from November 1, 2023, through April 30, 2024. Findings of the survey have been sent to CPS leadership and Regional Managers, next steps will be discussed in the Summer of 2024.

The final phase of the process is to develop a plan to improve emergency response based on all the information collected from each phase and other data sources (such as exit survey's). The CQI Team will identify trends and areas of opportunity to improve the emergency response process.

#### *Child Protection Services Turnover Rate*

Turnover Rate						
	SFY2018	SFY2019	SFY2020	SFY2021	SFY2022	SFY2023
Family Services Specialist	31.3%	30.7%	23.5%	26.5%	28.9%	25.9%
Lead Family Services Specialist	21.7%	9.1%	12.8%	16.7%	16.3%	12.8%
Family Services Specialist Supervisor	6.2%	8.8%	0%	8.2%	8.5%	5.8%

## Staff Demographics

Type of Staff	# of Staff	Race	Degree	Ave. # of Years
Supervisor	32	American Indian or Alaska Native: 0  Asian: 1  Black or African American: 0  Native Hawaiian or Other Pacific Islander: 0  White: 31	Master's Degree: 2  Bachelor of Arts: 5  Bachelor of Science: 22  Bachelor of Social Work: 2  Associate degree: 0  High School Diploma: 1	14 Years
Family Services Specialists	139	American Indian or Alaska Native: 9  Asian: 1  Black or African American: 4  Native Hawaiian or Other Pacific Islander: 2  White: 123	Master's Degree: 13  Bachelor of Arts: 39  Bachelor of Science: 57  Bachelor of Social Work: 22  Associate degree: 4  High School Diploma: 4	4 Years

## Juvenile Justice Transfers

There were four juveniles who transferred from CPS custody to the Department of Corrections in SFY 2024. The youth included in this population are those who were in the custody of CPS, custody through CPS was terminated, and the youth was committed to the Department of Corrections. This information is gathered through the South Dakota CCWIS System.

## Education and Training Vouchers

State Fiscal Year	ETV Funds Expended	Total Claims	Unduplicated Youth
2021	\$157,335.43	51	24
2022	\$343,767.04	61	35
2023	\$201,863.58	50	27
2024	\$92,454.71	44	20

## Inter-Country Adoptions

CPS continues to have one youth in State custody who was adopted internationally. The Department became involved with this family after the adoptive parent admitted the youth to a psychiatric hospital. This child is currently placed in a psychiatric residential treatment center with the plan of guardianship by a relative. The adoptive mother has passed away and it has been determined that the adoptive father cannot safely parent this youth. No new youth who were internationally adopted have entered state custody.